Sixteenth Meeting of the WHO South-East Asia Regional Certification Commission for Poliomyelitis Eradication

Colombo, Sri Lanka, 21–22 September 2023

Report of the Meeting
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# Abbreviations and acronyms

<table>
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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AFP</td>
<td>acute flaccid paralysis</td>
</tr>
<tr>
<td>BMGF</td>
<td>Bill and Melinda Gates Foundation</td>
</tr>
<tr>
<td>COVID-19</td>
<td>coronavirus disease</td>
</tr>
<tr>
<td>cVDPV</td>
<td>circulating vaccine-derived poliovirus</td>
</tr>
<tr>
<td>EPI</td>
<td>Expanded Programme on Immunization</td>
</tr>
<tr>
<td>EV</td>
<td>enterovirus</td>
</tr>
<tr>
<td>GCC</td>
<td>Global Commission for the Certification of the Eradication of Poliomyelitis</td>
</tr>
<tr>
<td>GPEI</td>
<td>Global Polio Eradication Initiative</td>
</tr>
<tr>
<td>IPV</td>
<td>inactivated polio vaccine</td>
</tr>
<tr>
<td>IVD</td>
<td>Immunization and Vaccine Development Department (of WHO Regional Office for South-East Asia)</td>
</tr>
<tr>
<td>NCCPE</td>
<td>National Certification Committee for Poliomyelitis Eradication</td>
</tr>
<tr>
<td>OPV</td>
<td>oral poliovirus vaccine</td>
</tr>
<tr>
<td>OPV3</td>
<td>third dose of oral poliovirus vaccine</td>
</tr>
<tr>
<td>PEF</td>
<td>polio essential facility</td>
</tr>
<tr>
<td>PT</td>
<td>proficiency testing</td>
</tr>
<tr>
<td>SEA-RCCPE</td>
<td>South-East Asia Regional Certification Commission for Poliomyelitis Eradication</td>
</tr>
<tr>
<td>SIA</td>
<td>supplementary immunization activity</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>US-CDC</td>
<td>United States Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WHO HQ</td>
<td>WHO headquarters</td>
</tr>
<tr>
<td>WPV</td>
<td>wild poliovirus</td>
</tr>
</tbody>
</table>
Executive summary

The WHO South-East (SE) Asia Region was certified polio-free by the South-East Asia Regional Certification Commission for Poliomyelitis Eradication (SEA-RCCPE) in 2014. The terms of reference of SEA-RCCPE were most recently revised in 2023 to include the certification of circulating vaccine-derived poliovirus (cVDPV)-free status of the Region. The membership of the SEA-RCCPE was also updated in 2023 for a period of three years.

The Sixteenth Meeting of SEA-RCCPE was held on 21–22 September 2023 in Colombo, Sri Lanka. The key objective of the meeting was to review the reports that were submitted by the national certification committees for polio-eradication (NCCPEs) of all countries of the SE Asia Region and to assess the progress made towards sustaining the polio-free status of the region.

Based on the reports received by NCCPEs and the information on DPR Korea and Myanmar provided by the Secretariat, the Commission had concluded that the WHO South-East Asia Region continues to maintain its polio-free status and that there is no evidence of wild polio virus (WPV) circulation in the Region. While commending the efforts undertaken by countries, SEA-RCCPE also cautioned that risk of importation of WPV1 and cVDPVs – especially of type 2 – into the SE Asia Region continues to exist.

The Commission noted that an outbreak due to cVDPV type 2 was reported in the Region from Indonesia and the onset of paralysis of the most recent case in the outbreak was 16 February 2023 (more than six months back). The Commission noted the aggressive response that was mounted by the national programme in Indonesia following the detection of the outbreak, including the use of nOPV2 during responsive SIAs. The Commission also noted that an independent outbreak response assessment was carried out in Indonesia by WHO and GPEI partners in July 2023 that has recommended that a follow-up assessment be carried out to decide whether the outbreak can be closed.

While appreciating the region for maintaining overall surveillance indicators above certification standards and for restoring immunization coverage with polio vaccines to pre COVID-19 levels in 2022, the SEA-RCCPE was particularly concerned about the subnational variations in surveillance and immunization performance.

The SEA-RCCPE appreciated that there is significant progress in the Region for polio transition and notes that a Regional Strategic Plan for polio transition is under development with the goal of protecting investments in polio eradication.

The Commission noted the outlook of the Global Certification Commission (GCC) on global certification requirements.

Acknowledging the significant progress made by all Member States of the SE Asia Region towards maintaining the polio-free status of the Region, SEA-RCCPE provided some general recommendations that are applicable to all countries of the Region and some country-specific recommendations to further strengthen the polio programme in the Region.
1. **Introduction**

The WHO South-East Asia Region was certified polio-free in 2014 and it has since maintained this status. However, the spread of poliovirus remains a public health emergency of international concern.

The WHO South-East Asia Regional Certification Commission for Poliomyelitis Eradication (SEA-RCCPE) provides independent oversight to the polio eradication programme in the SE Asia Region and advises WHO on the status of polio-eradication in the Region. The terms of reference of SEA-RCCPE were revised in 2023 to include the certification of circulating vaccine-derived poliovirus (cVDPV)-free status of the Region as per criteria established by the Global Commission for the Certification of Poliomyelitis Eradication [also known as the Global Certification Commission (GCC)] and to regularly report on cVDPVs as requested. The membership of the SEA-RCCPE was updated in 2023 and the list of current members of the SEA-RCCPE is available in Annex 3: List of participants.

The National Committees for Certification of Poliomyelitis Eradication (NCCPEs) provide oversight to the polio programmes in their respective countries. SEA-RCCPE meets annually to review the polio programme in the Region, based on annual reports submitted by NCCPEs, and assesses the polio-free status of the Region. The Sixteenth Meeting of SEA-RCCPE was held on 21–22 September 2023 in Colombo, Sri Lanka.

2. **Objectives of the meeting**

The overall objective of the meeting was to review the reports, submitted by NCCPEs of all countries of the SE Asia Region, on the progress made towards sustaining the polio-free status and provide conclusion on the polio-free status of the SE Asia Region.

The specific objectives of the meeting were to:

- Review country performances on maintaining polio free status, based on the reports by National Certification Committees for Polio Eradication, as well as data submitted by the countries to the WHO South-East Asia Regional Office, and provide recommendations on:
  - maintaining population immunity;
  - polio surveillance;
  - national risk assessments;
  - outbreak preparedness; and
  - containment of polioviruses;
- Review the implementation status of recommendations made at the 15th meeting of the SEA-RCCPE; and
- Prepare an update to the Global Commission for the Certification of the Eradication of Poliomyelitis (GCC) on the regional polio free certification status.
3. **Organization of the meeting**

The Sixteenth Meeting of SEA-RCCPE was organized on 21–22 September 2023 in Colombo, Sri Lanka. A hybrid approach was taken with both in-person and online participation. Professor Mahmudur Rahman was the Chair of the Sixteenth Meeting of SEA-RCCPE.

The meeting was attended in person by 10 members and virtually by one member of the Commission. The chairs/representatives of nine out of 11 NCCPEs of the Region and representatives from WHO headquarters (WHO HQ), WHO Regional Offices (Africa, Americas, Eastern Mediterranean, and the Western Pacific), WHO Country Office for Sri Lanka, the United Nations Children’s Fund (UNICEF), the United States Centers for Disease Control and Prevention (US-CDC), the United States Agency for International Development (USAID), Bill and Melinda Gates Foundation (BMGF) and the Rotary International participated in the meeting. Officials from Ministry of Health Sri Lanka also attended the meeting as observers. Secretarial support was provided by the Immunization and Vaccine Development (IVD) unit of the WHO Regional Office for South-East Asia (WHO-SEARO). The list of participants is provided in Annex 3.

A pre-meeting, closed-door session was held on 20 September 2023 with all SEA-RCCPE members. The session was organized to conduct in-depth discussions on NCCPE annual reports, review regional progress, carry out risk assessment and identify country-specific issues to guide the discussions and feedback for the main meeting.

Dr Sunil Bahl, Adviser (Immunization) to the Regional Director of WHO-SEARO welcomed the participants. Dr Alaka Singh, WHO Representative to Sri Lanka, inaugurated the meeting on behalf of the WHO Regional Director for South-East Asia and read out her message (Annex 2). This was followed by a presentation on the objectives of the meeting by Dr Sudhir Joshi, Technical Officer-Polio Endgame, WHO-SEARO.

Subsequently, the Chair of Global Certification Commission, Professor David Salisbury, provided updates on global certification aspects, Dr Mufti Zubair Wadood, WHO HQ, provided global updates on polio eradication including containment. The Chair of nOPV2 working group, Dr Ananda Bandyopadhyay, provided update on novel oral polio vaccine type 2 (nOPV2) and Dr Sudhir Joshi, provided the regional updates on maintaining polio-free status and polio transition. Following the presentations by Chairs of NCCPEs, reviews of country progress towards maintaining the polio-free status for nine Member States were conducted (see the meeting agenda in Annex 1).

Staff from the WHO regional offices provided updates from their respective regions. Donors and partners also shared their views in support of the polio programme, transition, and recommendations of SEA-RCCPE.

4. **Regional progress towards maintaining polio-free status**

Globally, wild poliovirus type 1 (WPV1) continues to remain endemic in two countries — Afghanistan and Pakistan. Several actions have been taken by the national governments of these countries and Global Polio Eradication Initiative (GPEI) partners to end WPV1 transmission.

Outbreaks due to circulating vaccine-derived polioviruses, in particular type 2 (cVDPV2), continue to affect countries of the African, Eastern Mediterranean, European and SE Asia Regions.
To stop cVDPV2 more effectively and sustainably, novel oral polio vaccine type 2 (nOPV2) continues to be rolled out through the WHO Emergency Use Listing (EUL) system. As of September 2022, over 450 million doses of nOPV2 have been administered; 23 countries have used it and 15 others have met the readiness requirements and are ready to use it, if needed. Eight more countries are in the process of obtaining their verification.

The South-East Asia Region was certified polio-free in 2014 and has maintained this status since then. No poliovirus outbreak – due to wild or vaccine-derived polioviruses – has been reported in the South-East Asia Region in 2021–2022.

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhutan</td>
<td>1986</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>1993</td>
</tr>
<tr>
<td>Maldives</td>
<td>1994</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>1995</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>1996</td>
</tr>
<tr>
<td>Thailand</td>
<td>1997</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2006</td>
</tr>
<tr>
<td>Indonesia</td>
<td>2006</td>
</tr>
<tr>
<td>Myanmar</td>
<td>2007</td>
</tr>
<tr>
<td>Nepal</td>
<td>2010</td>
</tr>
<tr>
<td>India</td>
<td>2011</td>
</tr>
</tbody>
</table>

In November 2022, Indonesia reported an outbreak due to circulating vaccine derived poliovirus type 2 (cVDPV2) in Aceh province followed by detection of cVDPV2 in West Java province in February 2023. The national programme in Indonesia, with support of WHO and other GPEI partners, responded aggressively by rapidly meeting readiness requirements for nOPV2 and conducted high quality rapid response vaccination campaigns covering more than six million children, along with steps for strengthening surveillance and routine immunization. No additional cVDPVs have been detected in other countries of the Region.
Sixteenth Meeting of the WHO South-East Asia Regional Certification Commission for Poliomyelitis Eradication

Fig. 1. cVDPV2 outbreak in SE Asia Region; Indonesia, 2022–2023

Following the COVID-19 pandemic Member States have been taking actions related to strengthening of immunization delivery. In 2022, almost all countries, except DPR Korea, have been able to either improve coverage or have stabilized.

Fig. 2. bOPV 3rd dose and IPV 1st dose immunization coverage

Six countries of the Region have achieved >90% coverage with third dose of oral polio vaccine (OPV3) in their routine immunization programme, three countries have OPV3 coverage >85%. While Myanmar had a low OPV3 coverage of 75% but it was an improvement from 43% in 2021.

All countries of the Region provide IPV in their national immunization programmes. Six countries of the Region have achieved >90% coverage with first dose of inactivated polio vaccine (IPV1), two countries have IPV1 coverage of 84%, Indonesia has achieved an IPV1 coverage of 77% which is their highest IPV1 coverage in the past five years and Myanmar has achieved an IPV1 coverage of 71% which is higher than 46% in 2021.

During the COVID-19 pandemic, DPR Korea had restricted any vaccine import into the country leading to shortage of supply of both IPV and bOPV leading to nil coverage of both vaccines in 2022. While IPV supply has recently been restored in DPR Korea, the supply of bOPV remains uncertain in the country.
Four countries in the Region – Bangladesh, India, Nepal and Sri Lanka – were providing two fractional doses of IPV in 2022. Following recommendations of SEAR-ITAG to align the IPV doses as per SAGE recommendations, India has introduced an additional dose of IPV at 9 months of age, Nepal has revised the schedule as per SAGE guidance. Bhutan introduced IPV2 in 2021, Indonesia introduced IPV2 in December 2022 and Thailand in July 2023. Four countries of the Region – DPR Korea, Maldives, Myanmar and Timor-Leste – have not introduced the second dose of IPV in their routine immunization programmes.

**Table 2. IPV schedules in countries of SE Asia Region, 2023**

<table>
<thead>
<tr>
<th>Country</th>
<th>Schedule</th>
<th>IPV2 introduced</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fractional IPV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>6w, 14w, 9m</td>
<td>fIPV2 2016 fIPV3 Jan 2023</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>6w, 14w</td>
<td>2017</td>
</tr>
<tr>
<td>Nepal</td>
<td>14w, 9m</td>
<td>fIPV2 2018 Optimized schedule 2022</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2m, 4m</td>
<td>2015</td>
</tr>
<tr>
<td><strong>Two full doses of IPV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td>14w, 8m</td>
<td>2021</td>
</tr>
<tr>
<td>Indonesia</td>
<td>4m, 9m</td>
<td>2022–2023</td>
</tr>
<tr>
<td>Thailand</td>
<td>2m, 4m</td>
<td>2023</td>
</tr>
<tr>
<td><strong>Single dose of IPV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPR Korea</td>
<td>14w</td>
<td>NA</td>
</tr>
<tr>
<td>Maldives</td>
<td>6m</td>
<td>NA</td>
</tr>
<tr>
<td>Myanmar</td>
<td>4m</td>
<td>NA</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>14w</td>
<td>NA</td>
</tr>
</tbody>
</table>

Despite COVID-19 pandemic, all countries ensured that laboratory supported Acute Flaccid Paralysis (AFP) surveillance is sustained. In 2022, the Regional non-polio AFP rate was 5.57 per 100 000 children under 15 years of age and stool adequacy was 88%, these indicators were above the global certification standards (non-polio AFP rate: 1 and stool adequacy: 80%). Nine countries of the Region achieved certification standard non-polio AFP rate and five countries achieved stool adequacy of >80%. Thailand and Timor-Leste could not achieve certification standard surveillance sensitivity in 2021 and 2022.
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Fig. 3. Non-polio AFP rate and stool specimen adequacy in the SE Asia Region, 2021

<table>
<thead>
<tr>
<th>Country</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No of sites</td>
<td>No of specimens</td>
<td>%EV+</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>8</td>
<td>120</td>
<td>89</td>
</tr>
<tr>
<td>India</td>
<td>58</td>
<td>1528</td>
<td>86</td>
</tr>
<tr>
<td>Indonesia</td>
<td>11</td>
<td>144</td>
<td>105</td>
</tr>
<tr>
<td>Myanmar</td>
<td>3</td>
<td>25</td>
<td>52</td>
</tr>
<tr>
<td>Nepal</td>
<td>5</td>
<td>125</td>
<td>86</td>
</tr>
<tr>
<td>Thailand</td>
<td>6</td>
<td>136</td>
<td>83</td>
</tr>
</tbody>
</table>

Fig. 4. Environmental surveillance sites and sensitivity in the SE Asia Region, 2021–2023

The SE Asia Region polio laboratory network (PLN) consists of 16 laboratories and continues to perform adequately with quality assurance mechanisms in place. In 2022, the PLN tested more than 67 thousand stool samples and provided 96.3% primary culture reports within 14 days of receiving specimens (global target: >80%). In 2022, environmental surveillance was conducted at 96 sites in six countries of the Region (Bangladesh, India, Indonesia, Myanmar, Nepal, and Thailand).
The annual risk assessment indicates that DPR Korea, Indonesia, Myanmar and Timor-Leste are at high risk of polio transmission; four countries (India, Maldives, Nepal and Thailand) are at moderate risk; and the remaining three (Bangladesh, Bhutan and Sri Lanka) are low-risk countries.
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**Fig. 6. Regional risk assessment, 2023**

Containment activities, as per the WHO Global Action Plan III (GAP III), are steadily progressing. Four poliovirus essential facilities (PEF) have been identified in the Region (three in India and one in Indonesia). National authorities for containment have been established in both countries. All four designated PEF have received the certificate of participation.

The five polio-priority countries in the Region (Bangladesh, India, Indonesia, Myanmar and Nepal) have developed national transition plans, adopting a country-centric approach. The pace of implementation of these plans is guided by country readiness (technical, financial and managerial capacity), financing available and operational modalities.

The Region has a single integrated network for surveillance and immunization that provides support not only for polio eradication, but also for measles and rubella elimination, surveillance of other VPDs, strengthening immunization and responding to emergencies. The WHO South-East Asia Regional Office (SEARO) is developing a Regional Strategic Framework for polio transition, in alignment with the proposed Global Vision that will guide the transition process post 2023. Two-way capacity-building is an integral component of transition strategy. The timelines and milestones set for eventual mainstreaming of WHO-managed assets and capacities into the national health systems are tailored to each country's specific context and readiness.
5. **Methodology of the regional review**

5.1 **Prior to the meeting**

- The annual NCCPE reporting template on progress towards maintaining polio-free status was shared with all NCCPE chairs by the SEA-RCCPE Secretariat at WHO-SEARO in August 2023.
- The filled-in and signed annual reports were submitted by nine NCCPEs to the SEA-RCCPE Secretariat between 4 September and 16 September 2023.
- All country progress reports were initially reviewed by the SEA-RCCPE Secretariat for consistency and quality check.
- Two SEA-RCCPE members were assigned as reviewers for each country report.
- The country annual reports were made available to the SEA-RCCPE members for review as per country allocation in Table 3.
- All SEA-RCCPE members were provided with a review checklist template to independently review the progress of the assigned country towards maintaining the polio-free status.
- The SEA-RCCPE Secretariat collated all review checklists that were utilized during the pre-meeting session for in-depth discussions on the national NCCPE reports.

**Table 3. Countries and SEA-RCCPE members allocated for review**

<table>
<thead>
<tr>
<th>Country Name</th>
<th>Reviewer 1</th>
<th>Reviewer 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Professor Shrijana Shrestha</td>
<td>Professor Rini Sekartini</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Dr Steve Oberste</td>
<td>Professor Mahmudur Rahman</td>
</tr>
<tr>
<td>India</td>
<td>Professor Mahmudur Rahman</td>
<td>Professor Khin Nyo Thein</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Mr Christopher Patrick Maher</td>
<td>Dr Pasakorn Akarasewi</td>
</tr>
<tr>
<td>Maldives</td>
<td>Dr Sunethra Gunasena</td>
<td>Dr Nobuhiko Okabe</td>
</tr>
<tr>
<td>Nepal</td>
<td>Professor Yagob Yousef Al-Mazrou</td>
<td>Dr Sunethra Gunasena</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Dr Pasakorn Akarasewi</td>
<td>Professor Shrijana Shrestha</td>
</tr>
<tr>
<td>Thailand</td>
<td>Dr Jayaprakash Muliyil</td>
<td>Professor Yagob Yousef Al-Mazrou</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>Dr Nobuhiko Okabe</td>
<td>Professor Khin Nyo Thein</td>
</tr>
</tbody>
</table>

5.2 **Key features of the meeting**

- All 11 SEA-RCCPE members attended the meeting (ten physically and one virtually).
- NCCPEs of nine countries made presentations on key achievements, challenges, conclusions and recommendations.
Both SEA-RCCPE reviewers for the respective designated country provided feedback on the report and asked the NCCPE chairs further questions, as required. Then the discussion was opened for all participants. Finally, NCCPE chairs responded, as required, to all questions raised and feedback received.

Dedicated, closed-door sessions were conducted by SEA-RCCPE members on both days to discuss and finalize the conclusions and recommendations of the meeting.

The conclusions of the meeting were shared with all participants during the plenary by the Chair, on the final day of the meeting.

6. Conclusions and recommendations

SEA-RCCPE concluded that the WHO South-East Asia Region continues to maintain its polio-free status and that there is no evidence of wild polio virus (WPV) circulation in the Region. The conclusion was based on NCCPE reports and the information on DPR Korea and Myanmar provided by the Secretariat.

6.1 Overarching conclusions by SEA-RCCPE

The SEA-RCCPE while concluding that the Region continues to remain free of wild polioviruses, it was also cautioned that the risk of importation of WPV1 and cVDPVs – especially of type 2 continues to exist.

The SEA-RCCPE noted that an outbreak due to cVDPV type 2 was reported in the Region from Indonesia recently and that the onset of paralysis of the most recent case in the outbreak is 16 February 2023.

The SEA-RCCPE noted the aggressive response that was mounted by the national programme in Indonesia following the detection of the outbreak, including the use of nOPV2 during responsive SIAs.

The SEA-RCCPE noted that an independent outbreak response assessment was carried out in Indonesia by WHO and GPEI partners in July 2023 that has recommended that a follow-up assessment be carried out to decide whether the outbreak can be closed.

The SEA-RCCPE appreciated the countries in the Region for their efforts to identify and vaccinate missed children as part of catch-up campaigns as well as to restore routine immunization systems to pre-COVID-19 levels in 2022, however immunization performance remains suboptimal in some countries.

The SEA-RCCPE noted that NCCPE reports from DPR Korea, and Myanmar were not available. Based on the information provided by WHO secretariate, RCCPE is concerned about a large cohort of unvaccinated population and inadequate information on surveillance in both the countries. Also noted that there are visible signs of programmatic improvements in these countries.

The SEA-RCCPE noted that while overall surveillance indicators in the Region are maintained above certification standards, and that nine countries of the Region achieved a certification standard non-polio AFP rate while only five countries achieved stool adequacy of >80%.

The SEA-RCCPE expressed concern at the subnational variations in surveillance performance in countries of the Region.
➢ The SEA-RCCPE noted that only 3/11 countries have updated their national outbreak response plans to align them with the March 2022 global guidelines on outbreak response plans.

➢ The SEA-RCCPE noted that a risk assessment has been carried out in the Region to categorize countries into high, medium, and low risk.

➢ The SEA-RCCPE noted that two countries of the Region – India and Indonesia – have poliovirus essential facilities (PEFs) and that both countries have established national authorities for containment (NACs).

➢ The SEA-RCCPE appreciated that there is significant progress in the Region for polio transition and notes that a Regional Strategic Plan for polio transition is under development with the goal of protecting investments in polio eradication.

➢ The SEA-RCCPE appreciated the actions taken by countries to implement the recommendations of the 15th meeting of SEA-RCCPE but notes that several recommendations have not yet been fully implemented.

➢ The SEA-RCCPE noted the recommendations made by NCCPEs to their respective national programmes.

6.2 Overarching recommendations by SEA-RCCPE

SEA-RCCPE made the following recommendations to WHO and all Member States of the Region.

➢ The SEA-RCCPE encouraged countries to continue to take actions to implement the recommendations from the 15th meeting of SEA-RCCPE, that are still under progress.

➢ The SEA-RCCPE encouraged the Secretariat to continue to make efforts to gather information from DPR Korea and Myanmar on immunization and surveillance performance and share with SEA-RCCPE when available.

➢ The SEA-RCCPE urged the Secretariat to develop and share guidelines related to membership of NCCPEs with all countries.

➢ The SEA-RCCPE recommended that NCCPEs continue to meet at least twice in a year.

➢ The SEA-RCCPE urged countries who have not yet implemented IPV2 introduction or schedule optimization, should do so in accordance with SAGE guidance that was approved by the SEAR-ITAG (August 2023).

➢ The SEA-RCCPE urged that NCCPEs should closely review the coverage of IPV2 and recommend appropriate actions based on local context to improve coverage.

➢ The SEA-RCCPE recommended that countries conduct subnational risk assessment and take actions to strengthen immunization and surveillance systems with a subnational focus.

➢ The SEA-RCCPE encouraged countries to involve all sectors of health system including NGOs and private sector for reporting AFP cases.

➢ The SEA-RCCPE recommended targeted immunization program for missed children including outreach efforts for hard-to-reach areas and additional strategies such as risk communication and communication message to reduce hesitancy wherever it is present.
➢ The SEA-RCCPE recommended that onsite accreditation visits to polio laboratories should be conducted every three years.
➢ The SEA-RCCPE recommended that countries with low/decreasing NPEV isolation should investigate the reasons (sample collection, cold chain, laboratory performance) and take appropriate actions as required.
➢ The SEA-RCCPE recommended that countries with PEFs should prepare exposure response plan and conduct containment breach exercise.
➢ The SEA-RCCPE encouraged countries to conduct polio outbreak simulation exercises (POSE) at least once in three years.
➢ The SEA-RCCPE recommended that the five countries prioritized for transition (Bangladesh, India, Indonesia, Myanmar and Nepal) maintain a high level of commitment to ensure sustainability of the networks that were established for polio eradication to ensure not only polio-free status but also achieve the broader immunization goals.

7. Country-specific conclusions and recommendations

The SEA-RCCPE also made some country-specific conclusions and recommendations.

**Bangladesh**

➢ The SEA-RCCPE appreciated the country for maintaining high vaccination coverage both at national and subnational levels even during the COVID-19 pandemic and recommends that the current coverage rates are maintained through the continued use of the innovative approaches taken by the country.
➢ The SEA-RCCPE encouraged full implementation of the Urban Immunization Strategy 2019 to improve coverage in urban areas.
➢ The SEA-RCCPE urged the country to intensify surveillance strengthening efforts along the Bangladesh-Myanmar border.

**Bhutan**

➢ The SEA-RCCPE appreciated Bhutan for maintaining high immunization coverage during the COVID-19 pandemic and for training the District Health Rapid Response Team on outbreak investigation and response.
➢ The SEA-RCCPE recommended that the country continues to make efforts to strengthen AFP surveillance.

**Democratic People’s Republic of Korea**

The SEA-RCCPE did not have annual report from the NCCPE of Democratic People’s Republic of Korea to review. The Secretariat presented data that is available with it.

**India**

➢ The SEA-RCCPE appreciated India for taking several measures to significantly improve vaccination coverage and reduce the number of zero-dose children and encouraged the country to continue taking targeted interventions to further reach all zero-dose children.
➢ The SEA-RCCPE recommended paying particular attention to the persistently low fIPV coverage in districts.
➢ The SEA-RCCPE recommended that efforts should be made to classify all pending AFP cases of 2022 and prioritize classification of cases pending for more than 90 days in 2023.

➢ The SEA-RCCPE encouraged the national programme to investigate reasons for delays in stool shipment and take localized interventions to improve stool adequacy at subnational level.

Indonesia

➢ The SEA-RCCPE appreciated Indonesia for an aggressive response to the recent cVDPV2 outbreak, including meeting the readiness criteria for nOPV2 use in a record low time.

➢ The SEA-RCCPE encouraged the government and GPEI partners to undertake a second OBRA for a decision on whether the cVDPV2 outbreak can be closed.

➢ The SEA-RCCPE encouraged the government and GPEI partners to implement the recommendations and suggestions of the July 2023 OBRA with respect to conclusively dealing with the current outbreak and reducing the risk of further outbreaks.

➢ The SEA-RCCPE noted that a Surveillance Strengthening Plan is currently being implemented by the government and partners. Encourages the country to conduct a surveillance review in mid-2024 to review progress on implementation of the plan and identify any issues which need to be addressed in order to achieve the highest possible quality of surveillance.

Maldives

➢ The SEA-RCCPE appreciated Maldives for detecting cohort of children, who missed OPV/IPV, by checking the immunization status during pre-school registration and planning special strategies to vaccinate children in high-risk or hard to reach areas.

➢ The SEA-RCCPE recommended finding solutions to expedite the transportation of stool specimens to the laboratory including refresher trainings for health staff.

Myanmar

The SEA-RCCPE did not have annual report from the NCCPE of Myanmar to review. The Secretariat presented data that was available with it.

Nepal

➢ The SEA-RCCPE appreciated Nepal for revising its Country Action Plan for Polio Transition in the current context and notes that the plan awaits endorsement by the government.

➢ The SEA-RCCPE urged the country to develop specific strategies to improve coverage in hard-to-reach areas.

➢ The SEA-RCCPE recommended implementation of the planned catchup campaigns targeting 'vaccine missed cohort' of children to deliver OPV and IPV along with other vaccines as needed.
Sri Lanka

➢ The SEA-RCCPE appreciated the country for maintaining high vaccination coverage with both bOPV and IPV at national and subnational levels despite COVID-19 pandemic and economic crisis and urges country to sustain efforts to maintain the high immunization coverage.

➢ The SEA-RCCPE urged the country to continue to make efforts to improve AFP surveillance and establish ES to supplement AFP surveillance.

Thailand

➢ The SEA-RCCPE appreciated that overall national coverage with both bOPV and IPV is high.

➢ The SEA-RCCPE noted that there are subnational areas with persistently low coverage and urges country to find solutions and include a focused outbreak response plan for these areas in the national outbreak response plan.

➢ The SEA-RCCPE was concerned about the suboptimal surveillance performance and urges the country to take immediate actions to strengthen surveillance as well as intensified efforts along the Thailand-Myanmar border.

➢ The SEA-RCCPE noted low enterovirus isolation rate in both ES and AFP samples and recommended reviewing possible reasons of low rates and address them.

Timor-Leste

➢ The SEA-RCCPE commended the NCCPE for regular meetings.

➢ The SEA-RCCPE appreciated Timor-Leste for conducting a multi-antigen vaccination campaign including OPV in first quarter of 2023.

➢ The SEA-RCCPE recommended that the country should continue to take actions to strengthen the surveillance system including sensitizing traditional healers for reporting AFP cases and streamlining sample collection and shipment, with support from WHO.
Annex 1

Agenda

(1) Opening session
(2) Global update on certification aspect
(3) Global update on polio eradication and containment
(4) Update on novel oral polio vaccine type 2 (nOPV2)
(5) Regional update on maintaining polio-free status in the WHO South-East Asia Region
(6) Regional update on polio transition
(7) Review of the country progress reports from Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand, and Timor-Leste
(8) Regional updates from other Regions (AFR, AMR, EMR and WPR)
(9) Conclusions and recommendations from SEA-RCCPE
(10) Closing session
Annex 2

Regional Director’s message

Good morning and welcome to this Sixteenth Meeting of the South-East Asia Regional Certification Commission for Poliomyelitis Eradication (RCCPE). My sincere gratitude to the Chair and to all members of the RCCPE for the oversight and guidance you continue to provide to maintain a polio-free South-East Asia Region. The Region continues to remain polio-free which is testament to the dedication and commitment of Member States and their polio programme staff, as well as to the oversight provided by the National Certification Committees for Polio Eradication, and of course the steadfast resolve of donors and partners involved with polio eradication.

I commend you all.

Globally, polio remains a Public Health Emergency of International Concern. Wild poliovirus type 1 is still endemic in two countries of the world and poses a risk of importation to our Region. Additionally, there are several outbreaks of circulating vaccine derived polioviruses – especially of type 2 – in several countries, including in one country of our Region.

In late 2022, a circulating vaccine derived poliovirus type 2 (cVDPV2) outbreak was reported from Indonesia. We commend the Ministry of Health of Indonesia for taking immediate and aggressive actions to respond to the outbreak by conducting two vaccination campaigns with novel oral polio vaccine type 2 and covering more than 6 million children during each campaign.

Today, the overall coverage of the bivalent oral polio vaccine and inactivated polio vaccine in the Region, through routine immunization, has surpassed pre-COVID-19 pandemic levels; however, it remains sub-optimal in some countries, and at the subnational level in several countries.

Further, protection against type 2 poliovirus remains a matter of concern since the IPV schedules of several countries are not as per the recommendation of the WHO Strategic Advisory Group of Experts (SAGE) for immunization. The immunity gaps because of this, pose a risk of resurgence of vaccine-derived polioviruses.

The Region has maintained global surveillance standards; however, national and subnational variations remain, and these pose a risk of delayed detection of polioviruses.

And while Polio Transition Plans have now been developed in each of the Region’s five polio-priority countries, sustaining adequate resources is critical for their implementation.

My message to all polio stakeholders is to ensure a robust surveillance system for poliovirus detection, achieve high coverage with polio vaccines – both OPV and IPV, align the IPV schedules with guidance provided by SAGE, strengthen health systems to respond effectively to any polio emergencies, continue collaboration and coordination among countries by sharing information and best practices to collectively address challenges, engage communities and continue to drive our strategies through innovation and research.

To facilitate these outcomes, I urge this Commission:

First, to conduct an in-depth review of the status of performance of critical activities required to maintain the Region’s polio-free status, including surveillance, immunization coverage, and outbreak preparedness.
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Second, to assess the impact of efforts to strengthen essential polio activities especially at subnational level and to consider whether such impact is adequate, or whether additional action is required.

Third, to assess the risks to the Region of any probable polio transmission and actions required to mitigate such risks.

Fourth, to deliberate on progress in facility containment of polioviruses.

And finally, to consider how best to enable polio-funded networks in the Region to strengthen immunization systems and carry out other public health functions, which will in turn help the Region with not only maintain polio-free status but also for the achievement of other immunization goals as outlined under the global Immunization Agenda 2030 and the Regional Vaccine Implementation Plan 2022–2026.

Towards that goal, this RCCPE – and all polio stakeholders – can be certain of WHO’s ongoing and unmitigated support, for a polio-free South-East Asia Region, and a polio-free world.
Annex 3

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