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

New Delhi, India, 21–22 September 2022

Report of the Meeting
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**Contents**

Abbreviations and acronyms ............................................................................................................... v
Executive summary .......................................................................................................................... vi

1. Introduction ........................................................................................................................ 1
2. Objectives of the meeting ................................................................................................... 1
3. Organization of the meeting ............................................................................................... 2
4. Regional progress towards maintaining the polio-free status ................................................ 2
5. Methodology of the regional review .................................................................................... 9
   5.1 Prior to the meeting ........................................................................................................... 9
   5.2 Key features of the meeting ............................................................................................. 10
6. Conclusions and recommendations .................................................................................. 10
   6.1 Overarching conclusions by SEA-RCCPE ........................................................................ 10
   6.2 Overarching recommendations by SEA-RCCPE ............................................................. 11
7. Country-specific conclusions and recommendations ......................................................... 11

**Annexes**

1. Agenda ............................................................................................................................... 16
2. Regional Director’s message at the 15th Meeting of the South-East Asian Regional Certification Commission for Poliomyelitis Eradication, 21–22 September ........ 17
3. List of participants .............................................................................................................. 19
### Abbreviations and acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFP</td>
<td>acute flaccid paralysis</td>
</tr>
<tr>
<td>COVID-19</td>
<td>coronavirus disease</td>
</tr>
<tr>
<td>cVDPV</td>
<td>circulating vaccine-derived poliovirus</td>
</tr>
<tr>
<td>EPI</td>
<td>Expanded Programme on Immunization</td>
</tr>
<tr>
<td>ES</td>
<td>environmental surveillance</td>
</tr>
<tr>
<td>EV</td>
<td>enterovirus</td>
</tr>
<tr>
<td>GPEI</td>
<td>Global Polio Eradication Initiative</td>
</tr>
<tr>
<td>IPV</td>
<td>inactivated polio vaccine</td>
</tr>
<tr>
<td>IVD</td>
<td>Immunization and Vaccine Development Department</td>
</tr>
<tr>
<td></td>
<td>(of WHO Regional Office for South-East Asia)</td>
</tr>
<tr>
<td>NCCPE</td>
<td>national certification committee for poliomyelitis eradication</td>
</tr>
<tr>
<td>OPV</td>
<td>oral poliovirus vaccine</td>
</tr>
<tr>
<td>OPV3</td>
<td>third dose of oral poliovirus vaccine</td>
</tr>
<tr>
<td>PEF</td>
<td>polio essential facility</td>
</tr>
<tr>
<td>PT</td>
<td>proficiency testing</td>
</tr>
<tr>
<td>SEA-RCCPE</td>
<td>South-East Asia Regional Certification Commission for Poliomyelitis Eradication</td>
</tr>
<tr>
<td>SIA</td>
<td>supplementary immunization activity</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WHO HQ</td>
<td>WHO headquarters</td>
</tr>
<tr>
<td>WPV</td>
<td>wild poliovirus</td>
</tr>
</tbody>
</table>
Executive summary

The WHO South-East (SE) Asia Region was certified polio-free by the South-East Asia Regional Certification Commission for Poliomyelitis Eradication (SEA-RCCPE) in 2014. The terms of reference of SEA-RCCPE were revised, following certification, in 2015 to provide it with a mandate to review annual documentation of each Member State on maintaining the polio-free status, including poliovirus laboratory containment.

The Fifteenth Meeting of SEA-RCCPE was held from 21 September to 22 September 2022 in New Delhi, India. The key objective of the meeting was to review country performances with regard to maintaining the polio-free status, based on reports by national certification committees for poliomyelitis eradication (NCCPEs) as well as data submitted by countries to the WHO Regional Office for South-East Asia (WHO-SEARO).

Based on the reports received by NCCPEs and presentations made at the fifteenth SEA-RCCPE meeting in September 2022, the commission had concluded that the WHO SE Asia Region had remained polio-free during the period of review. While commending the efforts undertaken by countries, SEA-RCCPE also expressed concern about the continued transmission of wild poliovirus type 1 (WPV1) and the current and new outbreaks of circulating vaccine-derived poliovirus (cVDPV), especially type 2 (cVDPV2).

SEA-RCCPE was particularly concerned about the COVID-19 pandemic-related backsliding in critical polio activities, including surveillance and immunization, in almost all countries of the Region and the fact that some countries had not been able to achieve the pre-COVID-19 level surveillance sensitivity and immunization coverage.

SEA-RCCPE considered the emergence of cVDPV or transmission of imported vaccine-derived poliovirus (VDPV) in areas of low coverage — of which many exist in the countries of the Region — to be an equally important risk to the maintenance of polio-free status of the SE Asia Region. It emphasized that the virus spread would be further facilitated by gaps in surveillance and inadequate outbreak preparedness.

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

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

The WHO South-East Asia Region was certified polio-free in 2014 and it has since maintained this status. However, the spread of poliovirus remains a public health emergency of global concern. The Seventy-fourth World Health Assembly noted the Polio Eradication Strategy 2022–2026. The two goals of the strategy are:

1. Goal One: to permanently interrupt poliovirus transmission in the final two WPV-endemic countries, namely Afghanistan and Pakistan; and
2. Goal Two: to stop cVDPV transmission and prevent outbreaks in non-endemic countries.

The Polio Eradication Strategy 2022–2026 will now guide the programme until global certification is achieved. The new strategy emphasizes cutting down on response times; increasing vaccine demand; transforming the effectiveness of campaigns; working systematically through integration; transitioning towards government ownership; and improving decision-making and accountability.

The South-East Asia Regional Certification Commission for Poliomyelitis Eradication provides oversight to polio eradication activities in the Region. Similarly, NCCPEs provide oversight to the polio programmes in their respective countries. SEA-RCCPE meets annually to review the polio programme in the Region, based on annual reports submitted by NCCPEs, and assesses the polio-free status of the Region. The Fifteenth Meeting of SEA-RCCPE was held on 21–22 September 2022 in New Delhi, India.

2. **Objectives of the meeting**

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

The specific objectives of the meeting were to:

- review country performances with regard to maintaining the polio-free status, based on reports submitted by the national certification committees for poliomyelitis eradication as well as the data submitted by the countries to WHO-SEARO, and provide recommendations on:
  - maintaining population immunity;
  - polio surveillance;
  - national risk assessments;
  - outbreak preparedness; and
  - containment of polioviruses;
- review the implementation status of the recommendations made at the Fourteenth Meeting of SEA-RCCPE held in 2021; and
- prepare an update for the Global Certification Commission on the regional polio-free certification status.
3. Organization of the meeting

The Fifteenth Meeting of SEA-RCCPE was organized from 21 September to 22 September in New Delhi, India. A hybrid approach was taken, using the Zoom platform.

The Chair, Professor Mahmudur Rahman, was not able to attend the meeting. Therefore, Dr Jayaprakash Muliyil took over as interim Chair of the Fifteenth Meeting of SEA-RCCPE.

The meeting was attended in person by eight members and virtually by one member of the commission. Another member, Dr Steve Oberste, could not attend. The chairs/representatives of nine out of 11 NCCPEs of the Region and representatives from the WHO headquarters (WHO HQ), the United Nations Children’s Fund (UNICEF), the United States Agency for International Development (USAID) and the Rotary International participated in the meeting. Secretarial support was provided by the Immunization and Vaccine Development (IVD) unit of the WHO Regional Office for South-East Asia (WHO-SEARO). The list of participants is provided in Annex 3.

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

Dr Suman Rijal Director of the Communicable Disease Department (CDS) of WHO-SEARO welcomed the participants. Dr Pem Namgyal, Director, Programme Management, inaugurated the meeting on behalf of the WHO Regional Director for South-East Asia and read out her message (Annex 2). This was followed by remarks from the Chair, Global Certification Commission.

A presentation on the objectives of the meeting was made by the Secretariat. Subsequently, presentations were made by the Secretariat on the global and regional updates on the polio situation. Following the presentations, reviews of country progress towards maintaining the polio-free status for 10 Member States were conducted (see the meeting agenda in Annex 1).

Staff from the WHO regional offices for Africa, Eastern Mediterranean and the Western Pacific provided updates from their respective regions. The Chair, Global Certification Commission, in his capacity as Chair, European Region, provided the regional update from Europe. Donors and partners, such as UNICEF, USAID and Rotary International, also shared their views in support of the polio programme, transition and recommendations of SEA-RCCPE.

4. Regional progress towards maintaining the polio-free status

Globally, wild poliovirus type 1 (WPV1) continues to remain endemic in two countries—Afghanistan and Pakistan. Importation from endemic regions was detected in two countries of the African Region – Malawi (2021) and Mozambique (2022). Several actions have been taken by the central governments of these countries and Global Polio Eradication Initiative (GPEI) partners to end WPV1 transmission.
Outbreaks due to circulating vaccine-derived polioviruses, in particular type 2 (cVDPV2), continue to affect countries of the African, American, Eastern Mediterranean and European regions. Most of the past cVDPV2 emergences were stopped by using monovalent oral poliovirus vaccine (mOPV2), a powerful tool. However, all currently active emergences, except those in Somalia, can potentially be attributed to seeding, following the use of Sabin OPV2.

To stop cVDPV2 more effectively and sustainably, novel oral polio vaccine type 2 (nOPV2) continues to be rolled out through the WHO Emergency Use Listing (EUL) system. As of September 2022, over 450 million doses of nOPV2 have been administered; 23 countries have used it and 15 others have met the readiness requirements and are ready to use it, if needed. Eight more countries are in the process of obtaining their verification.
The South-East Asia Region was certified polio-free in 2014 and has maintained this status since then. No poliovirus outbreak – due to wild or vaccine-derived polioviruses – has been reported in the South-East Asia Region in 2021–2022.

### Table 1. *Last wild poliovirus case by country in the SE Asia Region*

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

Vaccine Derived Poliovirus type 1 (VDPV1) was isolated from an environmental sample in Kolkata, West Bengal, India in April 2022. A genetic analysis of the virus suggested a high likelihood that the origin of the isolated virus was a person with primary immunodeficiency. The national programme in India, with the support of WHO, swiftly responded to the event, as per the global SOP. No further VDPV1 has been detected.

Two VPDV1 cases were reported through iVDPV surveillance, being conducted as part of research programme, from India. A case of an eight-month-old child with severe combined immunodeficiency was reported from Malappuram, Kerala, in August 2022; VDPV1 with 16 nucleotide changes was detected. Another case was reported from Sikar, Rajasthan. The child in this case is four years old with X-linked hyper IgM syndrome and had VDPV1 with 15 nucleotide changes. Both children were non-paralytic. Monthly stool specimens are being collected. A thorough epidemiological investigation was conducted by the national programme with support of WHO and no evidence of circulation had been found.

The coverage of three doses of OPV (OPV3) in the Region decreased to 82% in 2021 from 85% in 2020. Member States have been taking actions related to the resumption and strengthening of RI while vaccinating their populations with COVID-19 vaccines. Several countries have been able to either improve coverage or stabilize it. The Democratic People’s
Republic of Korea (DPR Korea), Indonesia and Myanmar have shown significant decline in OPV3 coverage.

All countries of the Region provide IPV in their national immunization programmes. Bhutan provides two doses of IPV while four other countries (Bangladesh, India, Nepal and Sri Lanka) provide two doses of fractional IPV (fIPV). The remaining six countries provide a single dose of IPV in their immunization programmes.

The overall coverage of IPV increased to 79% in 2021 from 77% in 2020. However, it remained below the pre-pandemic level of 83%, achieved in 2019. Due to the COVID-19 pandemic, the total number of zero-dose children, who have not been reached by the immunization programmes, has also significantly increased in the Region.

**Fig. 3. Impact of the COVID-19 pandemic on coverage of polio vaccines**

![Graph showing the impact of COVID-19 on polio vaccines coverage]

**Table 2. Zero-dose children in the SE Asia Region, 2019–2021**

<table>
<thead>
<tr>
<th>Country/Region</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>32 620</td>
<td>32 935</td>
<td>33 192</td>
</tr>
<tr>
<td>Bhutan</td>
<td>113</td>
<td>424</td>
<td>113</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>6449</td>
<td>6123</td>
<td>178 519</td>
</tr>
<tr>
<td>India</td>
<td>1 577 855</td>
<td>3 438 744</td>
<td>3 122 899</td>
</tr>
<tr>
<td>Indonesia</td>
<td>467 464</td>
<td>790 287</td>
<td>1 135 479</td>
</tr>
<tr>
<td>Maldives</td>
<td>65</td>
<td>89</td>
<td>183</td>
</tr>
<tr>
<td>Myanmar</td>
<td>67 786</td>
<td>120 625</td>
<td>518 769</td>
</tr>
<tr>
<td>Nepal</td>
<td>24 863</td>
<td>68 281</td>
<td>49 621</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>3184</td>
<td>14 102</td>
<td>14 904</td>
</tr>
<tr>
<td>Thailand</td>
<td>5614</td>
<td>5771</td>
<td>5015</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>4498</td>
<td>4148</td>
<td>4118</td>
</tr>
<tr>
<td>SE Asia Region</td>
<td>2 225 353</td>
<td>4 467 591</td>
<td>5 110 709</td>
</tr>
</tbody>
</table>
Two countries of the Region – India and Thailand – conducted supplementary immunization activities in 2021. India targeted more than 160 million children under five years of age in one national and more than 30 million in two subnational rounds, achieving more than 97% coverage in each round. Thailand targeted children, both Thai (less than five years old) and foreign national (less than 15 years old), in high-risk areas and achieved 88% to 97% coverage.

In 2021, the overall surveillance indicators in the Region were maintained above the global certification standards [non-polio acute flaccid paralysis (AFP) rate: 4.57 and stool adequacy: 86%]. However, there are variations at the national and subnational levels that are being addressed. The polio laboratory network in the Region continues to perform adequately with quality assurance mechanisms in place. Environmental surveillance is currently conducted in 91 sites in 34 provinces of six countries (Bangladesh, India, Indonesia, Myanmar, Nepal and Thailand).

**Fig. 5.** Non-polio AFP rate and stool specimen adequacy in the SE Asia Region, 2021
**Fig. 6.** Environmental surveillance sites and sensitivity in the SE Asia Region, 2020–2022

![Map showing environmental surveillance sites and sensitivity in the SE Asia Region](image)

<table>
<thead>
<tr>
<th>Country</th>
<th>No. of sites</th>
<th>No. of specimens</th>
<th>%EV+</th>
<th>No. of sites</th>
<th>No. of specimens</th>
<th>%EV+</th>
<th>No. of sites</th>
<th>No. of specimens</th>
<th>%EV+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>8</td>
<td>127</td>
<td>76</td>
<td>8</td>
<td>120</td>
<td>89</td>
<td>8</td>
<td>92</td>
<td>83</td>
</tr>
<tr>
<td>India</td>
<td>56</td>
<td>1196</td>
<td>97</td>
<td>58</td>
<td>1528</td>
<td>85</td>
<td>60</td>
<td>394</td>
<td>81</td>
</tr>
<tr>
<td>Indonesia</td>
<td>11</td>
<td>128</td>
<td>15</td>
<td>11</td>
<td>144</td>
<td>15</td>
<td>11</td>
<td>79</td>
<td>88</td>
</tr>
<tr>
<td>Myanmar</td>
<td>3</td>
<td>31</td>
<td>35</td>
<td>3</td>
<td>25</td>
<td>32</td>
<td>1</td>
<td>8</td>
<td>88</td>
</tr>
<tr>
<td>Nepal</td>
<td>5</td>
<td>44</td>
<td>100</td>
<td>5</td>
<td>125</td>
<td>80</td>
<td>5</td>
<td>73</td>
<td>91</td>
</tr>
<tr>
<td>Thailand</td>
<td>6</td>
<td>132</td>
<td>58</td>
<td>6</td>
<td>136</td>
<td>33</td>
<td>6</td>
<td>100</td>
<td>15</td>
</tr>
</tbody>
</table>

**Fig. 7.** Polio laboratory network in the SE Asia Region

![Map showing polio laboratory network in the SE Asia Region](image)
The annual risk assessment indicates that Indonesia, Myanmar and Timor-Leste are at high risk of polio transmission; four countries (DPR Korea, India, Nepal and Thailand) are at moderate risk; and the remaining four (Bangladesh, Bhutan, Maldives and Sri Lanka) are low-risk countries. Almost all countries of the Region have developed national outbreak preparedness and response plans.

*Fig. 8. Regional risk assessment, 2022*

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

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

The Region has a single integrated network for surveillance and immunization that provides support not only for polio eradication, but also for measles and rubella elimination, surveillance of other VPDs, strengthening immunization and responding to emergencies. Independent evaluations conducted by the Transition Independent Monitoring Board (TIMB) and through the WHO Evaluation Office have highlighted the fact that the integrated network makes the Region the most advanced for polio transition among all the WHO regions.
5. Methodology of the regional review

5.1 Prior to the meeting

- The annual NCCPE reporting template on progress towards maintaining polio-free status was revised on the basis of feedback from SEA-RCCPE members during the Fourteenth Meeting of SEA-RCCPE held in 2021.
- The revised annual reporting template was shared with all NCCPE chairs by the SEA-RCCPE Secretariat at WHO-SERAO in August 2022.
- The filled-in and signed annual reports were submitted by 10 NCCPEs to the SEA-RCCPE Secretariat between 2 September and 14 September 2022.
- All country progress reports were initially reviewed by the SEA-RCCPE Secretariat for consistency and quality check.
- Two SEA-RCCPE members were assigned as reviewers for each country report.
- Electronic versions of the country progress reports were made available to the SEA-RCCPE members through email.
- All SEA-RCCPE members were provided with a review checklist template to independently review the progress of the assigned country towards maintaining polio-free status.
- The SEA-RCCPE Secretariat collated all review checklists that were utilized during the pre-meeting session for in-depth discussions on the national NCCPE reports.

Table 1. Countries and SEA-RCCPE members allocated for review

<table>
<thead>
<tr>
<th>Country Name</th>
<th>Reviewer 1</th>
<th>Reviewer 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Dr Virna Martins Sam</td>
<td>Dr Yagob Yousef Al-Mazrou</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Professor Mahmudur Rahman*</td>
<td>Dr Pasakorn Akarasewi</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>Professor Dr Kusnandi Rusmil</td>
<td>Professor Mahmudur Rahman*</td>
</tr>
<tr>
<td>India</td>
<td>Professor Shrijana Shrestha</td>
<td>Professor Khin Nyo Thein</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Dr Jayaprakash Muliyil</td>
<td>Dr Nobuhiko Okabe</td>
</tr>
<tr>
<td>Maldives</td>
<td>Dr Nobuhiko Okabe</td>
<td>Professor Dr Kusnandi Rusmil</td>
</tr>
<tr>
<td>Nepal</td>
<td>Professor Khin Nyo Thein</td>
<td>Dr Jayaprakash Muliyil</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Dr Yagob Yousef Al-Mazrou</td>
<td>Dr Virna Martins Sam</td>
</tr>
<tr>
<td>Thailand</td>
<td>Dr Sunethra Gunasena</td>
<td>Professor Shrijana Shrestha</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>Dr Pasakorn Akarasewi</td>
<td>Dr Sunethra Gunasena</td>
</tr>
</tbody>
</table>

*Professor Mahmudur Rahman was not able to review.
5.2 Key features of the meeting

- Nine SEA-RCCPE members attended the meeting (eight physically and one virtually).
- NCCPEs of nine countries made presentations on key achievements, challenges, conclusions and recommendations. The NCCPE Chair from DPR Korea could not attend the meeting.
- Both SEA-RCCPE reviewers for the respective designated country, in the order as presented in the Agenda, provided feedback on the report and asked the NCCPE chairs further questions, as required. Then the discussion was opened for all participants. Finally, NCCPE chairs responded, as required, to all questions raised and feedback received.
- Dedicated, closed-door sessions were conducted by SEA-RCCPE members on both days to discuss and finalize the conclusions and recommendations of the meeting.
- The conclusions of the meeting were shared with all participants during the plenary by Professor Shrijana Shrestha (SEA-RCCPE member), on behalf of the Chair, on the final day of the meeting.

6. Conclusions and recommendations

SEA-RCCPE concluded that the South-East Asia Region continued to maintain its polio-free status and no wild poliovirus (WPV) or circulating vaccine-derived poliovirus (cVDPV) had been reported in the Region during the period under review.

However, SEA-RCCPE was concerned about the risks to the Region due to continued circulation of WPV1 in polio-endemic countries, bordering the South-East Asia Region, as well as due to cVDPVs – especially of type 2 – in several countries of other regions.

6.1 Overarching conclusions by SEA-RCCPE

SEA-RCCPE:

- acknowledged the progress made in global polio eradication efforts in recent years, but noted that challenges remain and the situation requires constant monitoring until eradication is achieved.
- noted the global progress and challenges to facility containment of polioviruses and welcomed the recently released Global Action Plan IV (GAP IV) for poliovirus containment.
- noted that the global standard operating procedures for responding to a poliovirus event or outbreak had been updated in March 2022.
- noted that while surveillance indicators in the Region as a whole were maintained above certification standards, surveillance performance in several countries of the Region as well as in many subnational areas did not meet the certification standards.
- appreciated the actions taken by countries to reverse the negative impact of the COVID-19 pandemic on surveillance (both AFP and environmental) as well as on immunization coverage in the Region. It was, however, concerned about the fact that performance in some countries had not yet attained pre-COVID-19 levels.
- was concerned about the minimal Global Polio Eradication Initiative (GPEI) funding provided to the South-East Asia Region and the risk that this posed to polio essential activities, especially to surveillance for polio, in the Region.
6.2 Overarching recommendations by SEA-RCCPE

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

- agreed with the country-specific recommendations made by NCCPEs of 10 countries that provided the annual reports to SEA-RCCPE.
- recommended that each NCCPE conducts at least two meetings annually for a detailed review of their respective national programmes:
  - one for dissemination of the recommendations made by SEA-RCCPE to the programme; and
  - the other for a detailed review and follow-up on the implementation of the recommendations in preparation of the annual report to be shared with SEA-RCCPE.
- urged NCCPE members to participate in observational and field activities.
- recommended that countries take actions to adopt one of the two options for IPV schedule, as per recommendations of SAGE, and provide an update to SEA-RCCPE.
- reiterated its earlier recommendation that countries should conduct a review of environmental surveillance for potential initiation or expansion and increased sensitivity for poliovirus detection.
- urged all countries to update their respective national outbreak preparedness plans in alignment with the new global SOP (March 2022) and share copies of the updated plans along with the next annual report.
- recommended that priority be accorded to maintaining an updated inventory of poliovirus material and facility containment of polioviruses, as per GAP IV, in a coordinated manner.
- urged polio-priority countries in the Region, affected by GPEI funding ramp down (Bangladesh, India, Indonesia, Nepal and Myanmar), to fully implement activities under the national transition plans, including ensuring financing sustainability through predictable funding from partners/donors and long-term commitment of domestic resources.
- urged WHO to establish a collaborative mechanism to coordinate polio research activities in the Region.

7. Country-specific conclusions and recommendations

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

Bangladesh

The SEA-RCCPE:

- congratulated the national programme for maintaining high coverage of polio vaccines (both bOPV and IPV) despite the COVID-19 pandemic.
- noted that while overall surveillance sensitivity meets global standards there are districts with sub-optimal surveillance sensitivity and this needs to be addressed on a priority.
- recommended that all reported AFP cases should be classified on time.
was concerned that data on immunization coverage and surveillance indicators among the migrant population in Cox’s Bazaar is not available and urges the NCCPE to provide an update on this during the next RCCPE meeting.

encouraged the continuation of the training and orientation activities for health care workers on immunization and surveillance.

**Bhutan**

The SEA-RCCPE:

- congratulated the national programme for strategies to maintain high immunization coverage, even during COVID-19 lockdowns.
- noted with appreciation that the country has introduced the 2nd dose of IPV as recommended by SAGE.
- recommended that the country should continue to make efforts to maintain high polio (OPV and IPV) immunization coverage.
- recommended that the country should continue to take actions to strengthen surveillance activities, including timely collection of specimens, as well as coordination with the Regional Reference Laboratory.

**Democratic People’s Republic of Korea**

The SEA-RCCPE:

- was concerned at the sudden decline in immunization coverage of OPV and IPV from very high levels in 2020 to extremely low levels in 2021 and 2022.
- recognized that the low immunization coverage is due to non-availability of vaccines following the COVID-19 restrictions put in place by the country.
- urged the national programme to fast-track procurement of polio vaccines to re-start vaccination activities against polio.
- endorsed the NCCPE recommendation to conduct catch up immunization activity, for children missed during the COVID-19 pandemic, as soon as the vaccines become available.
- was concerned at the declining AFP surveillance performance in the country.
- recommended that the country should take actions to identify the causes for declining surveillance performance and take appropriate actions to strengthen surveillance.
- urged participation of NCCPE chair during the next meeting of the RCCPE.

**India**

The SEA-RCCPE:

- appreciated the continued efforts being made by the national programme to achieve pre-pandemic level of immunization coverage and noted that India conducted one national and two subnational SIAs in 2021 and 2022 with high coverage.
- encouraged continuation of all activities being carried out to improve vaccination coverage to attain the pre-pandemic level.
- recommended continued efforts to maintain high surveillance indicators, including improvement in the timeliness of lab results of AFP specimens and cases classification, and a focused approach to improve performance in districts with low surveillance indicators.
noted that containment activities are on-going as per GAP-III recommendations.
recommended that India should conduct targeted surveys to identify any poliovirus material being stored in any of the institutes after emergence of VDPVs.
urged that annual risk assessment should be continued to prioritize districts for focused actions to improve surveillance and immunization performance.

**Indonesia**

The SEA-RCCPE:
- appreciated the insights provided by the NCCPE on the issues that are affecting the programme performance in the country.
- highlighted and expressed deep concern at the vulnerability in Indonesia for outbreaks of polio (and other vaccine-preventable diseases) due to the continued decline in immunization and vaccine-preventable disease surveillance performance.
- noted that there are substantial high-risk areas that need urgent actions to improve coverage and surveillance sensitivity along with continuous monitoring.
- noted with concern that both OPV and IPV coverages have declined in 2020 and 2021 and that there were no signs of recovery yet, even as COVID-19 cases were on a declining trend.
- noted that while the country had implemented a multi-antigen catch-up vaccination campaign (referred to as BIAN in the country), the overall coverage for all antigens, especially OPV and IPV had remained sub-optimal during this activity.
- recommended that NCCPE should conduct advocacy with national government to find ways to communicate effectively with local governments and utilize this as an opportunity to streamline needs and specificities of routine immunization and vaccine preventable disease surveillance activities in terms of resource allocation and clarity of mandate in context of the decentralized structure.
- urged NCCPE to work with the national programme and develop an action plan to overcome the vulnerabilities within the country such as risk of resurgence of polio due to low immunization coverage and sub optimal surveillance.
- recommended that the NCCPE should share with RCCPE in 6 months, a report outlining the actions being taken in the country to improve surveillance and immunization performance.
- commended the country for conducting risk assessment and updating outbreak response plan in alignment to the latest global SOPs (Mar 2022).
- urged the country to conduct a survey to identify facilities, if any, that are storing wild or VDPV material, since the country is hosting a poliovirus essential facility (PEF).

**Maldives**

The RCCPE:
- commended the programme on maintaining high coverage with polio vaccines.
- noted that while overall coverage is >95%, the immunization coverage with inactivated polio vaccine (IPV) has declined in 2021 (96%) as compared to that in 2020 (99%).
noted the plan to provide IPV additional dose either as combination or separate dose in 2023.
noted an increase in zero dose children from 1% in 2020 to 3% in 2021,
recommended the national programme to conduct root cause analysis of increasing zero dose children and take preventive and corrective actions.
noted that there are challenges with the collection of stool specimens and their shipment leading to delay in classification of AFP cases.
recommended that country take corrective measures to streamline specimen collection and shipment.
recommended that the country continues to conduct training/orientation of new hospital staff.

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

Nepal
The SEA-RCCPE:
appreciated the country on quality of environmental surveillance and notes plans for expansion.
noted that draft outbreak preparedness plan, aligned to global SOPs of Mar 2022, is under review and simulation exercise is planned in Q4 of 2022.
recommended strengthening of routine immunization in low coverage areas and conduct SIAs to catch up missed birth cohorts.
noted that the country has planned catch-up campaigns with IPV in 2023.
commended the country on a clear action plan to strengthen immunization and surveillance performance with inclusion of private sector.
urged country to maintain the current AFP surveillance and ES and to improve in completeness of routine reporting.
urged country to maintain current status of polio outbreak preparedness.
recommended that the country revise its sub-national risk assessment based on the regional risk assessment tool.

Sri Lanka
The SEA-RCCPE:
commended the country for high coverage with polio vaccines, both OPV and IPV.
noted decline in surveillance performance at sub-national level.
was concerned that dependence on specialist diagnosis may lead to exclusion of AFP cases other than Guillain Barré Syndrome (GBS) cases
recommended that the country should follow the standard guidelines for reporting AFP and should take actions for sensitization of health staff on case definition of AFP.
recommended a coverage survey to have better estimation of the vaccination status especially of the missed children.
appreciated the country for conducting polio serosurveys and urged to continue this good practice.
**Thailand**

The SEA-RCCPE:

- appreciated the improvement in quality of NCCPE report.
- recommended that the corrective activities planned to strengthen the routine immunization should be implemented at national / subnational level and closely monitored especially targeting the high-risk areas.
- commended the country for SIA conducted in high-risk area.
- urged the country to take measures to identify zero-dose children.
- noted that the possibilities of missed AFP cases is high, this should be addressed along with classification of pending cases.
- recommended that measure be taken to improve surveillance for AFP case reporting, adequate stool collection and shipment time in targeted areas with low performance including training of staff on AFP surveillance system, coordination between hospitals and provincial public health office.
- recommended that data consistency should be maintained, discrepancies should be verified and corrected.
- urged the country to make efforts to have a complete surveillance data including the missed Province (Bangkok) and the private sectors.

**Timor-Leste**

The SEA-RCCPE:

- commended the NCCPE for regular meetings.
- noted that the country has high number of zero dose children that should be covered with focus on hard-to-reach areas.
- recommended that national programme to develop a strategy to reach zero dose children and hard-to-reach areas including urban settings.
- noted with concern stock-out of vaccines in 2021 and recommends streamlining vaccine record keeping and procurement.
- noted that the risk assessment and training were postponed, this should be done regularly.
- expressed concerns on very low AFP rate with no case in 2022.
- recommended that surveillance review should be conducted to identify possibility of missed cases and recommends strengthening of surveillance system and performance.
- recommended training of health professionals on immunization and surveillance.
Annex 1

Agenda

(1) Opening session
(2) Global update on polio eradication and containment
(3) Global update on certification aspect
(4) Regional update on maintaining polio-free status in the WHO South-East Asia Region
(5) Regional update on polio containment
(6) Regional update on polio transition
(7) Review of the country progress reports from Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand, and Timor-Leste
(8) Regional updates from other Regions (AFR, EMR, EUR and WPR)
(9) Conclusions and recommendations from SEA-RCCPE
(10) Closing session
Warm greetings and welcome to this Fifteenth Meeting of the RCCPE. My sincere gratitude to the Chair and to all RCCPE members for the oversight and guidance you continue to provide to maintain a polio-free South-East Asia Region.

The last year two and a half years – almost three – have not been easy, but the Region continues to remain polio-free. This is testament to the dedication and commitment of polio programme staff, many of whom have significantly contributed to the COVID-19 response, and of course, to the steadfast resolve of donors and partners.

I commend you all. Globally, polio remains a public health emergency of international concern. Earlier this month, New York – one of the wealthiest cities in the world – declared a state of emergency following the detection of poliovirus in wastewater samples.

Cases of WPV1 have in recent months been reported in Afghanistan, Pakistan, Malawi and Mozambique.

In June, the Thirty-second Polio IHR Emergency Committee assessed the risk of international spread of cVDPV2 as high, due in part to the negative impact of COVID-19 on routine immunizations systems, which our Region has also experienced.

Today, coverage in the Region of the bivalent oral polio vaccine and inactivated polio vaccine has for the most part stabilized or improved since 2020; however, the trajectory in several countries continues to be cause for concern.

Although the Region was able to maintain global surveillance standards throughout the COVID-19 response, we find national and sub-national variations that must not persist.

And while Polio Transition Plans have now been developed in each of the Region’s five polio-priority countries, amid immense fiscal stress, sustaining adequate resources will be even more of a challenge – a challenge that must nevertheless be met.

My message to this RCCPE – and to all polio stakeholders – is therefore to hold the line; to revive and catch up on pre-pandemic surveillance and routine immunization coverage, especially at the sub-national level; and to ensure that any poliovirus outbreak can be detected and responded to in rapid, timely fashion.

To facilitate these outcomes, I urge this Commission:

First, to conduct an in-depth review of the status of critical activities required to maintain the Region’s polio-free status, including surveillance, immunization coverage, and outbreak preparedness.

Second, to assess the impact of efforts to resume essential polio activities, and to consider whether such impact is adequate, or whether additional action is required.

Third, to deliberate on progress in facility containment of polioviruses.
And fourth, to consider how best to enable polio-funded networks in the Region to strengthen immunization systems and carry out other public health functions. This will in turn help polio-priority countries maintain core capacities and infrastructure until global polio eradication is achieved.

Towards that goal, this RCCPE – and all polio stakeholders – can be certain of WHO’s ongoing and unmitigated support, for a polio-free South-East Asia Region, and a polio-free world.
Annex 3
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1 Professor Mahmudur Rahman and Dr Mark Steven Oberste were not able to attend
Fifteenth Meeting of the
WHO South-East Asia
Regional Certification Commission
for Poliomyelitis Eradication

New Delhi, India, 21–22 September 2022

Report of the Meeting