Fourth Consultation of the
Regional Expert Panel
for Verification of
Hepatitis B Control in the
South-East Asia Region

Mumbai, India
16–18 January 2024
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Background

Hepatitis B control had gained momentum in the WHO South-East (SE) Asia Region as its public health burden had been recognized even prior to the COVID-19 pandemic, especially through the following:

- Regional Action Plan for Viral Hepatitis 2016–2021 adopted by the WHO Regional Committee for South-East Asia;
- Regional Vaccine Action Plan 2016–2020 (RVAP) with the goal of accelerating hepatitis B control;
- Following other WHO regions, the regional Immunization Technical Advisory Group (ITAG) recommended in 2016 that a regional control goal be established; with a target of ≤1% hepatitis B surface antigen (HBsAg) seroprevalence among children aged 5 years by 2020, and that this be aligned with the Global Health Sector Strategy on Viral Hepatitis 2016–2021 (GHSSVH).

To measure progress towards and verify the achievement of this goal, the WHO Regional Director for South-East Asia had appointed a Regional Expert Panel for Verification of Hepatitis B Control (SEA-REP); in 2019; with the following terms of reference:

- Conduct desk reviews of the information submitted by countries for verification of the regional hepatitis B control goal as per the protocol established in the Guidelines for verification of achievement of hepatitis B control target through immunization in the South-East Asia Region prepared by the Regional Office.
- Carry out visits to countries and WHO offices where necessary.
- Participate in technical meetings organized by the Regional Office as required.
- Make recommendations to the Regional Director on whether the target of reducing chronic hepatitis B prevalence to less than 1% among children at least 5 years old has been achieved.

Four countries (Bangladesh, Bhutan, Nepal and Thailand) were validated in 2019 by this Expert Panel for having achieved the goal, with nationally representative serosurveys as key evidence.

Despite efforts made by countries to sustain routine immunization service delivery, pandemic-associated disruptions and the COVID-19 vaccination efforts strained systems in 2020 and 2021. Thus, coverage with three doses of pentavalent vaccine (DTP3) decreased from 91% in 2019 to 86% in 2020 and 82% in 2021 in the WHO SE Asia Region. The number of children who did not receive the first dose of the vaccine (“zero-dose children”) increased from 2 million in 2019 to 4.6 million in 2021.
Alongside, countries accelerated recovery of routine immunization coverage as envisaged in the Strategic Framework for the Regional Vaccine Action Plan 2022–2030 and guided by recommendations made at the ITAG meetings.

Besides its impact on hepatitis B vaccination coverage, the pandemic also led to the postponement of planned national serosurveys in countries with sustained high coverage, i.e. the Democratic People’ Republic of Korea (DPR Korea), Maldives and Sri Lanka.

Acknowledging the commonalities, differences and potential synergies across these disease areas, the new Global Health Sector Strategies on, respectively, viral hepatitis, HIV and sexually transmitted infections for the period 2022–2030 have brought together multiple diseases under a common framework, embedded in universal health coverage and actioned through primary health care. Subsequently, the WHO Regional Vaccine Implementation Plan for South-East Asia 2022–2026 covering the same diseases provides an operational framework for the Region aligned with the global strategies, to implement key actions and combine shared and disease-specific approaches. In both policy documents, immunization strategies and coverage targets feature prominently for hepatitis B control and eventual elimination, targeted in 2030.
Objectives and participants

The fourth consultation of the SEA-REP was held in Mumbai, India, on 16–18 January 2024, with the main objective of reviewing progress towards hepatitis B control and elimination goals under verification aspects. Specific objectives were:

- to brief the SEA-REP on the latest developments in global and regional hepatitis B control;
- to review the implementation status of recommendations made at third SEA-REP consultation;
- to review country documentation submitted for verification and the status of maintaining control levels in countries already verified;
- to identify and discuss relevant technical aspects in hepatitis B control pertinent to verification, including implications of the COVID-19 pandemic on immunization and mother and child health care services and prepare a report for the 2024 ITAG meeting;
- to brief attendees about the newly formed South-East Asia Regional Validation Committee on Elimination of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B (RVC for “triple elimination”) and options for future coordination mechanisms; and
- to conduct an advocacy meeting with state health officials of Maharashtra, India on the importance of achieving hepatitis B immunization targets and a field visit for SEA-REP members to selected health facilities that administer the hepatitis B birth-dose vaccination (HepB-BD).

The consultation was attended by five of the eight panel members and two members participated remotely through virtual communication. In attendance were also the chairperson of the RVC (“triple elimination”), the principal investigators of the national seroprevalence surveys submitted for verification purposes to present findings and engage with the SEA-REP in discussions and a question-and-answer session, and two representatives of the Indian National Viral Hepatitis Control Programme of the Ministry of Health and Family Welfare. The consultation was supported by the WHO Secretariat and the list of participants and agenda are given in Annex 1.

In addition to the consultation itself, an advocacy meeting with Maharashtra state health officials on the importance of achieving hepatitis B immunization targets was organized on 17 January as well as field exposure visits on 18 January to one government health facility (Dr R.N. Cooper Hospital) and one private (Millat Hospital) health facility providing HepB-BD vaccination. Both activities provided an opportunity to discuss the current situation and targets of hepatitis B control in Maharashtra; especially for birth-dose vaccination, challenges in achieving the required levels and strategies that work well to achieve universally high immunization coverage.
Opening

The consultation was opened by Dr Roderico Ofrin, the WHO Representative to India, who welcomed participants on behalf of the Regional Director, Dr Poonam Khetrapal Singh, who was unable to attend due to prior commitments. Dr Ofrin conveyed the message from the Regional Director that hepatitis control continues to be an important public health initiative in the SE Asia Region of WHO, which has an estimated 60 million people living with chronic hepatitis B and 218 000 dying every year of hepatitis B and C. Of the persons eligible for antiviral treatment, only about 10% know their status and less than 5% of them are on treatment.

Recalling how in 2016 the ITAG had endorsed a regional hepatitis B control goal, Dr Poonam Singh reiterated the success of four countries of the Region – Bangladesh, Bhutan, Nepal and Thailand – that had already been verified for having achieved the target in 2019 by this Expert Panel.

The Regional Director recalled that hepatitis B vaccine, as a part of the pentavalent vaccine, has been included in the national childhood immunization schedule of all countries of the Region and that eight countries also have a policy of providing the birth-dose vaccination to newborn babies. Dr Poonam Singh also acknowledged the intensive efforts in countries, resulting in the revival of childhood immunization coverage to pre-pandemic levels; with the WHO and UNICEF estimates for 2022 showing that the overall coverage of the third dose of pentavalent vaccine has recovered to the pre-pandemic level of 91% in the Region, a sharp increase from the 82% coverage level reported in 2021.

The Regional Director likewise noted that the regional HepB-BD coverage continues to have a relatively slow uptake with the estimated coverage being only 58% in 2022. She summarized that one of the key barriers to achieving high HepB-BD coverage remains the high proportion of home deliveries that do not allow timely access of the hepatitis B vaccine to these newborns. Besides home deliveries without skilled birth attendance, inequities in immunization service delivery are some of the other challenges. Lack of awareness and/or training of health staff at birthing facilities; particularly in terms of false contraindications and/or fear of adverse events following immunization also contribute to suboptimal coverage of hepatitis B vaccination.

Dr Poonam Singh reiterated that the control of hepatitis B through immunization is a priority for the Region and integrated in the current Regional Vaccine Implementation Plan. Measuring seroprevalence rates for hepatitis B among vaccinated cohorts is critical for assessing the impact of hepatitis B vaccination. Being aware that national surveys have been recently concluded in Maldives and Sri Lanka, the Regional Director expressed her anticipation of the Expert Panel’s conclusion on verification of the achievement of the control goal in these two countries. Achieving the control goal is a critical step in the progress towards elimination of mother-to-child transmission (EMTCT) of the hepatitis B virus (HBV).
Dr Poonam Singh highlighted how WHO’s “triple elimination initiative” encourages countries to simultaneously commit to such elimination together with HIV and syphilis – further pushing the agenda for integrated service delivery and that she subsequently established a Regional Validation Committee for EMTCT of HIV, syphilis and hepatitis B in SE Asia to support countries in these elimination initiatives. Discussions on coordination mechanisms and synergies with this Expert Panel are considered important and encouraged.

The Regional Director concluded by requesting the Expert Panel to critically review the country documentation submitted for verification, status of maintaining control levels in countries that have already been verified and identify and discuss relevant technical aspects in hepatitis B control pertinent to verification, including implications of the COVID-19 pandemic on immunization and mother and child health-care services.
Progress in hepatitis B control through immunization

The WHO SE Asia Region had one of the best immunization service recoveries in 2022 and the respective global improvement in immunization coverage was primarily driven by the gains made in the Region. DTP3 coverage improved from 82% in 2021 to 91% in 2022 – a 9%-point increase and marking a recovery to 2019 levels. The number of zero-dose children was reduced to levels similar to 2019 (2 285 979 in 2022 compared to 1 999 441 in 2019).

The 2022 WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) for Penta3 coverage were over 90% in Bangladesh, Bhutan, India, Maldives, Nepal, Sri Lanka and Thailand. In Indonesia, the Penta3 coverage fell to the 2019 level (85%) and in Myanmar it increased from 37% in 2021 to 71% in 2022.

Four countries from the WHO SE Asia Region were on the Immunization Agenda 2030’s list of 20 priority countries in 2022, as defined by countries with the highest number of zero-dose children in 2021 (India, Indonesia, Myanmar, and DPR Korea). While they continued to appear in the top 20 priority countries’ list in 2023, progress can be traced from the fact that India moved from the number one position to number three (achieving DTP1 coverage of 94% and DTP3 coverage of 91%); Indonesia from the third position to the seventh and Myanmar from the 10th position to the 19th position. The progress in India, Indonesia and Myanmar can be attributed to the intensive multi-antigen catch-up activities conducted. Additionally, countries’ population size must be considered. India is one of the countries with the largest number of unvaccinated children but, given the large population size of India, it also has the largest number of vaccinated children.

Due to continued vaccine shortage caused by pandemic-related border closures, DPR Korea moved from 18th position to 16th position, though vaccine supplies that become available are used in conducting quality catch-up campaigns. Following vaccine arrival in November 2022, the country conducted catch-up immunization in March 2023 targeting the 2022 and 2021 birth cohorts in a strategic approach, as supplies were not sufficient for all children with missed doses and a certain percentage was allocated for 2023 routine immunization. The catch-up was not reflected in the WUENIC release for 2022.

Following the COVID-19 pandemic, India, Indonesia, Myanmar, Nepal, and Timor-Leste have increased the upper age for catch-up immunization activities to 5 years and conducted catch-up immunization activities. Bangladesh has increased the upper age limit to 3 years. Even before the COVID-19 pandemic, all other countries (Bhutan, Maldives, Sri Lanka and Thailand) had a policy of immunizing children who were not age appropriately vaccinated whenever they came to the health system or at school entry. Since these countries had high routine immunization coverage for vaccines given in the first and second years of life, these systems are considered sufficient to keep the risk of missing children low.
The regional HepB-BD coverage continues to have a relatively slow uptake (also impacted by countries that do not give it and account for ~12% of the regional annual birth cohort), though declines in 2020–2021 were not as drastic as for other antigens and, in 2022, the coverage has been the highest ever in the Region (58%).

<table>
<thead>
<tr>
<th>HepB-BD</th>
<th>2018 (%)</th>
<th>2019 (%)</th>
<th>2020 (%)</th>
<th>2021 (%)</th>
<th>2022 (%)</th>
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<tbody>
<tr>
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<td>12</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
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<tr>
<td>Region of the Americas</td>
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<td>55</td>
<td>60</td>
<td>60</td>
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<tr>
<td>Eastern Mediterranean</td>
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<td><strong>Global</strong></td>
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<td>44</td>
<td>43</td>
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<td>45</td>
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</tbody>
</table>

The HepB-BD coverage from 2018 to 2022 has been sustained at high levels in Maldives and Thailand and both countries are aiming to apply for EMTCT in the context of verification of triple elimination (which also includes HIV and syphilis). Declines in Bhutan from 2019 to 2021 require verification, especially in terms of maintaining the control target in birth cohorts after the national survey conducted in 2016 and in view of planned verification of triple elimination. The good vaccine uptake in Timor-Leste since its introduction in 2016 has been maintained, unlike in Myanmar.

Challenges remain in Indonesia and relatively low coverage is reported in India (though improved in 2022), probably due to a target focus on institutional deliveries. India’s commitment to viral hepatitis control is expressed in the 2019 National Action Plan on Combating Viral Hepatitis (NAPCVH) in which the preventive component remains the cornerstone, including hepatitis B immunization (birth dose, high-risk groups, health-care workers). It is estimated though that in 2022, over 6 million newborns still missed the HepB-BD; of which ~70% of those who missed it are concentrated in five states, including Maharashtra, the venue of the consultation.

This is to be seen in comparison with the improvements in institutional delivery rates as documented in the National Family Health Survey 2019–2021 (NFHS-5) in which the HepB-BD coverage in the state is approximately 10% lower and not meeting the target of the NAPCVH. It is expected that Maharashtra could achieve quick gains due to good systems’ capacities and provide important lessons for advocacy with other states not meeting the coverage targets. Respective discussions were held in a special advocacy meeting.

While DPR Korea traditionally has a very strong programme for timely HepB-BD delivery (within 12 hours and in conditions of very high facility-based delivery rates), a complete vaccine outage since mid-2022 had significant implications for the respective birth cohorts not receiving BD vaccination in a country where HepB is assumed to be at high prevalence in the general population.
<table>
<thead>
<tr>
<th>HepB-BD</th>
<th>2018 (%)</th>
<th>2019 (%)</th>
<th>2020 (%)</th>
<th>2021 (%)</th>
<th>2022 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
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<td>NA</td>
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<tr>
<td>Bhutan</td>
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</tr>
<tr>
<td>Myanmar</td>
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<td>17</td>
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<td>NA</td>
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<td>NA</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Thailand</td>
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<td>99</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>66</td>
<td>70</td>
<td>72</td>
<td>72</td>
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</tr>
</tbody>
</table>

Of the countries with sustained high coverage, Sri Lanka completed a national representative serosurvey in children 5 years old and pregnant women in 2022; with the report suggesting very low HBsAg prevalence in both study populations. The respective nationally representative survey in 5-year-old children in Maldives was completed in 2023 and a very low HBsAg prevalence has been found. Both countries were subject to verification at this consultation.

Hepatitis B has been integrated in 2021 into the *Global guidance on criteria and processes for validation: elimination of MTCT of HIV, syphilis and hepatitis B virus (HBV)* ("The Orange Book") but countries continue to have the option to apply for single validation of any one of the three infections. In 2023, a Regional Validation Commission on EMTCT of HIV, syphilis and hepatitis B (RVC “triple elimination”) was established and met for the first time on 23 August 2023 when discussions began on how these two verification bodies could best interact and work synergystically in the future.

To provide a platform for interactive capacity-building on strengthening and sustaining routine immunization, including recovery from the impact of the COVID-19 pandemic, an interactive regional workshop was conducted on 12–15 June 2023. Participants included national managers of the Expanded Programme on Immunization (EPI) and other focal persons for routine immunization, members of national immunization technical advisory groups, subnational immunization staff from four priority countries, and focal persons of the UNICEF regional and country offices, Gavi, the Vaccine Alliance, US Centers for Disease Control and Prevention, WHO headquarters, country offices and the Regional Office.

Outcomes of the workshop and the support requirements identified facilitated discussions at the ITAG meeting, particularly for the coordination of and with immunization partners for further critical needs, including the mobilization of human resources in areas with missed children, until there is full recovery from the impact of the COVID-19 pandemic. The 2023 ITAG report is available at: https://iris.who.int/handle/10665/375007
Challenges in hepatitis B immunization

In terms of zero-dose children, while the significantly increased numbers in 2020–2021 have come down to levels similar to those in 2019 (yet still slightly higher), further information is needed if some of the missed children in 2020–2021 have already benefited from catch-up and what are the plans to reach them all.

Although generally routine immunization systems are again at the quality levels prior to the COVID-19 pandemic, Myanmar and DPR Korea still require to make significant recovery and Nepal and Timor-Leste need more efforts to reach coverage targets. Substantial immunity gaps may remain in the 2020–2021 birth cohorts of several countries and vaccine-preventable disease (VPD) outbreaks support this assumption, especially in India, Indonesia, Nepal and Myanmar – with outbreaks of measles, diphtheria, pertussis and circulating vaccine derived-poliovirus.

While the regional Penta3 coverage recovered to 2019 levels in 2022, performance gaps continue in several countries. The regional drop-out from Penta1 to Penta3 has reduced from 3% in 2019 to 2% in 2022. This is mainly due to a similar pattern observed in India. Hence, the number of children partially vaccinated with Penta3 has reduced from 999 720 in 2019 to 653 137 in 2022. However, the Penta1 to Penta3 drop-out has increased in DPR Korea, Myanmar, Nepal and Timor-Leste.

In terms of equitable coverage aspects, Bangladesh, Bhutan, Maldives and Sri Lanka fair well for Penta3 because the average coverage in the 20% districts with the lowest coverage is above 90% and trends are the same from 2019 to 2022; with the exception of Maldives, where a slight decrease is observed from 2021 to 2022. In India, Nepal and Thailand, the average coverage varied between 60% and 80%, indicating that there are some districts with low coverage despite an overall high coverage but these countries are showing an increasing average coverage from 2021 to 2022, which is a positive observation. In Indonesia, the average coverage in low-performing districts is between 50% and 60%.

Subnational country performance in 2022 when compared to 2019 can be categorized as:

- similar pattern and uniformly high coverage in all districts (Bangladesh, Bhutan, Maldives, Sri Lanka);
- variable coverage in districts and the proportion of districts with high coverage is increasing (India, Indonesia, Timor-Leste);
- coverage improving in a mixed picture, with some subnational areas better and others that have declined (Nepal and Thailand);
- declined (DPR Korea, Myanmar), while particular circumstances prevail.
A key barrier to high HepB-BD coverage remains unattended home deliveries while institutional births allow timely access to newborns. It appears though that the COVID-19 pandemic did not lead to specific declines, perhaps as facility-based deliveries continued at similar levels as before, in the context of mother, newborn and child health (MNCH) it was considered a priority health service delivery during the pandemic, like immunization.

Besides home deliveries without skilled birth attendance, inequities in immunization service delivery (“the chronically unreached”) provide major challenges. Others include lack of awareness and/or training of health staff at birthing facilities, particularly in terms of false contraindications and/or fear of adverse events following immunization. There may be weak coordination between MNCH and immunization programmes and incomplete integration in newborn care packages.

Vaccine supply in terms of how many doses per vial, its availability in birthing clinics and management aspects, also in terms of cold chain in the delivery rooms, may pose barriers. In many places, incomplete participation of the private sector is observed.
Conclusions and recommendations

Based on the Guidelines for verification of achievement of hepatitis B control target through immunization in the WHO South-East Asia Region, the review process for country verification requests from Maldives and Sri Lanka entailed the following:

- The WHO Secretariat established regional verification teams consisting of one chair and two other members from the SEA-REP to the verification reports of each country.
- For every report, the three review team members completed the verification evaluation tool in the guidelines.
- Upon consensus of the three review team members, findings and conclusions were presented to the other members of the SEA-REP.
- The final decision was based on the consensus of all SEA-REP members.

Maldives

- The 2020 hepatitis B control target through vaccination is achieved as the HBsAg prevalence in children 6–7 years old is shown to be lower than 1% by a nationally representative serosurvey of high quality.
  - The final document/publication of the survey should include the upper bound 95% confidence interval.
  - This serological finding is well supported by evidence of sustained high coverage in infant vaccination of >90% for three doses of hepatitis B vaccine and timely birth dose for more than 5 years.
  - Other targets of the Regional Vaccine Implementation Plan 2022–2026 such as ≥80% district-level coverage with three doses of the hepatitis B vaccine and timely birth dose and national drop-out between the first and third dose of hepatitis B vaccine of <5% are also met.
  - The sustained high immunization coverage is commendable; maintaining this achievement is important to protect and expand the considerable public health gains already attained.
  - In future years, conclusions as to whether verification status has been maintained should be made by the National Immunization Advisory Group based on a review of hepatitis B vaccine coverage and other relevant data and annually reported to the regional ITAG.
  - The country is commended for its hepatitis B control strategies beyond immunization, particularly universal screening and treatment of pregnant women.
  - With the very low prevalence documented in the national serosurvey and sustained ≥90% coverage for three doses of hepatitis B vaccine and timely birth dose, Maldives
Sri Lanka

- The 2020 hepatitis B control target through vaccination is achieved with HBsAg prevalence in children 5 years old shown to be lower than 1% by a nationally representative school-based serosurvey of good quality.
  - The final document/publication of the survey should include the upper bound 95% confidence interval.
- This serological finding is well supported by evidence of sustained high coverage in infant vaccination of >90% for three doses of the hepatitis B vaccine for more than 5 years.
- Other targets of the Regional Vaccine Implementation Plan 2022–2026 such as ≥80% district-level coverage with three doses of hepatitis B vaccine and national drop-out between the first and third dose of hepatitis B vaccine of <5% are also met.
- The sustained high immunization coverage is commendable; maintaining this achievement is important to protect and expand the considerable public health gains already attained.
- In future years, conclusions as to whether the verification status has been maintained should be made by the National Immunization Advisory Group based on a review of hepatitis B vaccine coverage and other relevant data and annually reported to the regional ITAG.
- While Sri Lanka has achieved the hepatitis B control goal by fulfilling both the coverage for three doses of hepatitis B vaccine and seroprevalence target, consideration may be given to screening pregnant women for HBsAg and providing selective hepatitis B vaccine timely birth dose and antiviral treatment to HBsAg-positive women, if eligible. This would enable Sri Lanka to apply for EMTCT of HBV.

The SEA-REP reviewed the status in the four countries verified in 2019 (Bangladesh, Bhutan, Nepal, Thailand) and made recommendations as follows:

- While NITAGs have the responsibility of reviewing if immunization coverage requirements for verification have been maintained, the SEA-REP does data analysis every 3–5 years.
- The SEA-REP encouraged NITAGs to have consultations with other programmes targeting hepatitis B control and elimination and advocate for streamlining national strategies.
- Bangladesh should continue to assess vaccination coverage in subpopulation groups at special risk such as in urban areas, migrants, displaced and hard-to-reach populations; and explore additional epidemiological studies to assess the true risk of perinatal transmission and guide policy decisions on the need for the HepB-BD and other hepatitis B control strategies.
In view of national and subnational targets not consistently achieved in 2020–2022, Bhutan should improve data management for more precise overage at district level and obtain coverage survey data especially for HepB-BD on a regular basis.

In view of subnational HepB coverage targets not consistently achieved in 2020–2022, Nepal should continue efforts at catch-up vaccination, with a focus on reaching particular vulnerable groups and exploring additional epidemiological studies to assess the true risk of perinatal transmission and guide policy decisions on the need for HepB-BD and other hepatitis B control strategies.

Thailand should assess vaccination coverage in subpopulation groups at special risk and continue working on sustainable improvement in vaccination monitoring systems.

The SEA-REP also reviewed the situation in the remaining five countries (DPR Korea, India, Indonesia, Myanmar, Timor Leste) following a respective ITAG recommendation at its 2023 meeting, and made the following observations:

- India: concerns on HepB-BD coverage below national programme targets and reports of HBsAg testing in the latest and upcoming National Family Health Surveys to be shared for better understanding of disease burden in children and pregnant women.

- Indonesia: concerns about immunity gaps in protecting against hepatitis B, also regarding multiple diphtheria and pertussis outbreaks. While multiple data sources on seroprevalence seem available, findings are not yet conclusive and results of the 2018 and 2023 National Basic Health Research (RISKESDAS) are awaited. Also, the implementation status of recommendations on hepatitis B control of the 2020 EPI review was requested.

- Myanmar: concerns on the very low HepB-BD coverage while the estimated prevalence of hepatitis B is estimated to be high. As such, strong encouragement for efficient partner support is needed and coordination among all stakeholders contributing to hepatitis B control.

- DPR Korea: based on deep concerns about long stock-out of paediatric hepatitis B vaccine and implications under conditions of estimated high prevalence, immunization partners are urged to identify solutions. Congratulations to the Ministry of Public Health on sustaining measles elimination and achieving rubella elimination, highlighting continued strong NIP capacity and encouragement. When feasible, wide age-range seroprevalence studies should be conducted to understand the disease burden and impact of vaccination for future verification.

Conclusions to the ITAG

As the SEA-REP has established two essential criteria for verification of the hepatitis B control target – seroprevalence of HBsAg among children and hepatitis B vaccine coverage – it noted with concern the impact of the COVID-19 pandemic on immunization programmes in the SE Asia Region; specifically
- decline in pentavalent vaccine coverage in 2020–2021; with major but incomplete recovery in 2022 to pre-pandemic levels in most countries;
- continued low uptake of timely HepB-BD in the Region.

Conclusions to the WHO Regional Office Secretariat

- The SEA-REP noted the establishment of a Regional Validation Committee on Elimination of Mother-To-Child Transmission (EMTCT) of HIV, Syphilis and Hepatitis B in SE Asia to support countries on elimination initiatives.
- The SEA-REP welcomed cross-participation in meetings of these oversight bodies and requested regular updates about their activities and discussions by the respective secretariats.
  - This would include how countries would be validated on meeting the 2030 global target of ≤0.1% HBsAg prevalence among children 5 years of age.
- The SEA-REP noted the hepatitis B control targets in the Regional Vaccine Implementation Plan 2022–2026, with seven countries expected to be verified in 2026.
- The SEA-REP noted plans from countries on applying for EMTCT of HBV. Thailand would be the first country applying for EMTCT of HBV during the submission of data for maintenance of validation of EMTCT of HIV and syphilis (April 2024). If validated, it would be the first country to achieve validation for triple EMTCT, while Maldives and Sri Lanka have indicated interest in applying for EMTCT of HBV at later dates.
List of Participants

WHO South-East Asia Regional Experts for Verification of Hepatitis B Control

Dr Supamit Chunsuttiwat
Chairperson
Advisor to Department of Disease Control
Ministry of Public Health
Royal Thai Government
Nonthaburi, Thailand

Dr Rakesh Aggarwal
Director
Jawaharlal Institute of Postgraduate Medical Education and Research
Puducherry, India

Dr Arunasalam Pathmeswaran (Virtual)
Emeritus Professor
Department of Public Health
Faculty of Medicine
University of Kelaniya
Colombo, Sri Lanka

Dr Md Shamsuzzaman
Former Associate Professor Public Health
Public Health Institute of Health Technology
Dhaka, Bangladesh

Dr Dilip Sharma
Professor of Medicine (Hepatology)
National Academy of Medical Science
Kathmandu, Nepal

Dr Rania A Tohme (virtual)
Associate Director for Global Health
Division of Viral Hepatitis
US Centers for Disease Control and Prevention
Atlanta, Georgia, USA

Principal Investigators of National Surveys

Ms Nashiya A Ghafoor
Program Manager
Ministry of Health
Male, Maldives

Dr Samitha Ginige*
Chief Epidemiologist
Epidemiology Unit
Ministry of Health
Colombo, Sri Lanka

* Co-Principal Investigator of national survey

South-East Asia Regional Validation Committee on Elimination of Mother to Child Transmission of HIV, Syphilis and Hepatitis B

Dr Leelani Rajapaksa
Chairperson
Former Deputy Director
National STD & AIDS Control Programme
Colombo, Sri Lanka

Ministry of Health

India

Dr Hema Gogia
Assistant Director
National Viral Hepatitis Control Program Ministry of Health & Family Welfare
New Delhi, India

Dr Mahendra Kendre
Assistant Director Health Services
State Blood Cell
National Health Mission, Mumbai; and
Program Officer
National Viral Hepatitis Control Program (Maharashtra)
Ministry of Health & Family Welfare
Mumbai, India

Principal Investigators of National Surveys

Ms Nashiya A Ghafoor
Program Manager
Ministry of Health
Male, Maldives

Dr Samitha Ginige*
Chief Epidemiologist
Epidemiology Unit
Ministry of Health
Colombo, Sri Lanka

* Co-Principal Investigator of national survey
Partner

US Centers for Disease Control and Prevention
Dr Anne Marie Wasley
Acting Team Lead
Hepatitis Team
Global Immunization Division
Centers for Disease Control and Prevention
Atlanta, USA

WHO

WHO headquarters
Dr Shalini Desai
Medical Officer
Essential Programme on Immunization
Immunization, Vaccines and Biologicals
WHO-HQ
Geneva, Switzerland

WHO Country Offices

WCO India
Dr Rahul Shimpi
Regional Team Leader for Central India
National Public Health Support Network
WHO Country Office
Pune, India

Mr Abhijit Salvi
Administrative Assistant
WHO Country Office
Mumbai, India

WHO Regional Office for South-East Asia
Dr Roderico Ofrin
WHO Representative to India
New Delhi, India

Dr Sunil Bahl
Advisor (Immunization) to Regional Director
Immunization and Vaccine Development
WHO-SEARO
New Delhi, India

Dr Sigrun Roesel
Technical Officer - Vaccine Preventable Diseases
Immunization and Vaccine Development
WHO-SEARO
New Delhi, India

Dr Po-lin Chan
Regional Adviser - Hepatitis, HIV and STIs
Department of Communicable Diseases
WHO-SEARO
New Delhi, India
## Programme

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<td>Status of hepatitis B control through immunization - regional summary</td>
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Fourth Consultation of the Regional Expert Panel for Verification of Hepatitis B Control in the South-East Asia Region
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Fourth Consultation of the Regional Expert Panel for Verification of Hepatitis B Control in the South-East Asia Region

Mumbai, India
16–18 January 2024