



Public Health
England



World Health
Organization

REGIONAL OFFICE FOR

Europe

EXERCISE POSE II

(Polio Outbreak Simulation Exercise)

FINAL REPORT

15 & 16 May 2013

ABSTRACT

The Polio Outbreak Simulation Exercise (POSE) II was commissioned by the World Health Organization Regional Office for Europe and conducted by Public Health England as a table-top exercise over a two-day period on 15 and 16 May 2013. The main purpose of exercise was to stimulate participants to critically review and update their national plans on responding to the detection of wild polioviruses and vaccine-derived polioviruses. The exercise made clear that preparedness is essential through the regular review of polio plans and vaccine strategies. Further, polio publications could be updated and enhanced and awareness could be raised regarding the International Health Regulations (IHR). The exercise highlighted the importance of effective communications advocacy and strategies, and the value in taking the output from the exercise, which was a national polio action plan, and implementing the identified actions.

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TABLE OF CONTENTS

TABLE OF CONTENTS	2
EXECUTIVE SUMMARY.....	4
PART 1 – INTRODUCTION	5
A. BACKGROUND	5
B. AIM & OBJECTIVES.....	6
C. SCENARIO DESCRIPTION	6
D. PARTICIPANTS IN THE EXERCISE	7
PART 2 – CONDUCT OF THE EXERCISE	8
A. EXERCISE DESIGNERS & FACILITATORS	8
B. EXERCISE LOCATION	8
C. EXERCISE DATE AND TIME SCHEDULE	8
D. EXERCISE FORMAT	8
PART 3 – EVALUATION OF THE EXERCISE	9
A. POSITIVE EXPERIENCES.....	9
B. PROBLEMS ENCOUNTERED, LESSONS IDENTIFIED AND RECOMMENDATIONS FOR IMPROVEMENT	9
B1. Review of current national plans	9
B2. Communications.....	11
B3. Laboratory sampling and dispatch to reference laboratories	12
B4. IHR reporting and cross border information sharing	12
B5. Immunization and vaccine supply	13
B6. Further key considerations – Economic and exercise options.....	13
B7. Exercise improvements for future WHO polio exercises.....	14
C. ACKNOWLEDGEMENTS.....	15
PART 4 – CONCLUSIONS AND RECOMMENDATIONS	16
RECOMMENDATION TABLE	16
APPENDIX A – DELEGATES	18

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EXECUTIVE SUMMARY

Introduction

The Polio Outbreak Simulation Exercise (POSE) II was commissioned by the World Health Organization Regional Office for Europe and conducted by Public Health England as a table-top exercise over a two-day period on 15 and 16 May 2013. The exercise was prompted by the report of the 22nd meeting (2009) of the European Regional Certification Commission for Poliomyelitis Eradication and enhanced with recommendations from Exercise POSE I (December 2011).

The main purpose of Exercise POSE II was to stimulate participants to critically review and update their national plans on responding to the detection of wild polioviruses and vaccine-derived polioviruses. The exercise challenged participants in response, risk assessment, International Health Regulations reporting, budgetary constraints, communication, policy decisions and international and national collaboration.

Participants

Representatives from Armenia, Azerbaijan, Georgia and Ukraine participated in the exercise. There were subject matter experts from WHO, United Nations Children's Fund (UNICEF) and United States Agency for International Development (USAID). Observers attended from the Russian Federation.

Positive issues

There were many positives identified during the exercise; all the participants were open and honest about their actual current polio preparedness and response arrangements. Each country critically reviewed their national action plan and noted areas for improvement highlighted by the exercise. The communications aspects (workshop, recorded interviews and press conference) were all received in a very positive context. These were seen as a significant benefit to all the participants.

Main issues

The main issues identified during Exercise POSE II for each participant country were:

- to review their national polio plan and apply the learning from the exercise and implement the actions identified in their respective country action plans;
- to develop effective communication strategies and plans to enable an effective polio response to be delivered in a timely and coordinated manner;
- to increase national capacity for timely sampling and international transportation to reference laboratories;
- to develop awareness and understanding of International Health Regulations procedures and information sharing protocols with national and international partners.

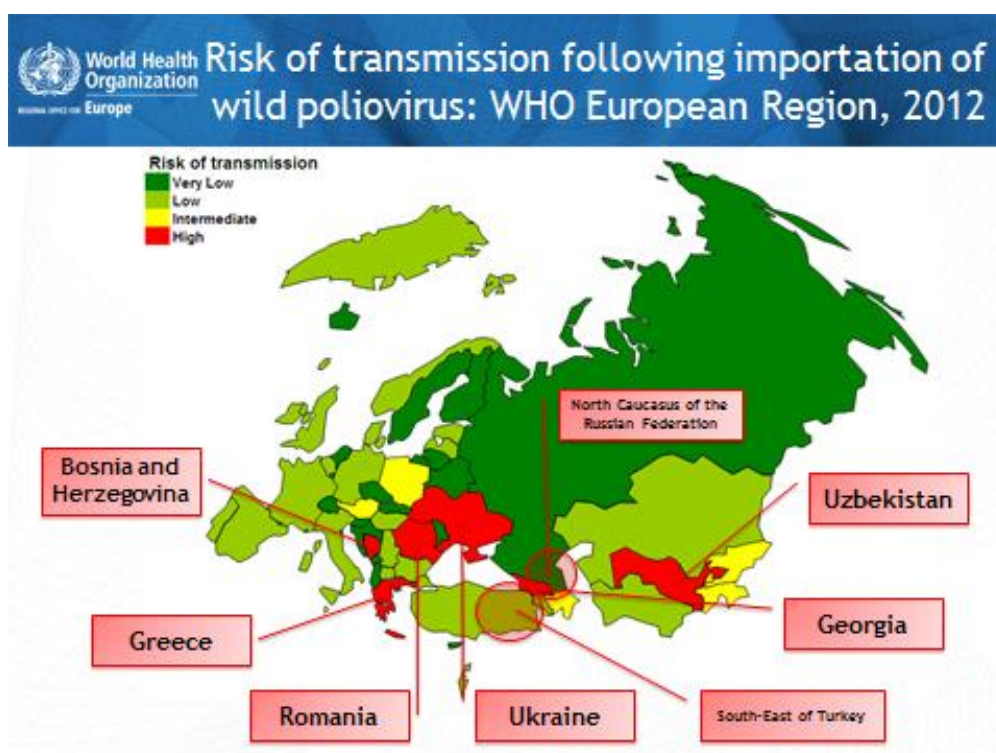
PART 1 – INTRODUCTION

A. BACKGROUND

In 1988, WHO, along with UNICEF and the Rotary Foundation, launched the Global Polio Eradication Initiative with the aim to eradicate polio by the end of 2000. However, polio remains endemic in three countries: Afghanistan, Nigeria and Pakistan. The Polio Eradication and Endgame Strategic Plan 2013–2018¹ is a new comprehensive, long-term strategy that addresses what is needed to deliver a polio-free world by 2018.

In the report² of the 22nd meeting (2009) of the Regional Certification Commission (RCC), it was recommended that 'WHO should consider conducting a formal test of the national preparedness plan in one or more appropriate Member States'. Exercise POSE II was devised to support this report conclusion and was designed to explore the national planning and coordination in response to the detection of wild polioviruses (WPV) and vaccine-derived polioviruses (VDPV).

As part of the global polio eradication programme, WHO Regional Office's aim is to maintain the European polio-free status attained in 2002. Although the risk of transmission remains low overall for the European Region, immunity has dropped to the point that six countries and two subnational regions are assessed to be at high risk and five countries are considered at medium risk of transmission (see map below). Until polio is eradicated worldwide, all polio-free regions, including the European Region, remain at risk of importation. Exercise POSE II is part of the larger ongoing effort to achieve global eradication of polio.



¹ <http://www.polioeradication.org/resourcelibrary/strategyandwork.aspx>

² http://www.euro.who.int/_data/assets/pdf_file/0019/92017/E93603.pdf

B. AIM & OBJECTIVES**Aim**

Participants will be stimulated to critically review and update their national plans on responding to the detection of wild polioviruses and vaccine-derived polioviruses.

Objectives:

The objectives of the exercise were to:

1. increase level of preparedness to a possible event of importation of wild poliovirus or vaccine-derived polioviruses into a poliomyelitis-free Member State;
2. improve capacity to respond rapidly to the detection of circulating polioviruses;
3. improve country response and use of International Health Regulations mechanism in case of detection of wild poliovirus or vaccine-derived polioviruses;
4. explore the communications response to the detection of wild poliovirus, including strategic-level planning and the development, use and interaction of social media tools with the traditional media.

C. SCENARIO DESCRIPTION

The scenario started with the finding of wild poliovirus in an environmental sample from I. Javakhishvili Tbilisi State University (TSU) in Tbilisi, Georgia. The sample was taken from the sewerage water from the university outflow. There were no cases associated with the initial finding of wild poliovirus in Tbilisi. However, later, a young child from a small outlying community was designated a 'hot' acute flaccid paralysis (AFP) case with onset of paralysis. Members from their immediate family had recently travelled in Ukraine. A further 'hot' AFP case is detected in Kyiv, Ukraine. The Regional Reference Laboratory (RRL) Moscow confirms wild poliovirus type 1 (WPV1) isolated from the AFP case in Ukraine and RRL Helsinki confirms one case in Georgia.

The scenario built with AFP cases in Georgia and Ukraine. Over 50 cases are reported. RRL Moscow reported that the strain of wild poliovirus (WPV1) detected in Ukraine was genetically linked to the strain of poliovirus found in Pakistan. RRL Helsinki confirmed the same results with the case from Georgia and that this was also genetically related to the wild poliovirus found in the sewage outfall of TSU in Tbilisi, Georgia. The national media in Georgia and Ukraine reported these outbreaks in a way that caused anxiety in the population and alarmed visitors to the regions.

The exercise scenario concluded with a time jump to five months after outbreak to examine the recovery and longer term issues.

D. PARTICIPANTS IN THE EXERCISE

There were 37 exercise attendees. (See Appendix A for a full list of delegates)

The following countries and organizations participated in the exercise:

- Armenia
- Azerbaijan
- Georgia
- Ukraine
- WHO Regional Office for Europe
- UNICEF - Regional Office for Central and Eastern Europe/Commonwealth of Independent States
- USAID

The Russian Federation attended and observed the exercise.

PART 2 – CONDUCT OF THE EXERCISE

A. EXERCISE DESIGNERS & FACILITATORS

Public Health England (PHE) is a United Kingdom public sector body that combines public health and scientific expertise, research, emergency planning and training within one organisation. The Exercises Team of PHE Emergency Response Department (ERD) has considerable experience in the design, development and conduct in the United Kingdom and Europe of a wide range of exercises designed to test preparedness of the health community, government departments and other supporting partners.

An Exercise Design Team (EDT) consisting of PHE staff from ERD was established to design and conduct the exercise. An Exercise Planning Group (EPG) was formed to provide the EDT with guidance for the planning and approval of the exercise documentation and exercise conduct. The EPG was made up of nominations from WHO and appropriate specialist members and provided valuable guidance and assistance in the development of the exercise.

B. EXERCISE LOCATION

The exercise was held in Kiev, Ukraine. Exercise POSE II was controlled centrally from the Exercise Control (EXCON) at the venue. Participants participated from their own syndicate table. The participants had access to the internet and online resources.

C. EXERCISE DATE AND TIME SCHEDULE

The exercise was conducted over a two-day period: 15 May 2013, 0900 – 1730, to 16 May 2013. 0900 – 1730.

D. EXERCISE FORMAT

Exercise POSE II was a table-top exercise which was combined with a communications workshop on the preceding day (14 May, 1300 – 1630). The workshop enabled delegates to discuss their communications strategies and planning.

During the exercise, participants were grouped according to country. The groups reacted directly to the injects and the challenges presented. The exercise had the additional value of allowing direct personal interaction and communications between participants groups.

The scenario was spread over several phases which encompassed scene setting, review of preparedness, outbreak response and post incident management. Day one focused on the initial management and communications strategies; day two continued with enhanced response and recovery considerations.

PART 3 – EVALUATION OF THE EXERCISE

Introduction

Evaluation from the delegates clearly shows that the exercise met the expectations of the participants. The exercise generated realistic actions, important issues and lessons with a rating of 100% participant satisfaction with the exercise and 75% strongly agreed with this rating. The aim was achieved – with facilitators giving a 100% aim attainment rating and all agreeing that the objectives were met in full.

A. POSITIVE EXPERIENCES

There were many positives mentioned by participants, observers and facilitators; three significant benefits of the exercise were the following.

- The communications aspects (workshop, recorded interviews and press conference) were all received in a very positive context. They were seen as a significant benefit to all the participants.
- The exercise allowed the participants to critically review their existing polio plans (the aim of the exercise) and all the participant countries created an action plan to highlight key areas to address post exercise.
- It was an opportunity for national polio subject matter experts to meet, discuss and share good practice; raise issues faced by participant countries and suggest possible solutions.

B. PROBLEMS ENCOUNTERED, LESSONS IDENTIFIED AND RECOMMENDATIONS FOR IMPROVEMENT

The lessons identified from this exercise are based on the analysis of the feedback received from exercise facilitators, subject matter experts, observers and the hot debrief held immediately after the exercise.

Keeping polio high on the '*political agenda*' was perceived as a key challenge in the ongoing polio eradication programme and the political dimension was mentioned in the exercise by the participant countries. One facilitator stated that the exercise was '*an excellent opportunity for keeping vigilance in countries*' [sic].

B1. Review of current national plans

The aim of the exercise was to enable participant countries to critically review their national plans. This was one of the primary focus areas and countries spent a significant amount of effort in this undertaking. Participant countries used the WHO Guidelines on responding to the detection of wild poliovirus in the WHO European Region³ as a guide for their plans.

³ Under revision. For reference see the Polio Global Eradication Initiative guideline *Responding to a polio outbreak* http://apps.who.int/iris/bitstream/10665/44014/1/9789241597449_eng.pdf?ua=1&ua=1

Exercise POSE II participant countries declared the following coverage in their annual polio report for 2012⁴. The WHO polio guidelines stipulate 95% immunization coverage as an optimal level.

- Armenia: 96.0%
- Azerbaijan: 97.4% (although estimates from UNICEF and WHO are lower).
- Georgia: 92.9% with over 20 districts reporting coverage ranging from 49%-89%.
- Ukraine: 76.7%; however, in some districts, coverage is appraised as low as 10%, with estimates that 1.2 - 1.5 million children did not receive routine immunisation over the last four years.

The exercise highlighted that all four participant countries had some form of plan in place but that all required amendment, in some cases a radical overhaul and a revision of planning assumptions. There were also omissions and areas that required significant consideration.

All participant countries completed an action plan to highlight changes identified by the exercise. It was a key output from the exercise for these actions to be followed up.

Significant actions were:

- Armenia noted that communications was a weak component of their plan and included this in their action plan. Their action plan also noted raising awareness in its population and medical workers and timely sample transportation (as per section B3).
- Azerbaijan also commented on the communications element to be reviewed in their plan. The facilitator stated that the plan should be reviewed within the reporting year (i.e. 2013). Reporting processes and protocols were also strong themes requiring action from their plan.
- Georgia commented that, in their opinion, their national plan was a solid foundation for any response but accepted that their plan required revision. They highlighted the planning for supplementary immunisation activities (SIA); actions in event of outbreak in adjacent country; and a 'hot' case sampling protocol required action.
- Ukraine has based its polio planning on assumptions of high routine coverage. The facilitator noted that this was not a reasonable assumption due to their low declared immunisation coverage. Their annual report estimates between 54% – 71% coverage with some areas as low as 10%. The facilitator noted that although there is a plan in place, due to extant conditions (in particular lack of routine immunisation coverage) in the country '*implementation would not be possible*'. Surge vaccine procurement and deployment were also highlighted as areas that need inclusion in the plan.

⁴ As submitted to the RCC in May 2013

The WHO guidelines on responding to the detection of wild poliovirus in the WHO European Region were published in 2007. It may be argued that the guidelines may be due for revision to ensure the latest doctrine and initiatives, such as Polio Eradication and Endgame Strategic Plan 2013–2018, are included.

Recommendation 1

Review and update all the participant countries' national polio response plans and continue to review on a regular basis.

Recommendation 2

Participant countries to implement the actions identified in the national polio action plans.

Recommendation 3

Consider updating the WHO guidelines on responding to the detection of wild poliovirus in the WHO European Region to include new doctrine and initiatives.

B2. Communications

Communication is an essential and integral element in an effective polio response, and communication is a theme through all areas of this report as it is an overarching and inter-connected dependency. It was noted by a participant that '*information wins the polio war*'. After Exercise POSE I, a communication objective (objective four) was added and communications was given significant emphasis and allocated communication specific discussion time to enable this important area to be sufficiently explored. All the participants commented on communications in their feedback. The addition at the start of the exercise of a communications workshop had the effect of focusing the participants on this area all the way through the subsequent days of the exercise and it was principal in their thinking and approach.

There were several strands of communication interaction in the exercise, these included injects and challenges; recorded one-to-one interviews with a film crew and trained journalist; utilisation of social media and a 'live' simulated press conference that was recorded and played back to the delegates.

One facilitator stated that the reason that communication was regarded by them as weak was not because they did not have communications expertise, rather, it was the '*low level of understanding of the value and necessity of communications*'. It was recommended that this area gain advocacy from government officials. If exercises were conducted at a subnational level, it was surmised that this may engage government officials and engender appropriate advocacy in communications. One facilitator noted that this may benefit Ministry of Health decision-makers and politicians to become '*sensitized*' to the inadequacies of preparedness that exist in some Caucasus countries.

All the participant countries emphasised in their exercise action plans that a communication plan should be produced, this was either part of the main national polio plan or as a separate entity. One element that required specific mention was the use of

'new' media such as social media. Further value could be gained by conducting communication exercises along with subnational exercises.

One of the communication facilitators noted that *'the exercise seemed to leave the participants with a better sense of communication requirements needed to respond'*.

Recommendation 4

Consider subnational exercises to engender advocacy from government officials in understanding the value and necessity of communications.

Recommendation 5

Develop communication specific plans for responding to polio in a crisis. These could include specific public and social media strategies.

B3. Laboratory sampling and dispatch to reference laboratories

Objective two of the exercise required participants to examine their capacity to respond rapidly to the detection of polioviruses. Integral to this objective was laboratory sampling. A representative from WHO provided expert advice and guidance to the delegates. There were two areas of concern highlighted within this objective.

- In-country laboratory capacity
- Timely shipment to reference laboratories

It was noted that there was insufficient laboratory capacity for the prompt detection of polioviruses. In some cases there was no laboratory capacity at all. One reason cited was the lack of government funding. This was also linked to the speed of sample shipment to polio reference laboratories. Where speed of confirmation is critical, a timely dispatch is vital. Logistical delays (possibly due to administrative requirements) were mentioned for the lack of promptness in delivery along with the physical transportation of the samples, in particular to the Russian Federation.

Recommendation 6

Develop a robust dispatch methodology to increase shipment speed to reference laboratories.

B4. International Health Regulations reporting and cross border information sharing

The use of the International Health Regulations⁵ (IHR) mechanism was the focus of objective three. The World Health Assembly adopted a resolution stating that poliovirus importation into a poliomyelitis-free area constitutes a potential international health threat and should be reported using IHR mechanism. Participants accepted that the detection of any poliovirus in any country of the European Region constitutes a public health emergency of international concern. There was consensus that this area was not well understood and awareness of how the mechanism worked both inside and outside each participant country *'lacked familiarity'*. One specific request for additional information was

⁵ http://whqlibdoc.who.int/publications/2008/9789241580410_eng.pdf

around understanding what the rules and procedures were for dissemination of information at a regional and global level. A facilitator mentioned that *'there is a clear need and it is essential to inform/increase knowledge of polio surveillance staff on IHR rules'*.

IHR was linked by the participants to sharing information with neighbouring countries. There was considerable discussion around this topic and about a mechanism to provide information to other countries about wild polio detection; principally, how information could be shared between affected countries, particularly in the early stages. One country noted that they have no system in place to monitor media outside of the country which would limit its situational awareness and thereby its response.

The IHR publication is dated 2005, possibly like the WHO polio guidelines dated 2007, this may require a revision; however, critique of the IHR documentation is outside of the remit of this report. It is more important from a polio response perspective to raise awareness of the document. This would include implication of the regulations, knowledge of content and implementation and aligning use of the regulations to the new Polio Eradication and Endgame Strategic Plan 2013–2018. There may also be scope to add IHR regulation implementation into any subnational level exercise and into future POSE exercises.

Recommendation 7

Raise awareness of IHR regulations, procedures and implementation.

B5. Immunization and vaccine supply

Vaccine availability and procurement are central elements of a successful polio response plan and the exercise prompted discussion on this topic. A real challenge is access to the most appropriate vaccine for the type of virus causing polio during an outbreak.

There was a presumption by exercise participants that sufficient vaccine will be available quickly, which may not be the case in reality. One country did not have sufficient stock of vaccine for SIA or a strategy to deploy of any vaccine they had available.

Recommendation 8

Continue to develop and refine vaccine strategies to ensure the most appropriate vaccine is procured and deployed.

B6. Further key considerations – Economic and exercise options

One of the improvements from Exercise POSE I was working within the constraints of a realistic budget that was set by each participant country. This constraint introduced some limits to the resources that may be available. The idea was that it would encourage cost-conscious delegates and force trade-offs in favour of more cost-effective options as funding is not limitless and, as has already been mentioned in section B3, government funds are tightly controlled.

There have been several mentions of the option to exercise at subnational level and to conduct more POSE exercises. In line with the Endgame Strategic Plan 2013–2018, it

may be considered that the exercise delivery change from a one-off event to becoming an integral part of the ongoing polio preparedness and response efforts in the European Region.

Recommendation 9

Consider more POSE type exercises across other WHO Europe Region areas and at subnational level in 'at risk' countries as part of a coordinated exercise programme.

B7. Exercise improvements for future WHO polio exercises

All of the suggested improvements from Exercise POSE I were implemented in Exercise POSE II. However, the exercise can continue to improve. There are three additions that would add value to the exercise experience.

i. Inclusion of a communications workshop (as standard)

As communications is such an important part of the response to polio, the opportunity was taken before the exercise began to hold a communications training event. A workshop was held to explore current communications arrangements and strategies of the participant countries. The event was designed to build a shared understanding and learning about media management by pinpointing areas for development. The idea was to enable participants to gain knowledge and communication experience during the workshop that could be directly applied during the exercise. The workshop lasted for 3½ hours and was facilitated by three experienced communicators from WHO and PHE. One distinct advantage of the workshop was that it enabled the participants to work through the current approaches without having to keep pace with the unfolding exercise scenario. The workshop was considered a useful addition for delegate development and should be considered for inclusion as a standard in future POSE exercises. There is sufficient scope to expand the workshop to a full day event and could include some practical elements such as developing press releases and recorded interviews. There should be more focus on why it is important to communicate in a certain way rather than examining current arrangements.

Exercise improvement 1

Consider inclusion of a communication workshop in the POSE exercise programme.

ii. Enhance the networking opportunities for participants

The delegates who attended the exercise all engaged in what the exercise was trying to achieve and country participants were seen interacting with other country players. It could be inferred that they would have benefitted from an opportunity to interact/network with each other in a less formal and pressured setting to discuss the issues that polio presents to each country. This could augment the opportunity that the exercise presented the delegates. The event could be an informal icebreaker or a hosted dinner.

Exercise improvement 2

Provide an opportunity for delegates to interact and network in a less formal and pressured setting.

iii. Record of the event

As a standard, the delegates received certificates to prove their attendance at the event. A more formal photographic record would have been worthwhile preferably with a notable/high ranking hosting country official and with an appropriate backdrop. This could be added to any continuing professional development that may exist in participant countries. This would also provide an associated media opportunity to highlight the work being conducted.

Exercise improvement 3

Formally capture the event with the use of certificates and a photographic record.

C. ACKNOWLEDGEMENTS

Many people contributed to the successful planning and delivery of Exercise POSE II. The EPG would like to thank them all for their time and efforts, in particular, the WHO country office in Ukraine, which assisted significantly in the delivery of the exercise. The exercise facilitators and subject matter experts gave important assistance during the exercise and provided invaluable detailed written feedback. The EPG also deserve praise for their support and enthusiasm throughout the entire planning process.

PART 4 – CONCLUSIONS AND RECOMMENDATIONS

Exercise POSE II was successful in allowing participants to critically review their national polio plans; it raised awareness of the issues surrounding a polio response; gave participants a better understanding of the scale and requirement of the response required; and gave an opportunity to share good practice. In particular, the exercise raised the profile of polio with particular regard to communications; an area with extensive exposure in the exercise.

Keeping polio high on the '*political agenda*' was perceived as a key challenge in the ongoing polio eradication programme and the political dimension was highlighted in decisions taken and issues raised throughout the exercise.

The exercise made clear that preparedness is essential through the regular review of polio plans and vaccine strategies. Further, polio publications could be updated and enhanced and the IHR regulations would benefit from raised awareness. The exercise highlighted the importance of effective communications advocacy and strategies, and the value in taking the output from the exercise, which was a national polio action plan, and implementing the identified actions.

Indications are that further extending the POSE series will promote and benefit the Global Polio Eradication Initiative and would be particularly useful in the six countries and two subnational regions assessed as having a high risk of transmission following importation of poliovirus.

Collated below are the recommendations that were drawn from the lessons identified in this exercise.

RECOMMENDATION TABLE

Recommendation
<p>Recommendation 1 Review and update all the participant countries' national polio response plans and continue to review on a regular basis</p>
<p>Recommendation 2 Participant countries to implement the actions identified in the national polio action plans</p>
<p>Recommendation 3 Consider updating the WHO guidelines on responding to the detection of wild poliovirus in the WHO European Region to include new doctrine and initiatives</p>
<p>Recommendation 4 Consider subnational exercises to engender advocacy from government officials in understanding the value and necessity of communications</p>
<p>Recommendation 5 Develop communication specific plans for responding to polio in a crisis. These could include specific public and social media strategies</p>

<p>Recommendation 6</p> <p>Develop a robust dispatch methodology to increase shipment speed to reference laboratories</p>
<p>Recommendation 7</p> <p>Raise awareness of IHR regulations, procedures and implementation</p>
<p>Recommendation 8</p> <p>Continue to develop and refine vaccine strategies to ensure the most appropriate vaccine is procured and deployed</p>
<p>Recommendation 9</p> <p>Consider more POSE type exercises across other WHO Europe Region areas and at subnational level in ‘at risk’ countries as part of a coordinated exercise programme</p>
<p>Exercise improvements</p>
<p>Recommendation 1</p> <p>Consider inclusion of a communication workshop in the POSE exercise programme</p>
<p>Recommendation 2</p> <p>Provide an opportunity for delegates to interact and network in a less formal and pressured setting</p>
<p>Recommendation 3</p> <p>Formally capture the event with the use of certificates and a photographic record</p>



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EXERCISE POSE II – FINAL REPORT

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