



# 13th Meeting of the Regional Certification Commission for the Polio Endgame in the Region of the Americas Report

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## Introduction

The 13th Meeting of the Regional Certification Commission (RCC) for the Polio Endgame in the Region of the Americas was held virtually due to the COVID-19 pandemic. RCC members and the PAHO Secretariat participated in an initial meeting in which the current global and regional polio situation was presented, and the review methodology was discussed. Between October 13 and November 29, the RCC discussed 20 Annual Reports on polio eradication status and 5 updated Containment Reports. The country validation results, and the final meeting report were discussed and approved by all RCC members.

## Meeting objectives

The main meeting objective was to review, discuss, and validate the country annual reports on polio eradication status and updated polio containment reports.

Secondary objectives included:

1. To provide specific recommendations to countries to maintain regional polio-free status.
2. To discuss the current regional situation and the challenges faced by the countries.
3. To review and update the Annual Report validation questions.

## Review methodology

### Country Annual Reports

The revision methodology was very similar to the one used for the previous RCC meeting: all reports were reviewed and discussed by the two assigned RCC members and the Secretariat, and the outcome was then presented to the rest of the Commission and validated by all RCC members.

The discussion of the annual polio status report was conducted around seven questions:

1. Polio immunization coverage: Is the polio immunization coverage high enough to prevent the circulation of wild poliovirus (WPV) or of a circulating vaccine-derived poliovirus (cVDPV) emergence?
2. Epidemiologic surveillance: Is polio surveillance sensitive enough to detect an imported WPV or VDVP in a timely manner?
3. Containment: Has the country minimized the risk of a facility-associated reintroduction of poliovirus from facilities collecting, handling, or storing infectious materials (IM) or potentially infectious materials (PIM)?
4. Risk assessment: Has the country conducted a risk assessment at the sub-national level?
5. Risk mitigation: Has the country developed a risk mitigation plan?
6. Preparation of a response plan for an event or outbreak: Does the country has an adequate and updated response plan for an event or outbreak of polio?
7. Polio-free status: The RCC members are firmly convinced that the country was polio-free during the report period?

### Containment Reports

As previously described, the validation of the report is done in two parts: the completion of the survey process and the validation by type of material.

To approve the completion of the survey process, the RCC examines the National Certification Committee (NCC) endorsement letter as well as the documents supporting the endorsement: source of list of laboratories, selection of facilities to participate, analysis of non-responding laboratories, data analysis of responding laboratories, and clear consolidation of information. To approve the validation by type of material, the RCC validates the inventory (identification or absence of PV materials) and proof of attestation of the final disposal (destroy, transfer, store) for infectious material (IM) and potentially infectious material (PIM). Untyped poliovirus materials should be considered as high risk and handled as type2 materials.

Following the discussions on the annual and containment reports, the RCC provided general and country specific comments and recommendations.

## General summary

### Global update

In May 2020, the Global Polio Eradication Initiative (GPEI) recommended that all door-to-door activities were suspended to prevent COVID-19 spread and to allow for governments to relocate polio staff to other activities to respond to the pandemic (1). Even though all polio activities were restarted in July 2020, the setbacks caused by COVID-19 remain and still pose a challenge to ending polio.

The global vaccination coverage for Polio3 decreased from 86% in 2019, to 83% in 2020 (2). Even though surveillance activities were not stopped, the Independent Monitoring Board (IMB) has reported an important impact on case detection, environmental surveillance, and transport of samples (3).

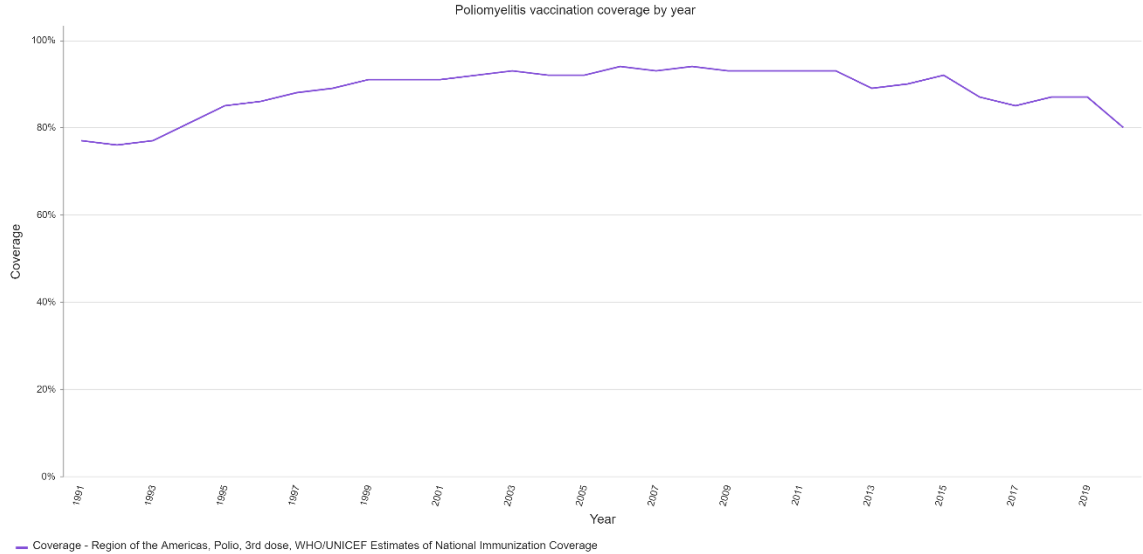
Wild poliovirus type 1 (WPV1) remains endemic in only Pakistan and Afghanistan. WPV1 transmission has decreased, with only 5 cases reported in 2021 up to December 8. However, two cases were reported in October 2021 in Afghanistan after 9 months without cases (4,5). The Emergency Committee under the International Health Regulations (IHR) on the international spread of poliovirus stated in August 2021, that the “recent isolation of long chain or orphan viruses in both countries indicates a possibility of missed transmission in the hard to reach and high-risk population groups (5).” As of 30 November 2021, 465 circulating vaccine derived poliovirus (cVDPV) cases have been reported in 22 countries in 2021; of which 13 correspond to cVDPV1 and 452 to cVDPV2 (6). In November 2021, the Committee declared that international spread of poliovirus is still a public health emergency of international concern and noted that “even countries with high IPV coverage are at risk of established cVDPV2 transmission following importation (5).”

After revising the strategy for polio eradication, the GPEI launched the Polio Eradication Strategy 2022-2026 which has been titled *Delivering on a Promise*. Through 5 strategic objectives, the strategy aims to achieve two goals: to permanently interrupt all poliovirus transmission in the final WPV-endemic countries and to stop cVDPV transmission and prevent outbreaks in non-endemic countries (7).

### Regional update

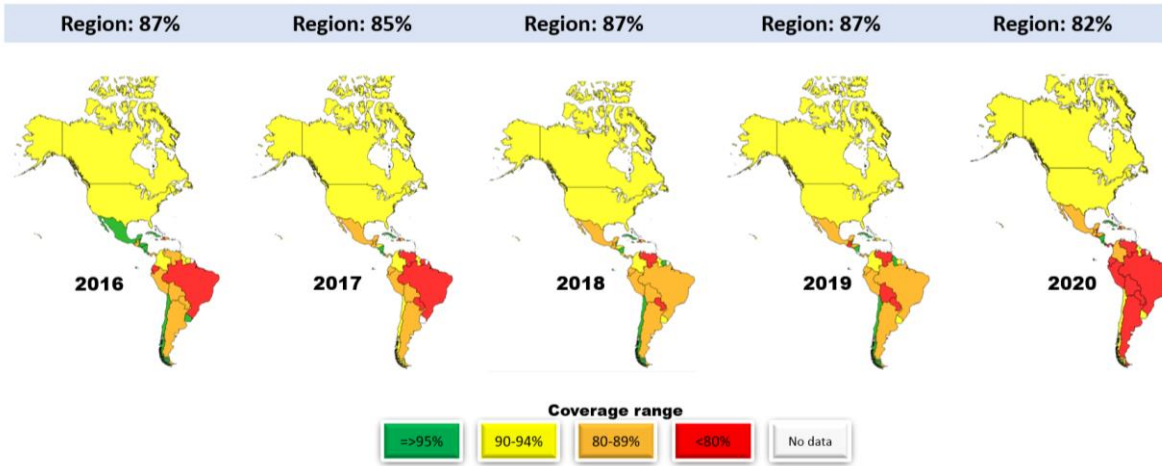
In 2020, the regional coverage for IPV1 was 89% and 82% for Polio3; which is the lowest Polio3 coverage since 1994 (Figure 1)(2,8). Furthermore, 12 (Argentina, Belize, Bolivia, Brazil, Ecuador, El

Salvador, Haiti, Panama, Paraguay, Peru, Suriname, and Venezuela) countries reported a vaccination coverage for Polio3 <80% (Figure 2)(8).



Source: WHO Immunization Data portal  
 Date of export: 30/10/2021  
 World Health Organization, WHO, 2021, All rights reserved

Figure 1: Polio3 vaccination coverage by year. Region of the Americas. 1991-2020



Source: Country report through the PAHO-WHO/UNICEF Joint Reporting Form (JRF)  
 Data cut-off October 31, 2021

Figure 2: Vaccination coverage with Polio3 <1 year. Region of the Americas. 2016-2021

In 2020, the regional acute flaccid paralysis (AFP) rate was 0.82, with 85% of cases investigated within <48 hours and 75% of cases with 1 adequate sample (8). The number of reported AFP cases decreased 39% in 2020 when compared to 2019 (AFP rate 1.33) and for the first time since 2006, the Region did not meet the AFP rate standard (Figure 3). Furthermore, only Costa Rica, Cuba, Honduras, and Mexico met the expected target for AFP rate, % of cases investigated within <48 hours and % of cases with 1 adequate sample; the rest of the countries did not meet the target for at least one indicator (Table 1).

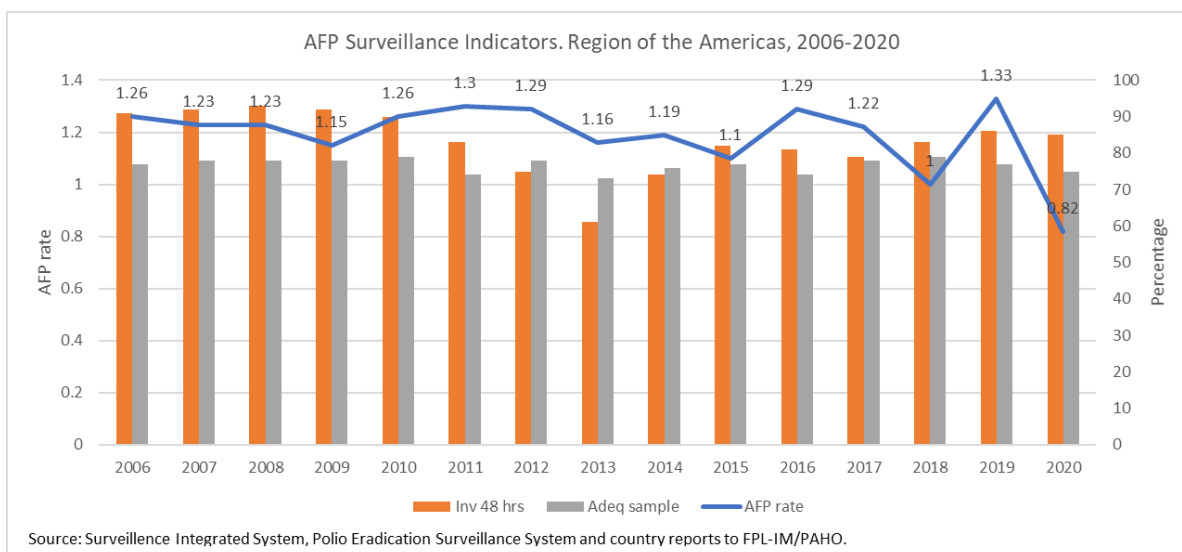


Figure 3: AFP Surveillance Indicators. Region of the Americas. 2006-2020

Table 1: AFP Surveillance Indicators by Country. Region of the Americas. 2020

Country	AFP Surveillance Indicators by Country 2020*		
	AFP rate (x 100,000 <15 years old)	% of cases investigated within <48 hours	% of cases with 1 adequate sample
Argentina	0.78	34	74
Bolivia	0.45	100	75
Brazil	0.56	98	67
Canada	0.12	0	29
Caribbean Sub-Region	0.22	50	25
Chile	1.11	71	66
Colombia	0.85	76	79
Costa Rica	1.32	93	93
Cuba	1.16	81	95
Dominican Republic	0.37	9	55
Ecuador	0.41	80	70
El Salvador	0.99	47	94
Guatemala	0.65	79	72
Haiti	0.22	50	38
Honduras	1.65	82	90
Mexico	1.42	99	82
Nicaragua	0.92	89	78
Panama	0.96	45	100
Paraguay	0.92	89	58
Peru	0.55	64	69
Uruguay	0.14	0	100
Venezuela	0.95	96	53
<b>Regional</b>	<b>0.82</b>	<b>85</b>	<b>75</b>

\*Data as of epidemiological week 31 (August 2021)

	Does not meet target
	Meets target

Source: Integrated Surveillance System, Polio Eradication Surveillance System, and country reports to FPL-IM/PAHO.

## Results of the Review of the Annual Country Reports

The RCC received 19 country reports and the Caribbean Subregional report (that includes 13 countries and 9 territories<sup>1</sup>) for a total of 32 countries and 9 territories. Haiti, Panama, and Uruguay did not submit a report. The RCC commends the countries for their efforts in the implementation of polio related activities despite the current pandemic situation and for submitting the annual report.

After reviewing the reports that were submitted, the RCC concluded the following:

- Only 6 reports were validated for having a polio immunization coverage that is high enough to prevent the circulation of WPV/VPV or a cVDPV emergence.
- Only 6 reports were validated for having a sensitive enough polio surveillance system to detect an imported WPV/VPV or a VDPV emergence in a timely manner.
- 15 countries and the Caribbean Subregion have minimized the risk of a facility-associated reintroduction of poliovirus from facilities collecting, handling, or storing IM or PIM.
- 14 countries conducted a risk assessment at the sub-national level.
- 17 countries and the Caribbean Subregion have developed a risk mitigation plan.
- 15 countries have an adequate and updated response plan for an event or outbreak of polio.
- All 32 countries and 9 territories that submitted a report, remain polio-free. The RCC has used other sources of information to evaluate the polio-free status of the countries that did not submit a report; and concluded that, based on the available information, there is no evidence of poliovirus circulation in the Region of the Americas and therefore, the Region remains polio-free.

Table 2 shows the RCC validation by country and component.

### Risk assessment

A risk assessment was conducted for the Region of the Americas considering immunization coverage, surveillance, health determinants, containment status, and outbreak preparedness and response variables. For countries that did not submit a report (Haiti, Panama, and Uruguay), available information from other sources was used to complete the risk assessment. Four countries (Haiti, Venezuela, Peru, and Dominican Republic) were classified as very high-risk and six (Brazil, Argentina, Panama, Paraguay, Bolivia, and Ecuador) as high risk. Figure 4 shows the countries overall classification for 2020 and 2021.

The same indicators and cut-offs for each risk category as last year were used for the risk assessment. However, the RCC decided to adjust the methodology to better assess the differences between countries. In previous years, surveillance indicators were evaluated dichotomously as met or not met but given that risk is a continuum, further score categories were used this year for this component.

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<sup>1</sup> The Caribbean Sub-Region includes 13 member states (Antigua & Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago) and 9 territories (Anguilla, Aruba, Bermuda, British Virgin Islands, Cayman Islands, Curacao, Montserrat, St. Marteen, and Turks and Caicos).

Table 2. RCC validation by country and component.

Country/Sub-Region Report	Polio immunization coverage	Epidemiologic surveillance	Poliovirus containment	Risk assessment	Risk mitigation	Event and outbreak preparedness	Polio-free status assessment
Argentina	No	No	Yes	Yes	Yes	Yes	Yes
Bolivia	No	No	Yes	Yes	Yes	Yes	Yes
Brazil	No	No	No	Yes	Yes	No	Yes
Canada	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Caribbean Sub-Region	No	No	Yes	No	Yes	No	Yes
Chile	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Colombia	No	No	Yes	Yes	Yes	Yes	Yes
Costa Rica	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cuba	Yes	Yes	Yes	No	Yes	No	Yes
Dominican Republic	No	No	Yes	Yes	No	Yes	Yes
Ecuador	No	No	Yes	Yes	Yes	No	Yes
El Salvador	No	No	No	Yes	No	Yes	Yes
Guatemala	No	No	Yes	Yes	Yes	Yes	Yes
Haiti							
Honduras	No	No	No	Yes	Yes	Yes	Yes
Mexico	No	Yes	No	Yes	Yes	Yes	Yes
Nicaragua	Yes	No	Yes	Yes	Yes	Yes	Yes
Panama							
Paraguay	No	No	Yes	Yes	Yes	Yes	Yes
Peru	No	No	Yes	No	No	No	Yes
United States	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Uruguay							
Venezuela	No	No	Yes	Yes	Yes	Yes	Yes
<b>Total # of countries validated</b>	<b>6</b>	<b>6</b>	<b>16</b>	<b>17</b>	<b>17</b>	<b>15</b>	<b>20</b>
<b>Total # of countries not validated</b>	<b>14</b>	<b>14</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>0</b>

RCC answered yes to the corresponding question  
 RCC answered no to the corresponding question  
 No validation result available

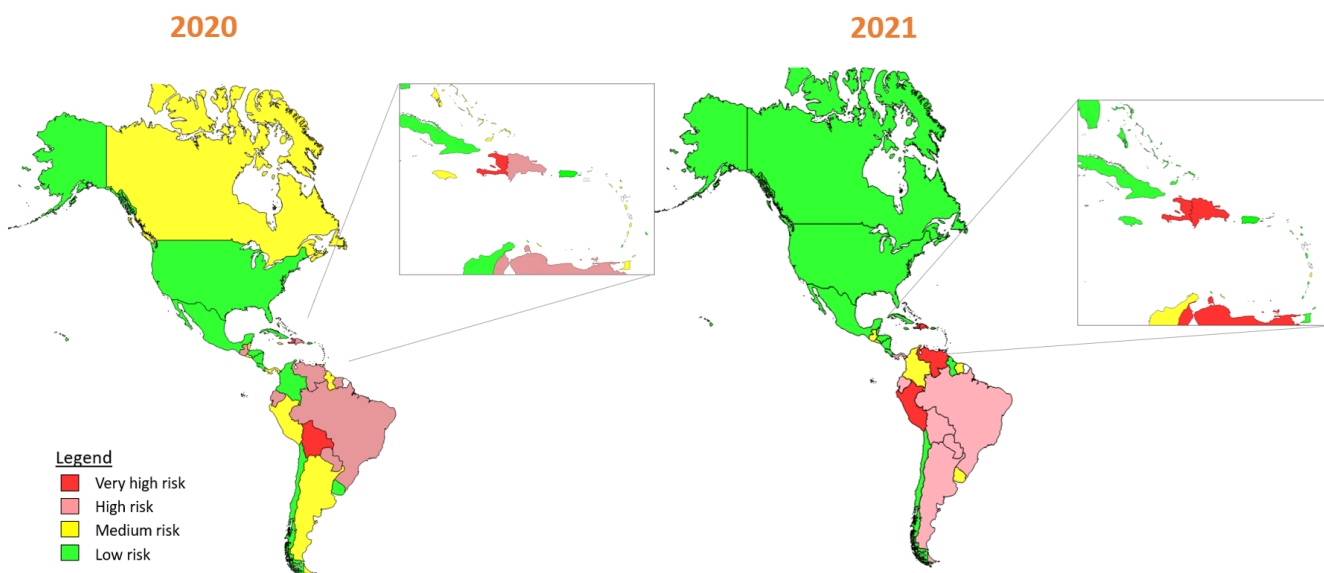


Figure 4: Regional Risk Assessment. 2021



## COVID-19 impact and strategies implemented

A set of questions regarding the impact of the COVID-19 pandemic on polio related activities were included in the annual report. Table 3 provides a summary of what countries reported.

*Table 3. COVID-19 impact reported by countries/Caribbean Subregion (n=20)*

Question	Number of answers		No answer provided
	Yes	No	
Were there interruptions in immunization services due to the pandemic?	8	10	2
Did service interruptions due to COVID-19 resulted in vaccine wastage due to expiration dates?	3	13	4
Were specific strategies implemented to continue with vaccination services during the pandemic?	16	2	2
Were these strategies successful to recover coverages?	13	3	4
Was epidemiological surveillance interrupted due to the pandemic?	7	12	1
Were there difficulties for transportation and/or processing of samples due to the pandemic?	12	7	1
Were strategies implemented to maintain epidemiological surveillance during the pandemic?	15	4	1
Were these strategies effective to continue with AFP surveillance?	10	7	3
Were there interruptions in containment activities due to the pandemic?	10	8	2
Were event and outbreak preparedness activities postponed or canceled due to the pandemic?	14	3	3
Could outbreak preparedness activities be implemented despite the current pandemic situation?	6	11	3
Has the country reflected on outbreak control activities that were conducted for COVID-19 to identify good practices that could be incorporated in the polio response plan?	6	11	3

The following are the effective strategies that were reported by countries to mitigate the negative impact of the pandemic on polio related activities:

### Immunization

- Delivery of vaccination in a variety of settings, social distancing and, use of personal protective equipment (PPE):
  - o Relocation of immunization services outside of health centers and hospitals
  - o House-to-house vaccination
  - o Health fairs
  - o Vaccination clinics with extended hours and/or more days per week
  - o Offering appointments for vaccination
- Microplanning was used for all the components of the immunization program.
- Polio vaccination was included as part of other intensified immunization activities.
- Community outreach to districts with low vaccination coverage.
- In collaboration with partners, disseminating messages about the importance of well-child visits and recommended vaccines during the COVID-19.
- Coordination with the COVID-19 response to incorporate messages about the importance of routine childhood vaccination in COVID-19 communications.

## Surveillance

- Institutional active case finding.
- Reminders for 60-day follow-up.
- AFP cases assessed using a video when the patient could not be moved to the place where doctors were available.
- Use of an airlift for COVID-19 samples to send AFP samples.
- When AFP surveillance personnel could not be in the hospital, other staff was assigned with the responsibility of collecting the samples.
- Collection centers were established to store samples from several diseases and then shipped together to the laboratory.
- Community active case finding was conducted in coordination with health workers and community leaders.

## Lessons learned from the pandemic response that could be incorporated into the polio response plan

- Health services reorganization required for an adequate response.
- Risk communication as part of the response plan.
- Use of both private and public sector agencies to implement management and control activities.
- Use of digital health tools to communicate accurate and timely outbreak data to the public and to coordinating agencies enabling rapid appropriate response to the outbreak.
- Effective communication materials aimed at education, myth busting, and refuting mis and disinformation.

## Results of the Review of the Updated Containment Reports

For containment, only the countries whose reports have not been previously validated by the RCC are required to submit a report. The RCC reviewed updated reports from Brazil, Canada, Ecuador, Mexico, and the United States of America. Besides these countries, only El Salvador was required to submit a report, but did not do so.

Canada's survey process was approved for IM and the survey process was approved for Ecuador both for IM and PIM. Canada received validation for WPV2/VDPV2, OPV2/Sabin2 and WPV3/VDPV3 infectious material. Ecuador received validation for WPV2/VDPV2, WPV3/VDPV3 and WPV1/VDPV1 infectious and potentially infectious material, and OPV2/Sabin2 infectious material.

The validation by type of material for the region, by country/Caribbean Subregion is shown in Table 3.

In the Region, 14 facilities have been designated by their National Authorities for Containment (NAC) as polio essential facilities (dPEF): 2 in Canada, 1 in Cuba and 11 in the United States of America. In accordance with the Containment Certification Scheme (CCS), the Global Certification Commission (GCC) has endorsed each Certificate of Participation (CP) submitted by the corresponding (NAC).

The RCC congratulates the countries and territories for the efforts done to reduce the number of facilities which are retaining poliovirus materials of all serotypes; and specifically, the efforts done by the United States of America for this matter.

Table 3: Containment validation. Region of the Americas. 13th RCC Meeting

Country/Sub-Region Report	Survey process		WPV2/VDPV2		OPV2/Sabin2		WPV3/VDPV3		WPV1/VDPV1	
	IM	PIM	IM	PIM	IM	PIM	IM	PIM	IM	PIM
Argentina										
Bolivia										
Brazil										
Canada										
Caribbean Sub-Region										
Chile										
Colombia										
Costa Rica										
Cuba										
Dominican Republic										
Ecuador										
El Salvador										
Guatemala										
Haiti										
Honduras										
Mexico										
Nicaragua										
Panama										
Paraguay										
Peru										
United States										
Uruguay										
Venezuela										

	Completed
	In process
	No progress

## Conclusions and recommendations

Based on the information provided by countries, the opinion of the NCCs, and supplementary information provided by the Secretariat, the RCC did not find evidence of circulating WPV or VDPV and continues to believe the Region remains polio-free. Although there are no major changes in the validation results between 2019 and 2020, the data shows that the program performance further declined in 2020. The regional risk of transmission in the event of a WPV/VDPV importation, or VDPV emergence, has never been higher since polio was eliminated from the Region of the Americas 30 years ago. Last year, the RCC reviewed the information from 2019 and expressed its concern regarding low vaccination coverage and weak surveillance systems. Due to the COVID-19 pandemic, 2020 was a very challenging year for all the countries, and the impact of the pandemic on the immunization programs will continue in upcoming years. It is with deep concern that the RCC urges countries to implement the necessary actions to assure high vaccination coverage and a sensitive

surveillance system. Countries also should be prepared to adequately respond to a polio event or outbreak.

Four countries (Haiti, Venezuela, Peru and Dominican Republic) are at very high risk of a polio outbreak following the importation of a WPV/VDPV or the emergence of a VDPV, in comparison to 2 countries (Haiti and Bolivia) in 2019.

The RCC commends the countries in the Region of the Americas for reaching 30 years without polio cases and recognizes the endless effort of all health workers, national authorities, and polio partners for their continued commitment to polio eradication.

COVID-19 has had an important impact in all countries in the Region. The pandemic resulted in the most serious economic contraction of the past 120 years and there has been an interruption of essential health services that are unrelated to COVID-19 (9). Despite the challenging situation, countries must ensure the sustainability of polio eradication activities and sustain this achievement.

General recommendations by risk component are listed below. Recognizing that many previous recommendations have not been implemented, the RCC suggests that countries revisit previous reports as well as the recommendations of the Technical Advisory Group on Vaccine Preventable Diseases (TAG) (available at: <https://bit.ly/3pouwp6>). The RCC strongly encourages countries to review the general recommendations and implement those that are appropriate to the country's situation. Country-specific recommendations will be shared with the NCCs as well.

**Considering the risk, the RCC urges the NCCs and the countries to assess the polio eradication status at the end of the first quarter of 2022 and submit the Annual Report to the RCC before 30 April 2022.** The report should be reviewed by the NCC and validated before its submission to the RCC. An early evaluation will allow timely implementation of effective mitigation actions. To reiterate, there is no room for complacency when the work of more than 4 decades is at stake

**Brazil, Canada, Ecuador, El Salvador, Mexico, and USA should submit their Annual Containment Reports before 31 August 2022.** All the other countries should include the containment updates in the corresponding section in the Annual Report that will be submitted in April 2022.

## Recommendations by risk component

### Immunization

1. Countries that have not introduced IPV2, should do so in accordance with the Technical Advisory Group (TAG) recommendations (10).
2. Countries should do an in-depth analysis to determine the reasons for low vaccination coverage.
3. Countries should identify “zero dose” children and ensure that they are covered by the immunization program.
4. Countries should assure enough personnel to carry out COVID-19 vaccination to minimize the impact on the routine immunization program.
5. Countries should consider the implementation of polio supplementary immunization activities (SIA) when appropriate. When possible, SIAs should be integrated (i.e., with measles and rubella).

6. Countries should implement strategies to improve access to vaccines, such as: outreach vaccination activities, extending vaccination hours on weekdays, and opening vaccination services on weekends.
7. Countries should develop a communication campaign to promote routine vaccination.
8. Countries should enlist the support of Pediatric Societies/Associations and Infectious Diseases Societies in implementing strategies to increase vaccination coverage for polio and other vaccine preventable diseases.
9. Countries should review the recommendations for preventing polio outbreaks in humanitarian emergencies that were published in the Immunization Newsletter and implement them accordingly (11).

#### Epidemiological surveillance

1. Countries that do not meet the AFP rate should implement institutional active case searches.
2. Countries should implement community active case searches in coordination with community leaders.
3. Countries could consider the implementation of strategies to promote the notification of AFP cases.
4. When an adequate sample is not obtained, countries should obtain samples from close contacts as stated in the Poliomyelitis Eradication Field Guide and as per TAG recommendation (10,12).
5. Countries that have a low percentage of non-polio enterovirus (NPEV) isolation should evaluate the quality of the stool samples upon arrival to the laboratory and assess how samples are collected, transported, stored, and shipped to the reference lab (12).
6. Countries should enlist the support of Pediatric Societies/Associations and Infectious Diseases Societies in implementing strategies to increase surveillance for polio and other vaccine preventable diseases.

#### Containment

*For countries that have received the RCC validation for the completion of phase I<sup>2</sup>*

1. Countries should maintain an updated electronic database of the survey of facilities and an inventory of the facilities retaining infectious and potentially infectious poliovirus materials. This information should be included in the containment section in the Annual Report.

*For countries pending RCC validation for phase I<sup>2</sup>*

1. Finalize the GAP III survey, evaluate and assess the non-responding facilities, and advance with the destruction of all unneeded materials.
2. Encourage facilities that retain high risk materials (all type 2 materials, untyped poliovirus/unknown materials, WPV3/VPV3 and WPV1/VPV1) to destroy unneeded materials or transfer the materials to a dPEF.

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<sup>2</sup> The GAP III Phase I consists of the following: 1. National survey of laboratories or facilities. 2. National inventory of facilities with WPV/VPV/OPV/Sabin infectious and potentially infectious poliovirus materials. 3. Destruction of unneeded WPV/VPV/OPV2/Sabin2 infectious and potentially infectious poliovirus materials. 4. Initiation of destruction of all unneeded WPV1/VPV1 and WPV3/VPV3 materials. 5. Transfer of needed WPV/VPV/OPV2/Sabin2 infectious material and potentially infectious materials to poliovirus-essential facilities. 6. Inform to governments, institutions, and poliovirus facilities about the upcoming need for poliovirus containment. 7. Preparation for poliovirus containment. 8. Identifying designated poliovirus-essential facilities.(13)

#### *For all countries*

1. Countries should continue with the implementation of PIM guidance when appropriate (for countries with PIM Sabin2) and implement the risk mitigation strategies in accordance with the risk-classification of the material retained by facility.
2. The RCC recommends that the national authorities follow-up on the laboratories that decided to store PIM Sabin2 and verify the implementation of all risk mitigation strategies in accordance with the risk classification of the material retained. Any change in the PIM Sabin2 inventory or procedures performed (new or modified techniques) in the laboratory should be officially reported to the competent national authority.

#### Risk assessment and mitigation

1. A root-cause analysis should be conducted in districts that have been consistently (3 years or more) classified as high-risk and very-high risk. The results should be discussed with the NCC. The risk mitigation plan should directly address the identified causes.
2. Countries should reschedule the risk mitigation activities that were canceled due to COVID-19.
3. The NCC should monitor the progress in the implementation and the impact of the risk mitigation activities.

#### Preparedness and response

1. Countries should document lessons learned from the pandemic response that could be included in the polio outbreak and event response plan.
2. Countries that have not yet conducted a polio outbreak simulation exercise (POSE) should do it when possible. All countries should conduct a POSE with the subnational level.

#### General recommendations for PAHO

1. The RCC requests that PAHO reviews and updates the current Annual Report format and considers including new questions and evidence to be presented by the countries.
2. PAHO should continue providing technical support to countries, specifically to high-risk and very-high risk countries, for the implementation of the Polio Endgame Strategic Plan.

#### General recommendations for the GPEI

1. Keeping the Region polio-free for 30 years has required an enormous effort by all the countries. The region of the Americas was strongly affected by COVID-19 and competing priorities have diverted financial and human resources away from routine immunization and surveillance activities to support the pandemic response. The GPEI funding in support of maintaining the elimination of polio in the Region of the Americas is essential. The resources provided by the GPEI represent a very small proportion compared to the total budget allocated by the countries, yet the GPEI resources finance essential activities that would otherwise not be implemented. The RCC strongly suggests that the GPEI continues to support the Region of the Americas.
2. Given the low vaccination coverages in the Region and the weaknesses in surveillance systems, the GPEI should consider the risk of having vaccine-derived poliovirus outbreaks in the Americas as an emergency, and support risk mitigation activities where needed.

## References

1. Polio eradication in the context of the COVID-19 pandemic: Summary of urgent country and regional recommendations from the Polio Oversight Board meeting of March 24, 202 - World [Internet]. ReliefWeb. [cited 2021 Oct 30]. Available from: <https://reliefweb.int/report/world/polio-eradication-context-covid-19-pandemic-summary-urgent-country-and-regional>
2. World Health Organization. Poliomyelitis vaccination coverage [Internet]. WHO Immunization Data portal. 2021 [cited 2021 Oct 30]. Available from: <https://immunizationdata.who.int/pages/coverage/POL.html?CODE=Global&ANTIGEN=POL3&YEAR=>
3. Independent Monitoring Board of the Global Polio Eradication Initiative. The New Normal. Finding the Path Back to Eradication in the Time of Coronavirus. [Internet]. 2020 [cited 2021 Oct 30]. Available from: <https://polioeradication.org/wp-content/uploads/2020/08/20200816-IMB-18th-Report-FINAL.pdf>
4. GPEI-This Week [Internet]. [cited 2021 Dec 9]. Available from: <https://polioeradication.org/polio-today/polio-now/this-week/>
5. Statement of the Twenty-Ninth Polio IHR Emergency Committee [Internet]. [cited 2021 Oct 30]. Available from: <https://www.who.int/news/item/20-08-2021-statement-of-the-twenty-ninth-polio-ihr-emergency-committee>
6. GPEI-Polio Now [Internet]. [cited 2021 Oct 30]. Available from: <https://polioeradication.org/polio-today/polio-now/>
7. World Health Organization, Global Polio Eradication Initiative. Polio eradication strategy 2022–2026: delivering on a promise [Internet]. Geneva: World Health Organization; 2021 [cited 2021 Oct 30]. Available from: <https://apps.who.int/iris/handle/10665/345967>
8. Immunization in the Americas, 2021 Summary [Internet]. Pan American Health Organization; [cited 2021 Oct 30]. Available from: [https://iris.paho.org/bitstream/handle/10665.2/54858/PAHOFPLIM210040\\_eng.pdf?sequence=5&isAllowed=y](https://iris.paho.org/bitstream/handle/10665.2/54858/PAHOFPLIM210040_eng.pdf?sequence=5&isAllowed=y)
9. ECLAC-PAHO. COVID-19 Report: The prolongation of the health crisis and its impact on health, the economy and social development [Internet]. [cited 2021 Nov 1]. Available from: [https://iris.paho.org/bitstream/handle/10665.2/54991/eclacpahoreport2021\\_eng.pdf?sequence=2&isAllowed=y](https://iris.paho.org/bitstream/handle/10665.2/54991/eclacpahoreport2021_eng.pdf?sequence=2&isAllowed=y)
10. XXVI Meeting of PAHO’s Technical Advisory Group (TAG) on Vaccine-Preventable Diseases [Internet]. Pan American Health Organization; 2021 Jul [cited 2021 Nov 1]. Available from: [https://iris.paho.org/bitstream/handle/10665.2/54833/PAHOFPLIMCOVID-19210038\\_eng.pdf?sequence=1&isAllowed=y](https://iris.paho.org/bitstream/handle/10665.2/54833/PAHOFPLIMCOVID-19210038_eng.pdf?sequence=1&isAllowed=y)

11. PAHO. Immunization Newsletter. 2021 Sep [cited 2021 Nov 1];XLIII(3). Available from: [https://iris.paho.org/bitstream/handle/10665.2/55061/EPIv43n32021\\_eng.pdf?sequence=1&isAllowed=y](https://iris.paho.org/bitstream/handle/10665.2/55061/EPIv43n32021_eng.pdf?sequence=1&isAllowed=y)
12. Pan American Health Organization. Erradicacion de la poliomielitis: guia practica. [Internet]. Washington, D.C.: Organizacion Panamericana de la Salud; 2005 [cited 2021 Nov 1]. Available from: <http://public.ebookcentral.proquest.com/choice/publicfullrecord.aspx?p=281937>
13. Pan American Health Organization. Regional Plan for Containment of Poliovirus in the Americas. Regional-GAPIII [Internet]. Washington, D.C.: PAHO; 2017 [cited 2021 Nov 12]. Available from: [https://iris.paho.org/bitstream/handle/10665.2/34371/9789275119754\\_eng.pdf?sequence=1&isAllowed=y](https://iris.paho.org/bitstream/handle/10665.2/34371/9789275119754_eng.pdf?sequence=1&isAllowed=y)