The 13th Meeting of the Regional Certification Commission for Polio Eradication was held on a virtual platform on 22–24 September 2020. This report summarizes the findings, conclusions and recommendations made at the Meeting.
13th Meeting of the South-East Asia Regional Certification Commission for Polio Eradication (SEA-RCCPE)

Virtual meeting

New Delhi, India, 22–24 September 2020
Thirteenth Meeting of the South-East Asia Regional Certification Commission for Polio Eradication (SEA-RCCPE)

© World Health Organization 2021

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Thirteenth Meeting of the South-East Asia Regional Certification Commission for Polio Eradication (SEA-RCCPE). [New Delhi]: World Health Organization, Regional Office for South-East Asia; 2019. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.
Contents

Abbreviations ....................................................................................................................... v
1. Introduction ...................................................................................................................... 1
2. Proceedings of the meeting ........................................................................................... 2
4. Regional update on maintaining polio-free status ...................................................... 7
5. Conclusions, observations and general recommendations ........................................... 10

Annexes
1. Agenda ............................................................................................................................ 17
2. List of participants ......................................................................................................... 18
3. List of RCCPE members assigned for country report review ...................................... 22
4. Table for RCCPE review of NCCPE reports ................................................................. 23
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFP</td>
<td>acute flaccid paralysis</td>
</tr>
<tr>
<td>cVDPV</td>
<td>circulating vaccine-derived poliovirus</td>
</tr>
<tr>
<td>GAPIII</td>
<td>WHO global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use</td>
</tr>
<tr>
<td>GPEI</td>
<td>Global Polio Eradication Initiative</td>
</tr>
<tr>
<td>IPV</td>
<td>inactivated poliovirus vaccine</td>
</tr>
<tr>
<td>ITAG</td>
<td>Immunization Technical Advisory Group</td>
</tr>
<tr>
<td>mOPV2</td>
<td>monovalent oral poliovirus vaccine type 2</td>
</tr>
<tr>
<td>NCCPE</td>
<td>National Certification Committee for Polio Eradication</td>
</tr>
<tr>
<td>OBRA</td>
<td>outbreak response assessment</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>RCCPE</td>
<td>Regional Certification Commission for Polio Eradication</td>
</tr>
<tr>
<td>SEA</td>
<td>South-East Asia</td>
</tr>
<tr>
<td>SEARO</td>
<td>World Health Organization Regional Office for South-East Asia</td>
</tr>
<tr>
<td>SIA</td>
<td>supplementary immunization activity</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WPV</td>
<td>wild poliovirus</td>
</tr>
</tbody>
</table>
1. Introduction

The sixty-eighth session of the World Health Assembly of the World Health Organization (WHO) in 2015 urged Member States to fully implement all the strategic approaches outlined in the ‘Polio Eradication and Endgame Strategic Plan 2013–2018’ (Endgame Plan). This plan had certification and poliovirus facility containment as one of its four objectives which requires continued active oversight by the Regional Certification Commission for Poliomyelitis Eradication (RCCPE) and National Certification Committees for Poliomyelitis Eradication (NCCPEs).

The Global Polio Eradication Initiative Endgame Strategy 2019–2023 is now guiding the programme until global certification is achieved. The key components of the strategy are eradication, integration, certification and containment. The seventy-first World Health Assembly adopted resolution WHA71.16 in 2018 in which it urged Member States to intensify efforts to accelerate the poliovirus containment progress.

Based on the reports received by NCCPEs and presentations made at the 12th RCCPE meeting in September 2019, the RCCPE had concluded that the WHO South East Asia (SEA) Region had remained polio-free during the period of review.

While acknowledging the continued efforts in global polio eradication, the RCCPE was severely concerned about continued WPV1 transmission of wild poliovirus (WPV) type 1 and the ongoing and new outbreaks of circulating vaccine derived poliovirus (cVDPV), especially type 2.

The RCCPE was also very concerned about the 2019 cVDPV type 1 outbreaks in Papua province of Indonesia and Kayin state of Myanmar. These outbreaks confirmed the RCCPE’s warnings regarding emergence of cVDPV in pockets of low coverage and weak surveillance to be an equally important risk to the polio-free status of the SEA Region as imported WPV. While appreciating the immediate actions taken by both countries in responding to the cVDPV type 1 outbreaks, the RCCPE cautioned that gaps in surveillance and population immunity especially in inaccessible and conflict areas along with inadequate outbreak preparedness will further facilitate the spread of virus. The RCCPE urged that lessons learned from these outbreaks in the SEA Region should be documented and shared with other countries.

Since the beginning of 2020 the COVID-19 pandemic has been posing an unprecedented public health emergency of international concern. The global COVID-19 response being mounted by national governments resulted in serious implications for a range of public health interventions and essential health services, including polio eradication. The global polio eradication initiative (GPEI) largely depends on field surveillance and house-to-house supplemental immunization activities (SIAs) along with large-scale community mobilization and engagement and has as such been heavily affected, both because of the increased morbidity caused by COVID-19 and also as countries had to divert human, logistical and financial resources to respond to the pandemic.

The situation has been further complicated with the suspension of flights and closure of borders by a number of countries. Some polio eradication activities were no longer possible in countries restricting the movement of people, as well as in the context of physical
distancing that is necessary to protect communities and frontline workers. Against this backdrop the GPEI strategically planned and repurposed GPEI assets to effectively contribute to the control of COVID-19, whilst also maintaining critical GPEI functions and enabling the full-scale resumption of its activities as soon as the COVID-19 situation would allow.

In this context the 13th RCCPE meeting was held from 22–24 September 2020 on a virtual platform; with the following objectives:

- To review country performances on maintaining polio-free status, based on abridged reports of NNCPEs as well as data submitted by countries to the WHO SEA Regional Office (SEARO), and provide recommendations on:
  - immunization coverage and supplementary immunization activities;
  - quality of polio surveillance;
  - national risk assessments; and
  - performance of catch-up activities, especially in the COVID-19 pandemic context;
- To review implementation status of the recommendations made at the 12th meeting of the RCCPE; and
- To prepare an update to the Global Certification Commission on the regional polio-free certification status.

The agenda of the meeting is included in annex 1 and the list of participants in annex 2. The meeting was attended by all 11 RCCPE members, chairpersons and representatives of 10 NCCPEs, chairpersons of the Global Certification Commission and the regional Immunization Technical Advisory Group (ITAG), officials of the Ministries of Health of Maldives, Nepal, Sri Lanka and Thailand, representatives of GPEI partner agencies and a WHO Secretariat.

2. Proceedings of the meeting

The meeting began with an opening address by Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia; highlighting that this was the first RCCPE to be conducted online.

Dr Khetrapal Singh reflected on global aspects of polio eradication by congratulating the WHO African Region, which on 25 August 2020 was certified by the Africa Regional Certification Commission to have eradicated wild polio. The Regional Director cautioned that WPV remains endemic in Afghanistan and Pakistan, and several countries are experiencing cVDPV polio outbreaks, indicating vaccination coverage gaps. The Regional Director highlighted that while even in ordinary times poliovirus circulation exponentially increases during the high transmission season, the emergence and spread of COVID-19 has disrupted the work of polio programmes, resulting in increased poliovirus transmission in countries outside of the SEA Region, which has been compounded by disruptions to essential immunization and health services.
Dr Khetrapal Singh summarized that while the SEA Region has not reported a single WPV case since 2011 the risk has increased and the Region’s five polio-priority countries have experienced nation-wide or partial “lockdowns”, disrupting immunization and surveillance activities. Yet, although some regional capacity building and coordination activities have been postponed, many more have been carried out, albeit virtually. In many at-risk areas, the human workforce and polio infrastructure has been re-purposed, providing much-needed support to the COVID-19 response, and demonstrating the immense value of polio programmes provide across all areas of health.

The Regional Director warned that the repurposing also created gaps which must be quickly filled and how the pandemic has increased financial risks for the implementation of polio endgame strategies in countries of the Region and beyond. As the diversion of domestic and GPEI resources has the potential to undermine the work of polio programmes, including laboratory networks, immunization and surveillance activities, the Regional Director urged countries concerned to implement transition plans in a timely manner and continue to mobilize domestic resources or alternative funding.

Dr Khetrapal Singh highlighted several encouraging aspects; including how WHO has supported countries to implement a set of guiding principles for maintaining polio and immunization activities amid the pandemic. Virtual platforms are being harnessed, like for the polio outbreak response assessment (the first virtual OBRA globally) in Indonesia, and for meetings of the Regional Working Group for partner coordination. A regional dashboard is in place to monitor country-wise status across a range of areas, from immunization programme performance to the status of acute flaccid paralysis (AFP) and vaccine preventable disease (VPD) surveillance. High-quality information is essential to the development of locally tailored interventions.

The Regional Director commended countries in the Region for having developed plans to improve immunization coverage, shared with subnational stakeholders, for resuming routine immunization, and for the substantial improvements that have been achieved with regard to coverage, which is in some countries back to pre-pandemic levels.

Dr Khetrapal Singh was pleased that the annual NCCPE reports document the impact of the COVID-19 response on polio programme activities and how the systematic and analytical use of data contained in the reports provides a solid foundation for the recommendations of the 13th RCCPE meeting. The Regional Director continued to appreciate the hard work of the RCCPE and the NCCPEs to support national immunization programmes in challenging times.

Dr Khetrapal Singh thanked and acknowledged the contributions of RCCPE members whose tenure was completed at the end of 2019; Dr Abraham Joseph from India, Dr Kyaw Nyunt Sein from Myanmar, and Dr Nalini Withana from Sri Lanka and welcomed the new RCCPE members; Professor Jayaprakash Muliyl from India, Professor Khin Nyo Thein from Myanmar and Dr Sunethra Gunasena from Sri Lanka.

**Methodology for the review of NCCPE reports in the virtual setting**

A country-tailored template for abridged NCCPE reports was prepared and prepopulated with data available with the WHO Regional Office and shared with all NCCPEs in the Region.
six weeks prior to the RCCPE meeting. Key sections which required completion by NCCPEs were their conclusions and recommendations and NCCPEs were advised to schedule a meeting in August 2020 to finalize the report.

Besides relevant updates on country background and NCCPEs the report covered immunization policy and performance, surveillance performance, facility containment of polioviruses, national risk assessment and preparedness for detection of and response to WPV importation and cVDPV and effect of COVID-19 on critical polio functions as per 2020 national ITAG reports.

All 11 NCCPEs submitted reports, based on the template provided, to the RCCPE (through WHO SEARO) prior to the meeting. The Regional Office and WHO country offices provided technical support to the NCCPEs in the preparation of these reports, as required.

Two RCCPE members were assigned the task of reviewing two NCCPE reports; one as primary and one as secondary reviewer (see annex 3 for the list of reviewers for each NCCPE report). The RCCPE members were provided with a checklist to guide the review of the reports (see annex 4). The new checklist format included drop-on options for each report item or performance indicator (in a data entry form). Once RCCPE members had chosen the option best suit their assessment the spreadsheet automatically color-coded the performance as advanced, compliant, meeting some requirements and weak. Performance cut-offs and respective references were provided in the drop-down sheet. This new format was reviewed by the WHO Secretariat after the meeting; for improvements and modifications required.

The NCCPE reports were provided to all RCCPE members through a shared drive. The NCCPE representatives presented a summary of their respective reports through a brief intervention. The RCCPE members and partners provided comments on the progress reports through interventions and the chat function in the online meeting platform. Country-specific discussions were conducted during the closed-door session of the RCCPE and recommendations made accordingly; followed by presentation to the plenary, discussions and endorsement.


In 2020, WPV type 1 continued to be detected in parts of Afghanistan and Pakistan. On 25 August 2020, the African Region was certified as free of WPV by the African Regional Certification Commission, becoming the fifth WHO region to be independently certified as free of all wild polioviruses. Wild polioviruses type 2 and type 3 have been globally certified as eradicated, in 2015 and 2019, respectively. Circulating vaccine-derived poliovirus outbreaks, in particular type 2 outbreaks, continued to affect areas of the African, Eastern Mediterranean and Western Pacific Regions.

In 2019, an emergency associated with cVDPV type 2 polio outbreaks emerged, which continued to expand in 2020. As of September 2020, almost 600 cases of cVDPV type 2 and over 250 cVDPV type 2-positive environmental samples were reported from 21 countries globally, primarily in Africa, but also including Pakistan and Afghanistan and the Philippines.
In Africa, several outbreaks of genetically-distinct cVDPV type 2 continued to spread across different countries within the region, notably in: west Africa (as an outbreak originating in Nigeria continues to expand both into west Africa and parts of central Africa); in central Africa (notably Angola and the Democratic Republic of the Congo); and, in the Horn of Africa (notably Ethiopia and Somalia). In Asia, in addition to Afghanistan and Pakistan, the Philippines continued to conduct outbreak responses to a strain which emerged in 2019 and which had subsequently spread to Malaysia. In all instances, the continued spread of existing outbreaks as well as the emergence of new type 2 cVDPVs point to gaps in routine immunization coverage in addition to insufficient quality of outbreak responses with monovalent oral polio vaccine type 2 (mOPV2). The risk of further spread of such strains, or emergence of new strains, is magnified by an ever-increasing gap in global mucosal-immunity to type 2 poliovirus and dropping immunization rates related to COVID-19.

In 2019 and early 2020, the GPEI developed the strategy for the response to type 2 cVDPV 2020–2021 to more effectively address the evolving epidemiology. The strategy also emphasized the importance of accelerating the assessment and roll-out of a novel oral polio vaccine type 2, through the WHO emergency use listing procedure.

The COVID-19 pandemic has significantly disrupted the efforts to combat VPDs, including polio, compromising health systems and limiting access to vital treatments and immunizations around the world. In order to protect communities and staff, the GPEI recommended in March 2020 that countries temporarily pause house-to-house polio vaccination campaigns and make polio programme workers and resources available to fight COVID-19. While necessary to save lives, the suspension of planned polio campaigns (>60) in more than 30 countries, coupled with COVID-19-related disruptions to routine immunization, has resulted in increased transmission of poliovirus.

**Update from the WHO Regional Office of the Eastern Mediterranean:**

Afghanistan is affected by co-circulation of WPV type 1 and cVDPV type 2. As of September 2020, 53 cases of WPV type 1 and 36 environmental samples positive for WPV type 1 had been reported and 121 cases of cVDPV type 2 and 91 environmental samples positive for cVDPV type 2. While Afghanistan has in the past successfully interrupted indigenous WPV transmission in the two endemic reservoirs, the Southern and Eastern regions, its efforts are complicated by geo-political factors including a new government, change in senior ministerial leadership, limited access for vaccination in the Southern Region and a pause in vaccination campaigns related to COVID-19. In response, the national programme is adapting operational approaches, in order to: stop cVDPV type 2; stop WPV type 1 transmission in the Eastern Region and non-endemic areas; and secure greater access in high-risk areas of the Southern Region or contain WPV type 1 to existing endemic areas. Efforts are focusing on adapting vaccination campaign approaches to the current situation with regard to COVID-19, including: improving the quality of campaigns; exploring different methodologies to increase access in key areas; comprehensively engaging communities including through increased mass media and social media presence; and integrating immunization and surveillance activities within broader health efforts.

Pakistan is affected by co-circulation of WPV type 1 and cVDPV type 2. Up to September 2020, 77 polio cases due to WPV type and 1358 WPV type 1-positive environmental samples had been reported and 74 cases due to cVDPV 2. WPV type 1
transmission was widespread, with key reservoir areas being southern Khyber Pakhtunkhwa, greater Karachi (Sindh) and greater Quetta (Balochistan), expansion of virus to previously polio-free areas (Punjab and Sindh) and detection of virus across the country. Type 2 cVDPV 2 continued to expand geographically, with ongoing breakthrough transmission complicated by a large nationwide accumulation of populations susceptible to type 2 poliovirus. The risk of expansion of both strains, particularly of cVDPV type 2, including potentially internationally, is expected due to a built-up of susceptible children resulting from a pause in vaccination campaigns associated with the COVID-19 pandemic. The national programme has been re-organizing to urgently address the circulation of both virus strains, as a key component of the broader health and economic COVID-19 recovery process. The objectives through the end of 2020 were to stop cVDPV type 2 through multiple, high-quality large-scale vaccination campaigns without exacerbating the situation with COVID-19, maintain control of WPV type 1 through campaigns targeting core reservoir areas and outbreak response and complete the transformation of the programme to successfully interrupt the circulation of WPV type 1 in 2021.

**Update from the WHO Regional Office for the Western Pacific:**

In the Philippines between 1 July and 27 August 2019, four environmental samples tested positive for VDPV type 1 from Tondo (Manila). No genetic linkage was found with any other known VDPV1, indicating a new emergence. Between 13 and 22 August 2019, two environmental samples tested positive for VDPV type 2 from Tondo and Davao (Mindanao). Both samples were found to be genetically linked. All samples collected through environmental surveillance were tested by the Research Institute for Tropical Medicine in the country and confirmed by the Global Specialized Laboratory for enteroviruses at the National Institute of Infectious Diseases in Japan. On 14 September 2019, VDPV type 2 was confirmed in one AFP case from Lanao del Sur (Mindanao). The isolated VDPV2 was found to be genetically linked to the two confirmed VDPV2 environmental samples. As a result, the VDPV type 2 was classified as circulating (cVDPV type 2). On 19 September 2019, the Department of Health confirmed the re-emergence of polio in the Philippines and declared a national polio outbreak, in line with International Health Regulations. Later in the year detection of VDPV type 1 in an AFP case (in Mindanao) also confirmed cVDPV type 1. Subsequently, 15 more children were confirmed with polio due to cVDPV type 2; with ages ranging from below one year to 9 years. The cases were identified in four different regions. On 15 February 2020, the Department of Health confirmed a new cVDPV type 2 case, a one-year-old boy from Cabanatuan City, Nueva Ecija, bringing the total number of polio cases in the country to 17. The first OBRA was held from 8-14 February. The team visited the National Capital Region, Mindanao and Davao City.

The Sabayang Patak Kontra Polio immunization campaign started in July 2019 after virus in the National Capital Region had been identified and based on further surveillance findings several rounds with bivalent OPV and mOPV2 were conducted in the areas concerned. During the first quarter of 2020, immunization rounds continued in Mindanao and the National Capital Region, reaching 4.5 million children, more than 95% of the target children. The polio immunization campaigns were shortly put on hold because of the COVID-19 pandemic but resumed from July 2020 onwards.

On 8 December 2019, the Ministry of Health of Malaysia announced a case of polio in Tuaran district in Sabah state. The AFP case was confirmed to be caused by cVDPV type 1.
The last case of polio in the country dates to 1992. A total of four AFP cases have been linked to the cVDPV type 1. The oldest AFP case was an 11-year-old child; necessitating vaccination coverage to be expanded beyond children under 5 years of age to include all children under 13 years of age in Sabah state.

Environmental samples taken in Semporna and Kota Kinabalu districts have detected both cVDPV1 and cVDPV2. The samples were confirmed by the Institute for Medical Research in Kuala Lumpur and the Victorian Infectious Diseases Reference Laboratory, a WHO regional reference laboratory in Melbourne, Australia. The AFP cases were genetically linked to the poliovirus circulation in the southern Philippines, which declared an outbreak of polio on 19 September 2019. There have been no reported AFP cases caused by cVDPV type 2 in Malaysia. Owing to isolation of cVDPV type 2, the mOPV2 Advisory Group of the GPEI approved the use of mOPV2 in Sabah.

Reported coverage for rounds 1 and 2 with bivalent OPV was high at 97% and 91% overall; the break down was 98% for citizens and 95% for non-citizens during the first round and 93% for citizens and 84% for non-citizens during the second round. The third round of bivalent OPV was planned after completion of mOPV2 rounds. Reported coverage for the first round of mOPV2 was 70% (73% for citizens and 59% for non-citizens) and for the second round at 51% overall (55% for citizens and 37% for non-citizens). This campaign was going on at the time of the RCCPE meeting.

4. **Regional update on maintaining polio-free status**

The WHO SEA Region was certified polio-free on 27 March 2014. No WPV has been detected for almost 10 years and no cVDPV type 2 emerged has occurred since the switch from tOPV to bOPV in April 2016. A few outbreaks due to cVDPV type 1 resulted in small case numbers and were contained in a timely manner. However, risk of importation of polioviruses from areas with current circulation and risk of emergence of future cVDPVs remain. There is also a risk of re-introduction of poliovirus type 2 into community following a breach in facility / laboratory containment.

The factors that could potentially accentuate the risks are sub-optimal population immunity against polioviruses, population movements (migrants, refugees), surveillance gaps leading to delayed detection of polioviruses, weaknesses in containment of polioviruses, inadequate preparedness to respond to a poliovirus leading to delayed or inadequate response and transition following ramp-down of global polio funding in five large countries may result in programme deficiencies.

**Population immunity**

All countries have inactivated poliovirus vaccine (IPV) in the national routine immunization schedule; four countries (Bangladesh, India, Nepal, Sri Lanka) give 2 doses of fractional IPV. In 2019, 90% of the Region’s children received three doses of oral poliovirus vaccine (OPV3). The number of un- and partially immunized children has declined from >8 million in 2000 to estimated 3.3 million in 2019.
As per WHO and United Nations Children’s Fund estimates of national immunization coverage (July 2020) ten out of eleven countries achieved the target of ≥90% for OPV3 of the Regional Vaccine Action Plan and seven out of eleven countries achieved the target for IPV while three countries reached ≥80% (India, Nepal, Timor Leste). Indonesia’s OPV3 coverage was 85% and 76% for IPV. Six countries in the Region (Bangladesh, Bhutan, Democratic People’s Republic of Korea, Maldives, Sri Lanka, and Thailand) had a routine OPV3 coverage of >95%. IPV coverage has been improving in countries affected by the previous global supply shortage. Still, subnational coverage gaps remain in several countries and significant number of young children are susceptible to poliovirus type 2.

**Surveillance performance**

The polio surveillance structure has remained in place with case-based AFP surveillance in all countries and a well-functioning laboratory network which tested >87 000 stool specimens in 2019. Environmental surveillance has been expanded and is conducted through 86 sites in six countries (Bangladesh, India, Indonesia, Myanmar, Nepal and Thailand).

All countries in the Region maintained certification standard non-polio AFP rates of at least 1 per 100 000 children under 15 years of age in 2019 (as of 21 September 2020). All but two countries (Sir Lanka and Timor Leste) achieved also the operational target of a non-polio AFP rate ≥2. Eight countries, namely Bangladesh, Bhutan, Democratic People’s Republic of Korea, India, Indonesia, Myanmar, Nepal and Sri Lanka, had adequate stool specimen collection of >80%. However, for both performance indicators there is considerable subnational variance in several countries.

There are 16 polio laboratories in seven countries that perform intra-typic differentiation. Three of these laboratories also perform sequencing. There is one global specialized laboratory and two regional reference laboratories in the Region. Viral isolation results were available for 93.9% of AFP cases within 14 days of receipt of samples at the laboratories; all of which achieved the target of 90%. The regional non-polio enterovirus isolation rate was 12.6%. All laboratories, except the national polio laboratory of Democratic People’s Republic of Korea, are accredited.

**cVDPV1 outbreaks in the SEA Region and outbreak response**

The 2018-2019 outbreaks due to cVDPV type 1 in Indonesia (Papua province) and Myanmar (Kayin state) had been graded by WHO as emergency grade 1 and immediate response measures were undertaken in the form of large-scale immunization campaigns and AFP surveillance strengthening. Indonesia expanded environmental surveillance in Papua and West Papua. Myanmar conducted synchronized immunization activities in cross border areas with Thailand along with enhancing AFP surveillance. In 2020, the WHO Regional Director for South-East Asia, following recommendations made by the virtual OBRA, declared the closure of the cVDPV type 1 outbreak in Indonesia while the OBRA in Myanmar was planned in October 2020.
**Poliovirus laboratory containment**

Containment activities as per the WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use’ (GAP III) are steadily progressing. Four poliovirus essential facilities have been identified to store/handle type 2 polioviruses in two countries of the Region, namely India (research facility and vaccine manufacturers) and Indonesia (vaccine manufacturer). National authorities for containment have been established in both countries and processes to undertake certification of these facilities as per the global containment certification scheme have commenced. All four poliovirus essential facilities have certificates of participation under the containment certification scheme granted by the Global Certification Commission. Implementation of other containment certification scheme requirements is ongoing, including capacity building of auditors.

Countries are being supported with direct technical assistance to implement their activity plans for containment of Sabin2/OPV2 infectious and potentially infectious materials: this is being expanded to WPV type 3 following certification of global eradication of this strain in October 2019.

**Impact of Covid-19 pandemic**

At the time of the RCCPE meeting, ten out of eleven countries had been impacted by the COVID-19 pandemic and the five polio priority countries had experienced lockdown measures; Bangladesh, India and Nepal nationwide while in Myanmar and Indonesia they were partial, with travel/other restrictions.

Programmatic risks resulted from the disruption of immunization and surveillance activities; including from the re-purposing of human workforce/infrastructure for the COVID-19 response. In the first half of 2020 compared to same period of 2019 nearly three million fewer children received OPV3 and IPV, almost 13 000 AFP cases less were reported and almost 500 environmental surveillance specimens less tested.

Regional coordination activities had to be postponed, including the polio virologists’ meeting and the regional workshop on polio outbreak preparedness and polio transition. Financial risks result from the re-purposing of domestic resources and different distribution approaches by partners.

Support to countries included timely sharing of WHO documents on guiding principles, both for polio and immunization activities, during the COVID-19 pandemic for adaptation to the respective country context. Virtual platforms are being effectively used for the conduct of the OBRA in Indonesia, the Regional Working Group, ITAG and RCCPE meetings, and technical assistance and capacity building.

A dashboard has been developed to monitor country-wise status in terms of lock down measures and travel restrictions, impact of the pandemic on immunization services (routine immunization, polio and measles/rubella SIAs, vaccine stock-outs, etc), precautions in place for health workers to minimize the risk of COVID-19 transmission, status of AFP and VPD surveillance and specimen shipment and re-direction of polio and EPI workforce to COVID-19 response.
At the time of the 13th RCCPE meeting regional and country readiness for COVID-19 vaccines were being initiated and efforts undertaken to resume regular activities; with signs of immunization coverage recovery in some countries. Several mass vaccinations campaigns which had been postponed were getting resumed and completed. The polio immunization platform is considered an important planning and management resource for establishing regional and country readiness for COVID-19 vaccines.

5. Conclusions, observations and general recommendations

- Based on abridged reports received from all NCCPEs the RCCPE concluded that the WHO SEA Region has remained polio-free during the period of review.
- The RCCPE commended countries in the SEA Region for efforts undertaken to maintain the polio-free status which included rapid and comprehensive response strategies in Indonesia and Myanmar following detection of cVDPV type 1 outbreaks.
- The RCCPE commended all NCCPEs for timely report submission and appreciated the pre-populated report templates and new format checklists facilitating the review process.
- The RCCPE acknowledged progress in global polio eradication efforts over the past years and congratulated the WHO African Region on being certified free of all wild polioviruses.
- The RCCPE remained concerned about continued transmission WPV type 1 in Afghanistan and Pakistan and cVDPV outbreaks, especially type 2, in other WHO Regions.
- The RCCPE noted that new cVDPV2 outbreaks in other WHO Regions have been seeded by mOPV2 use; by both suboptimal mOPV2 coverage within response zones as well as mOPV2-vaccinated children or contacts traveling outside of response zones, where children born after the global switch are may be susceptible to poliovirus type 2 transmission.
- The RCCPE expressed particular concern about recent cVDPV outbreaks in Malaysia and Philippines and risk of introduction into countries of the SEA Region in view of population movements and porous borders.
- The RCCPE was deeply concerned about effects of the COVID-19 pandemic on various critical polio activities globally as well as in the SEA Region; particularly but not limited to the following:
  - An increasing number of children with missed polio and other routine vaccine immunizations in some countries.
    - There are also still cohorts of children that have earlier missed IPV due to the global shortage at that time.
  - Challenging environment for supplementary immunization campaigns.
  - Subsequently, increasing vulnerability; especially against type 2 poliovirus.
- Recovery of polio surveillance slower than for immunization services; making
timely detection of poliovirus emergence less sensitive.
  - This was considered particularly concerning in view of polio outbreaks in
  neighboring countries.

➢ At same time the RCCPE commended countries for resuming critical activities
affected by the COVID-19 pandemic while emphasizing that variable and slow
pace of their resumption increases the risk of poliovirus emergence and missing
transmission and aggravates chronic subnational coverage and surveillance gaps
which have developed in the long delay of global eradication.

➢ The RCCPE noted the new global polio outbreak preparedness standard operating
procedures and the updated methodology for regional risk assessment.

➢ The RCCPE appreciated the continued focus on poliovirus facility containment
and commended the four designated poliovirus essential facilities in the SEA
Region for obtaining certificates of participation under the GAPIII containment
certification scheme, endorsed by the Global Polio Certification Commission.

**General recommendations**

➢ The RCCPE largely agreed to recommendations made by NCCPEs and urged
NCCPEs to follow up with national programmes for their implementation; with
updates provided for the next RCCPE meeting.

➢ The RCCPE encouraged SEARO to move to an electronic system of NCCPE
reports and review.

➢ The RCCPE recommended countries to take innovative approaches to resume
immunization and surveillance activities affected by COVID-19 while continuing
to take measures to ensure COVID-19 infection prevention and control during
such activities.

➢ The RCCPE requested SEARO to work with countries and coordinate with
partners to address coverage gaps and surveillance declines resulting from the
COVID-19 pandemic as a matter of priority; with documentation and sharing of
lessons to be learned.

➢ NCCPEs should urge national programmes to perform an assessment of their
subnational IPV coverage since 2016 and to plan for providing missed IPV doses;
as required.

➢ The RCCPE requested SEARO to support countries in developing/updating their
outbreak preparedness plans and align to the latest global standard operating
procedures (version 3 as of January 2019).

➢ The RCCPE requested SEARO to support countries in their facility containment
work to also include WPV type 3 and WPV type 1 infectious and potentially
infectious materials in inventories; once WHO guidance is available.

➢ The RCCPE encouraged SEARO to use virtual platforms and means for
certification related work and capacity building including updating risk
assessments, strengthening polio outbreak preparedness plans, conceptualizing
simulation exercises and updating facility containment inventories.
Country specific conclusions and recommendations

Bangladesh

➢ The RCCPE appreciated the national programme for maintaining high OPV coverage and surveillance sensitivity and requested the NCCPE to discuss the final 2019 coverage evaluation survey results in the next progress report.

➢ The RCCPE considered further improvements of subnational IPV coverage and for migrants from Myanmar in Cox’s Bazaar necessary to protect the polio-free status and in this context highlighted the following NCCPE recommendation:
   - Ensure and take appropriate measures to maintain polio vaccination coverage, AFP and environmental surveillance among migrants from Myanmar in Cox’s Bazar.

➢ The RCCPE requested SEARO to support the national poliovirus laboratory for renewal of its accreditation status.

Bhutan

➢ The RCCPE appreciated the national programme for maintaining high polio immunization coverage and certification standard surveillance while highlighting the following NCCPE recommendations to the national programme:
   - Conduct of reorientation on AFP case definition for all health workers including clinicians.
   - Validate overall national OPV coverage and review why some districts like Gasa, Haa and Tashiyangtse have persistently low immunization coverage.

Democratic People’s Republic of Korea

➢ The RCCPE appreciated the national programme for high OPV and IPV immunization coverage and good polio surveillance performance indicators but considered the pending accreditation of the national polio laboratory as concerning.

➢ The RCCPE also commended the country for maintaining all polio activities during the COVID-19 pandemic.

➢ The RCCPE recommended specific efforts by the national programme and partners to achieve high coverage during the planned IPV catch up immunization campaign in 2021.

➢ WHO SEARO and Country Office should support polio risk assessment and updating of the national outbreak response plan.

➢ The RCCPE highlighted the NCCPE recommendation that AFP surveillance system should be strengthened nationwide through the publication of updated AFP surveillance guidelines.
India

➢ The RCCPE commended the national programme for taking several innovative measures to improve polio immunization coverage and for having a sensitive surveillance system. It noted improvement in IPV coverage though is still below the target set by the Regional Vaccine Action Plan 2016-2020.

➢ The RCCPE recommended to strengthen routine immunization by implementing the key programme strategies through 'Intensified Mission Indradhanush (IMI)2.0' to reach 90% IPV coverage nationally and focus on specific populations at risk and sub-national areas with suboptimal coverage.

➢ The RCCPE recommended the surveillance programme to take actions for closing sub national performance gaps, improve transportation systems of stool samples to designated laboratories and conduct regular expert review committee meetings to discuss pending classification of AFP cases.

➢ The RCCPE recommended that national containment activities should be maintained and reported through the NCCPE.

➢ The RCCPE recommended the national programme to conduct a data analysis on immunization coverage and surveillance indicators of all districts affected by the COVID-19 pandemic to formulate strategies to sustained immunization and surveillance quality. Outcomes should be included in the next NCCPE report.

➢ The RCCPE highlighted NCCPE concerns about the global polio situation and increased detections of WPVs/cVDPV cases in neighboring countries as a serious threat for maintaining polio-free status and recommendations to strengthen cross-border immunization coordination.

Indonesia

➢ The RCCPE congratulated the country on the closure of the cVDPV type 1 outbreak in Papua province following recommendations of the first ever virtual OBRA conducted globally.

➢ The RCCPE commended the national programme for maintaining surveillance sensitivity at national level and increasing immunization coverage but noted sub-national gaps in immunization coverage and surveillance indicators that have been widened further in the COVID-19 pandemic. It highlighted the NCCPE recommendation to overcome the shortage of IPV, on a priority basis.

➢ The RCCPE recommended the national programme to take urgent measures to revamp the polio programme especially at sub national level; with an urgent need to strengthen surveillance and conduct IPV supplementary immunization activities to mitigate the risk of possible polio reintroduction from neighboring countries with recent outbreaks.

➢ The RCCPE encouraged cross border coordination with adjacent countries of the WHO Western Pacific Region with recent cVDPV outbreaks.
➢ The RCCPE recommended coordinating polio surveillance activities with COVID-19 surveillance as it could be cost effective for filling gaps in polio surveillance during the pandemic.

**Maldives**

➢ The RCCPE appreciated the national programme for maintaining very high vaccination coverage and noted the minor impact of COVID-19 on polio activities while commending the NCCPE and the national programme for recognizing the problems and taking corrective actions.
➢ The RCCPE recommended the national programme to improve surveillance activities for stool sample collection, case investigation and stool specimen shipment time and highlighted the NCCPE recommendation to conduct virtual expert review committee meetings at regular intervals for timely classification of AFP cases.
➢ The RCCPE recommended the Ministry of Health to continue improving and maintaining the human resources workforce and capacities for maintaining polio-free status and to add an NCCPE member with public health background.

**Myanmar**

➢ The RCCPE appreciated the aggressive response taken following the cVDPV type 1 outbreak and noted that the virtual OBRA is planned from 28 September to 7 October 2020; requesting SEARO to share the report with the RCCPE once finalized.
➢ The RCCPE recommended the national programme to strengthen immunization services in districts with low immunization coverage while maintaining the target in other districts to prevent re-emergence of cVDPV.
➢ It also recommended the national programme to strengthen polio surveillance at sub national levels and explore expanding environmental surveillance in highest risk areas and those with accessibility challenges.
➢ The RCCPE highlighted the NCCPE recommendation to enhance engaging various ethnic groups or local non-governmental organizations to improve routine immunization coverage before an outbreak situation is reached.

**Nepal**

➢ The RCCPE commended Nepal on maintaining high OPV coverage nationally and sensitive surveillance while noting subnational gaps in coverage and suboptimal IPV coverage in 2019.
➢ The RCCPE noted the impact of COVID-19 on various polio activities; especially on shipment of stool specimens and that environmental surveillance has stopped.
➢ It recognized that the polio infrastructure is supporting non-polio programmes, including the COVID-19 response, along with essential polio functions.
The RCCPE recommended resuming polio activities affected due to COVID-19; with focus on
- sub national immunization coverage,
- vaccinating missed children,
- identify alternative arrangements for specimen shipment and
- resuming environmental surveillance.

It highlighted the following NCCPE recommendation:
- Advocacy for continuing existing funding levels and explore other sources for funding the AFP surveillance system.

**Sri Lanka**

- The RCCPE appreciated the country for its advanced immunization programme with high OPV3 and two fractional doses IPV coverage.
- It noted adequate surveillance sensitivity at the national level with some sub national gaps; especially in stool adequacy and recommended investigation of a decrease in adequate stool sample collection rates at subnational level; where it occurred.
- The RCCPE recommended to conduct risk assessment and highlighted the NCCPE recommendation on reviews to be conducted in all districts where AFP cases are not reported.

**Thailand**

- The RCCPE appreciated the country for its advanced immunization programme with high OPV and IPV vaccination coverage but noted polio surveillance gaps, especially at subnational levels.
- The RCCPE recommended the following; with the NCCPE reporting in the next annual update
  - that coverage is sustained and routine immunization strengthened at subnational level, especially in southern and provinces near Myanmar border in view of movement of migrant population with unknown immunity;
  - the National programme has identify reasons for low AFP surveillance performance in certain provinces and take measures to strengthen quality and developed a communication system for advocating stakeholders regarding AFP surveillance requirements;
  - the expansion of environmental surveillance has been considered and
  - supplementary immunization activities have been validated.
**Timor Leste**

- The RCCPE appreciated that the national programme has maintained high OPV coverage and surveillance sensitivity at the national level but noted sub national coverage gaps.
- The RCCPE recommended that the national programme take measures to improve vaccination coverage, especially of IPV, at subnational levels and highlighted the NCCPE recommendation on conduct of an OPV supplementary immunization activity as planned for children under five years of age.
- With support from WHO SEARO the outbreak response plan should be finalized.
Annex 1

Agenda

(1) Opening session
(2) Regional overview of maintaining polio-free status in the SEA Region and impact of Covid-19 response
(3) Global overview of developments in polio eradication
(4) Updates from WPRO – cVDPV polio outbreaks Malaysia and Philippines
(5) Updates from EMRO – polio situation in Afghanistan and Pakistan
(6) Discussions on NCCPE reports
(7) Conclusions and recommendations
(8) Closing session
Annex 2

List of participants

SEA-RCCPE – Chairperson and members

Professor Mahmudur Rahaman  
Chairperson SEA-RCCPE  
Former Director  
Institute of Epidemiology, Disease Control and Research & National Influenza Centre  
Dhaka, Bangladesh  
Dr Pasakorn Akarasewi  
Senior Disease Control and Public Health Advisor  
Bureau of Epidemiology  
Department of Disease Control  
Ministry of Public Health  
Nonthaburi, Thailand  
Dr Yagob Yousef Al-Mazrou  
General Secretariat Council Health Services  
Riyadh, Saudi Arabia  
Dr Sunetha Gunasena  
Senior Lecturer  
Department of Microbiology  
Faculty of Medicine  
University of Ruhuna  
Galle, Sri Lanka  
Dr Virna Martins-sam  
Pediatrician and Director  
Maternidade Escole Nossa Senhora de Fatima  
Dili, Timor-Leste  
Dr Jayaprakash Muliyil  
Consultant  
Division of Gastrointestinal Sciences  
Christian Medical College  
Vellore, India  
Dr Mark Steven Oberste  
Acting Director Division of Viral Diseases  
Centers for Disease Control and Prevention  
Atlanta, USA  
Dr Nobuhiko Okabe  
Director General  
Kawasaki City Institute for Public Health  
Kawasaki, Japan  
Professor Kusnandi Rusmil  
Retired Head Division of Growth and Development  
Social Pediatrics Department of Child Health  
Hasan Sadikin Hospital/Medical Faculty Universitas Padjadjaran  
Bandung, Indonesia  
Professor Shrijana Shrestha  
Dean School of Medicine  
Patan Academy of Health Sciences  
Lalitpur, Nepal

Professor Khin Nyo Thein  
Consultant Pediatrician  
Parami General Hospital  
Yangon, Myanmar

Observers

Global Certification Commission

Professor David Salisbury  
Chairperson  
Associate Fellow  
Centre on Global Health Security  
Royal Institute for International Affairs  
London, United Kingdom

SEA Regional Immunization Technical Advisory Group

Professor Gagandeep Kang  
Chairperson  
Professor of Microbiology  
Division of Gastrointestinal Sciences  
Christian Medical College  
Vellore, India

National Certification Committees (NCCPE)

Bangladesh

Professor Mohammad Shahidullah  
Chairperson NCCPE  
Chairman Department of Neonatology  
Bangabandhu Sheikh Mujib Medical University  
Dhaka, Bangladesh

Bhutan

Dr Sangay Thinley  
Chairperson NCCPE  
Thimphu, Bhutan

India

Professor N K Arora  
Chairperson NCCPE  
INCLEN Executive Office  
New Delhi, India

Indonesia

Dr Hariadi Wibisono  
Chairperson NCCPE  
Ministry of Health  
Jakarta, Indonesia
Maldives
Dr Abdul Azeez Yoosuf
Chairperson NCCPE
Azmi-Naeem Medical and Diagnostic Centre
Ministry of Health
Male’, Republic of Maldives

Dr Ahmed Faisal
Member
Consultant in Pediatrics
Indira Gandhi Memorial Hospital
Male’, Maldives

Dr Nazla Musthafa
Member
Consultant, Sub-specialist in Pediatrics
Infectious Disease
Indira Gandhi Memorial Hospital
Male’, Maldives

Myanmar
Professor Soe Lwin Nyein
Chairperson NCCPE
Advisor
Department of Public Health
Ministry of Health and Sports
Nay Pyi Taw, Myanmar

Nepal
Dr Badri Raj Pande
Chairperson NCCPE
Ministry of Health & Population
Kathmandu, Nepal

Sri Lanka
Professor Lalitha Mendis
Chairperson NCCPE
Consultant Microbiologist
Durdans Hospital
Colombo, Sri Lanka

Thailand
Dr Supachai Rerks-Ngarm
Chairperson NCCPE
Advisor, Department of Disease Control
Ministry of Public Health
Nonthaburi, Thailand

Timor-Leste
Dr Milena dos Santos
Chairperson NCCPE
Pediatrician
National Hospital Guido Valadares
Dili, Timor-Leste

Ministry of Health

Nepal
Dr Bhim Singh Tinkari
Director, Family Welfare Division
Ministry of Health & Population
Kathmandu, Nepal

Sri Lanka
Dr Deepa Gangoda Gamage
Consultant Epidemiologist
Epidemiology Unit
Ministry of Health, Nutrition and Indigenous Medicine
Colombo, Sri Lanka

Thailand
Dr Chaninan Sonthichai
Chief of Coordinating Section for Disease Elimination and Eradication and Chief of Basic Immunization Development Section
Ministry of Public Health
Nonthaburi, Thailand

US Centers for Disease Control and Prevention
Dr Abhijeet Anand
Epidemiologist & Team Lead
Polio Eradication Branch
Centers for Disease Control and Prevention Atlanta, USA

WHO

Country Office Bangladesh
Dr Rajendra Bohara
Team Leader
Immunization and Vaccine Development
Dhaka, Bangladesh

Dr Balwinder Singh Chawla
Medical Officer
Immunization Systems Strengthening
Dhaka, Bangladesh
Country Office DPR Korea
Dr Md Kamar Rezwan
Technical Officer
Pyongyang, DPR Korea
Dr Nazmun Nahar
Consultant
Pyongyang, DPR Korea

Country Office Indonesia
Dr Paba Palihavadana
Medical Officer, EPI (RI)
Jakarta, Indonesia
Dr Mushtofa Kamal
National Professional Officer
VPD Surveillance
Jakarta, Indonesia

Country Office Maldives
Dr Sushil Dev Pant
Medical Officer
Male’, Maldives
Dr Debasish Roy
Consultant
Male’, Maldives
Ms Aishath Thimna Latheef
National Professional Officer
Male’, Maldives

Country Office Nepal
Dr Anindya Sekhar Bose
Medical Officer
Kathmandu, Nepal
Dr Binod Gupta
National Professional Officer
Surveillance Cluster Lead
Kathmandu, Nepal
Ms Mona Lacoul
National Professional Officer (Data Cluster Lead)
Kathmandu, Nepal
Mr Rahul Pradhan
National Professional Officer
Kathmandu, Nepal

Country Office Sri Lanka
Dr Navaratnasigam Janakan
National Professional Officer (CDC)
Colombo, Sri Lanka

Country Office Thailand
Ms Aree Mounsookkajeoun
National Professional Officer
(EPI and Migrant and Border Health)
Nonthaburi, Thailand

Headquarters
Dr Graham Tallis
Scientific Adviser
Detection and Interruption
Geneva, Switzerland
Dr Daphne Moffett
Senior Technical Adviser
Containment
Geneva, Switzerland

Other Regions
Regional Office for the Eastern Mediterranean
Dr Humayun Asghar
Coordinator, Polio
Amman, Jordan
Dr Ashraf Wahdan
Medical Officer-Certification
Global Polio Eradication Initiative
Amman, Jordan

Regional Office for the Western Pacific
Dr Tigran Ayagyan
Regional Polio Focal Point
Division of Programmes for Disease Control
Manila, Philippines
Dr Varja Grabovac
Scientist
Vaccine Preventable Diseases and Immunization
Division of Programmes for Disease Control
Manila, Philippines
Dr Syeda Kanwal Aslam
Short term Consultant
Division of Programmes for Disease Control
Manila, Philippines

Regional Office for South-East Asia
Professor Tjandra Yoga Aditama
Senior Advisor and Ag Director
Department of Communicable Diseases
New Delhi, India
Dr Sunil Bahl
Team Leader
Immunization and Vaccine Development
Department of Communicable Diseases
New Delhi, India
Dr Sigrun Roesel
Technical Officer
Vaccine Preventable Disease
Immunization and Vaccine Development
Department of Communicable Diseases
New Delhi, India
Dr Jayantha Liyanage
Regional Adviser – Immunization
Immunization and Vaccine Development
Department of Communicable Diseases
New Delhi, India

Dr Sudhir Joshi
Technical Officer – Polio Endgame
Immunization and Vaccine Development
Department of Communicable Diseases
New Delhi, India

Mr Md. Sharifuzzaman
Data Management Officer
Immunization and Vaccine Development
Department of Communicable Diseases
New Delhi, India

Ms Pooja Mehrotra
Executive Assistant
Immunization and Vaccine Development
Department of Communicable Diseases
New Delhi, India
Annex 3

List of RCCPE members assigned for country report review

<table>
<thead>
<tr>
<th>Country</th>
<th>Reviewer 1</th>
<th>Reviewer 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Dr Yagob Yousef Al-Mazrou</td>
<td>Dr Nobuhiko Okabe</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Professor Dr Kusnandi Rusmil</td>
<td>Dr Sunethra Gunasena</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>Professor Shrijana Shrestha</td>
<td>Professor Khin Nyo Thein</td>
</tr>
<tr>
<td>India</td>
<td>Dr Virna Martins-sam</td>
<td>Dr Mark Steven Oberste</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Professor Mahmudur Rahman</td>
<td>Dr Shrijana Shrestha</td>
</tr>
<tr>
<td>Maldives</td>
<td>Dr Pasakorn Akarasewi</td>
<td>Dr Yagob Yousef Al-Mazrou</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Dr Sunethra Gunasena</td>
<td>Dr Pasakorn Akarasewi</td>
</tr>
<tr>
<td>Nepal</td>
<td>Dr Jayaprakash Muliyil</td>
<td>Professor Dr Kusnandi Rusmil</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Dr Mark Steven Oberste</td>
<td>Dr Virna Martins-sam</td>
</tr>
<tr>
<td>Thailand</td>
<td>Professor Khin Nyo Thein</td>
<td>Professor Mahmudur Rahman</td>
</tr>
<tr>
<td>Timor Leste</td>
<td>Dr Nobuhiko Okabe</td>
<td>Dr Jayaprakash Muliyil</td>
</tr>
</tbody>
</table>
Annex 4
Table for RCCPE review of NCCPE reports

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
<th>RCCPE reviewer comments and conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NCCPE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report signed by NCCPE chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCCPE current membership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCCPE active</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Immunization</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine immunization policy OPV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine immunization policy IPV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National OPV3 coverage 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subnational OPV3 coverage 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National IPV coverage 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subnational IPV coverage 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In 2019, was polio immunization coverage high enough to prevent imported wild poliovirus to circulate and emergence of vaccine derived poliovirus (VDPV)?</td>
<td></td>
<td>Please support your conclusion.</td>
</tr>
<tr>
<td><strong>Polio surveillance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completeness of routine reporting 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timeliness of routine reporting 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-polio AFP rate 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subnational non-polio AFP rates 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate stool sample collection 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate subnational stool sample collection 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case investigation within 48 hours after notification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average shipment time from collection to receipt in lab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of cases pending classification 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% cases pending classification ≥ 90 days, 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of polio compatible cases 2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Laboratory results of AFP specimens within 14 days (isolation)

### Laboratory ITD results within 7 days

### Polio laboratory(ies) accredited

**In 2019, was polio surveillance sensitive enough to rapidly and reliably detect imported wild poliovirus and vaccine derived poliovirus (VDPV) should it have emerged?**

**Please support your conclusion.**

### Laboratory containment

<table>
<thead>
<tr>
<th>Polio Essential Facility (PEF; present or planned)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Containment Authority (NAC)</td>
</tr>
<tr>
<td>NAC meetings</td>
</tr>
<tr>
<td>Inventory of PV2 materials identified</td>
</tr>
<tr>
<td>PV2 materials retained</td>
</tr>
<tr>
<td>PV2 materials retained in designated PEF</td>
</tr>
<tr>
<td>PV2 materials transferred</td>
</tr>
<tr>
<td>PV2 materials destroyed</td>
</tr>
</tbody>
</table>

**Is GAIII implementation adequate?**

**Please support your conclusion.**

### Polio outbreak preparedness preparation

<table>
<thead>
<tr>
<th>Conduct of risk assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status of national action plan</td>
</tr>
</tbody>
</table>

**Please state your comments but note that this section is mainly for information purpose; the regional meeting recommended by RCCPE12 to enhance national outbreak preparedness plans had to be postponed due to COVID-19 pandemic**

### Effect of COVID-19

<table>
<thead>
<tr>
<th>OPV3</th>
<th>Effect on immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPV</td>
<td></td>
</tr>
<tr>
<td>Number of AFP cases</td>
<td>Effect on surveillance</td>
</tr>
<tr>
<td>Cases with adequate samples</td>
<td></td>
</tr>
<tr>
<td>Number of AFP cases where samples did not reach laboratory</td>
<td></td>
</tr>
<tr>
<td>Number of stool samples received in the laboratory (for AFP reported in that month)</td>
<td></td>
</tr>
</tbody>
</table>
Environmental Surveillance (ES) samples collected | Effect on ES
---|---
ES samples tested

<table>
<thead>
<tr>
<th>In 2020, how have critical polio activities been affected by COVID-19 pandemic?</th>
</tr>
</thead>
</table>

### Recommendations

Based on your findings and conclusions which recommendations do you suggest to the country?

1
2
3
4
5

## Summary of observations and recommendations to be spoken during the meeting (5 min for 1st reviewer/ 1-2 min for 2nd reviewer)

<table>
<thead>
<tr>
<th>Summary to be spoken during the online meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>
### RCCPE reviewer

<table>
<thead>
<tr>
<th>Primary</th>
<th>Professor Mahmudur Rahman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary</td>
<td>Dr Pasakorn Akarasewi</td>
</tr>
<tr>
<td></td>
<td>Dr Yagob Yousef Al-Mazrou</td>
</tr>
<tr>
<td></td>
<td>Dr Sunethra Gunasena</td>
</tr>
<tr>
<td></td>
<td>Professor Dr Kusnandi Rusmil</td>
</tr>
<tr>
<td></td>
<td>Dr Virna Martins-sam</td>
</tr>
<tr>
<td></td>
<td>Dr Jayaparakash Muliyil</td>
</tr>
<tr>
<td></td>
<td>Dr Mark Steven Oberste</td>
</tr>
<tr>
<td></td>
<td>Dr Nobuhiko Okabe</td>
</tr>
<tr>
<td></td>
<td>Professor Shrijana Shrestha</td>
</tr>
<tr>
<td></td>
<td>Professor Khin Nyo Thein</td>
</tr>
</tbody>
</table>

### Country

- Bangladesh
- Bhutan
- Democratic People's Republic of Korea
- India
- Indonesia
- Maldives
- Myanmar
- Nepal
- Sri Lanka
- Thailand
- Timor Leste

### NCCPE

<table>
<thead>
<tr>
<th>Report signed by NCCPE chair</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCCPE current membership</td>
<td>Adequate</td>
</tr>
<tr>
<td>NCCPE active</td>
<td>Advanced (quarterly meetings)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referenced RCCPE12 recommended quarterly meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Reference
### Immunization

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Routine immunization policy OPV</th>
<th>Advanced (3 primary doses plus booster doses)</th>
<th>WHO Position Paper 2016: primary series of 3 bOPV doses and at least 1 IPV dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Compliant (3 doses in infancy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weak (&lt;3 doses)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advanced (&gt;1 dose)</td>
<td>WHO Position Paper 2016: primary series of 3 bOPV doses and at least 1 IPV dose</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compliant (1 dose IPV or 2 doses fIPV)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weak (no IPV or 1 fIPV)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National OPV3 coverage 2019</td>
<td>Advanced (≥95)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compliant (≥90%)</td>
<td>Target Regional Vaccine Action Plan (RVAP) 2016-2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weak (&lt;90%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subnational OPV3 coverage 2019</td>
<td>Advanced (≥90%)</td>
<td></td>
<td>RVAP target</td>
</tr>
<tr>
<td></td>
<td>Compliant (≥80%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gaps (&lt;80%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National IPV coverage 2017-2019</td>
<td>Advanced (≥95)</td>
<td></td>
<td>RVAP target</td>
</tr>
<tr>
<td></td>
<td>Compliant (≥90%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weak (&lt;90%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subnational IPV coverage 2018-2019</td>
<td>Advanced (≥90%)</td>
<td></td>
<td>RVAP target</td>
</tr>
<tr>
<td></td>
<td>Compliant (≥80%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gaps (&lt;80%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Surveillance

<table>
<thead>
<tr>
<th>Surveillance</th>
<th>Completeness of routine reporting 2018-2019</th>
<th>Advanced (100%)</th>
<th>Regional VPD surveillance guidelines 2018 - polio module</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Compliant (≥90%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weak (&lt;90%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advanced (≥90%)</td>
<td>Compliant (≥80%)</td>
<td>Weak (&lt;80%)</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------</td>
<td>------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Timeliness of routine reporting 2018-2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-polio AFP rate 2018-2019</td>
<td>Advanced (≥2 per 100,000 &lt;15 years)</td>
<td>Compliant (≥1 per 100,000 &lt; 15 yrs)</td>
<td>Weak (&lt;1 per 100,000 under 15 years)</td>
</tr>
<tr>
<td>Subnational non-polio AFP rates 2018-2019</td>
<td>Adequate</td>
<td>Inadequate</td>
<td></td>
</tr>
<tr>
<td>Adequate stool sample collection 2018-2019</td>
<td>Advanced (≥90%)</td>
<td>Compliant (≥80)</td>
<td>Weak (&lt;80%)</td>
</tr>
<tr>
<td>Adequate subnational stool sample collection 2018-2019</td>
<td>Adequate</td>
<td>Inadequate</td>
<td></td>
</tr>
<tr>
<td>Case investigation within 48 hours after notification</td>
<td>Advanced (≥90%)</td>
<td>Compliant (≥80)</td>
<td>Weak (&lt;80%)</td>
</tr>
<tr>
<td>Average shipment time from collection to receipt in lab</td>
<td>Advanced (&lt;72 hours)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory activities</strong></td>
<td><strong>Results of AFP specimens within 14 days (isolation)</strong></td>
<td><strong>Regional VPD surveillance guidelines 2018 - polio module</strong></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advanced (100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compliant (≥80%)</td>
<td>Global Polio Laboratory Network (GPLN)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weak (&lt;80%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITD results within 7 days</td>
<td>Advanced (100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compliant (≥80%)</td>
<td>Global Polio Laboratory Network (GPLN)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weak (&lt;80%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory(ies) accredited</td>
<td>Yes</td>
<td>Global Polio Laboratory Network (GPLN)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>On Hold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory containment</td>
<td>Poliovirus Essential Facility (PEF)</td>
<td>Yes; with certificate of participation</td>
<td>Containment Certification Scheme (CCS)</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------------</td>
<td>--------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Yes; no certificate of participation</td>
<td></td>
<td>GAPIII</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td>CCS</td>
</tr>
<tr>
<td></td>
<td>National Authority for Containment (NAC)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td>Not applicable (if no PEF)</td>
</tr>
<tr>
<td></td>
<td>NAC meetings held during report period</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inventory of PV2 materials identified</td>
<td>Yes</td>
<td>GAPIII</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PV2 materials retained</td>
<td>Yes</td>
<td>GAPIII</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PV2 materials retained in designated PEF</td>
<td>Yes</td>
<td>GAPIII</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PV2 materials transferred</td>
<td>Yes</td>
<td>GAPIII</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PV2 materials destroyed</td>
<td>Yes; with official record</td>
<td>GAPIII</td>
</tr>
<tr>
<td></td>
<td>Yes; no record</td>
<td></td>
<td>As suggested by Prof Mahmudur Rahman</td>
</tr>
<tr>
<td></td>
<td>No materials identified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk assessment</td>
<td>Conduct of risk assessment</td>
<td>Yes; 2019 and 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes (2019)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status of national action plan</td>
<td>Updated 2020</td>
<td>WHO GPEI SOP</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Updated 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Version prior 2019 or no plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Effect of COVID-19**

<table>
<thead>
<tr>
<th>OPV3 doses Jan - Jun 2020 compared to Jan - Jun 2019</th>
<th>Same level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Temporary decrease; up again</td>
</tr>
<tr>
<td></td>
<td>Decreasing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IPV doses Jan - Jun 2020 compared to Jan - Jun 2019</th>
<th>Same level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Temporary decrease; up again</td>
</tr>
<tr>
<td></td>
<td>Decreasing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of AFP cases</th>
<th>Same level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Temporary decrease; up again</td>
</tr>
<tr>
<td></td>
<td>Decreasing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cases with adequate samples</th>
<th>Same level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Temporary decrease; up again</td>
</tr>
<tr>
<td></td>
<td>Decreasing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of AFP cases where samples did not reach laboratory</th>
<th>Same level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Decreased</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environmental surveillance samples collected</th>
<th>Same level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Decreased</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environmental surveillance samples tested</th>
<th>Same level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Decreased</td>
</tr>
</tbody>
</table>
The 13th Meeting of the Regional Certification Commission for Polio Eradication was held on a virtual platform on 22–24 September 2020. This report summarizes the findings, conclusions and recommendations made at the Meeting.