# INTERNATIONAL CERTIFICATION COMMISSION FOR POLIO ERADICATION IN THE SOUTH-EAST ASIA REGION

Report of the Second Meeting

Bangkok, Thailand, 7 April 1998

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#### 1. INTRODUCTION

The second meeting of the International Certification Commission for Poliomyelitis Eradication (ICCPE) in the South-East Asia Region (SEAR) of the World Health Organization (WHO) was held in Bangkok, Thailand, on 7 April 1998. Members of ICCPE were again invited to participate in the proceedings of the Technical Consultative Group Meeting from 2-6 April 1998, as was done during the previous year's TCG meeting. Since the first meeting of SEAR ICCPE, held in New Delhi, India on 3 June 1997, much progress has been noted. National Certification Committees have been established in six of the ten Member countries.

# 1.1 Objectives

The objectives of the meeting were:

- (1) To brief Members of the Regional Commission on the latest developments in polio eradication;
- (2) To revise the Plan of Action for Certification of Polio Eradication in SEAR;
- (3) To review the proposed draft manual for documentation of polio eradication.

#### 1.2 Organization

The meeting was attended by seven ICCPE Members and 50 participants and observers.

# 1.3 Opening Ceremony

The meeting was opened by Dr. Jon Andrus, Regional Adviser (Polio), WHO/SEARO. Professor Natth Bhamarapravati (Thailand) was nominated and selected as Chairperson, and Dr. R.N. Basu (India) as Rapporteur. The list of participants is given in Annex 1.

# 2. PROCEEDINGS

Several issues related to polio eradication were discussed. The major items included:

- (1) Terms of reference of ICCPE members. Each member of ICCPE will eventually need to be assigned a country(ies) to improve coordination and continuity of activities.
- (2) Linkage of ICCPE with the National Committees for Certification of Polio Eradication. Close collaboration and coordination between ICCPE and the National Committees requires careful planning and commitment by all participants.
- (3) *Composition of National Committees*. The make-up of these Committees is critical to the success of the certification process in the Region.

- (4) SEAR Plan of Action for Certification of Polio Eradication in SEAR. Specific areas addressed were frequency of meetings; number, timing, and responsibility of site visits by ICCPE Members to various countries.
- (5) Documentation. Standardization of the documentation process for certification of polio eradication among regions of the world will lead to more accurate reporting and analysis of data to be used for certification. A draft manual of documentation was prepared and circulated among ICCPE members.
- (6) Feedback and dissemination of information. The importance of ensuring that members of ICCPE receive, whenever available, copies of updated country reports, bulletins, newsletters, and technical information was stressed.
- (7) *Policies*. Other topics discussed included: AFP cases compatible with polio; number of stool specimens to be collected from each AFP case; role of contact investigations; containment strategies for wild polioviruses; virologic case classification scheme for cases of acute flaccid paralysis (AFP); appearance of viruses after one year; and the need for participation in ICCPE meetings by experts from other WHO regions.

# 3. CONCLUSIONS AND RECOMMENDATIONS

The members of SEAR ICCPE recognized that, while great progress has been achieved in the Region, particularly with synchronization of NIDs among neighbouring blocks of countries and with the development of active surveillance for AFP and wild poliovirus, a number of important issues need to be addressed if the polio eradication initiative in SEAR is going to stay on track. These included: (1) the need to strengthen the action component of surveillance, i.e. immunization; (2) the need to support the development of active surveillance in DPR Korea and to plan for frequent follow up by ICCPE members; and (3) the need to monitor more carefully the potential cross-border transmission of wild polioviruses from India into Bhutan.

# 3.1 Regional Certification Commission

- (1) Country Responsibilities: By the third SEAR ICCPE meeting in September 1999, SEAR ICCPE will have divided the responsibility for oversight of the certification process in SEAR Member Countries, in consultation with WHO EPI/SEAR secretariat. ICCPE recognizes that Commission members will not be responsible for oversight of their own country.
- (2) *Member State Representation*: To the extent possible, members of the Regional Certification Commission and the WHO secretariat should undertake frequent and regular visits to those Member Countries not represented on the Regional Certification Commission (DPR Korea and Bhutan).
- (3) Participation of ICCPE members from other WHO regions: EPI/SEAR should continue to promote the participation of Certification Commission members from other WHO regions in the meetings of SEAR ICCPE.

#### 3.2 National Certification Committees

(1) *Membership*: Member Countries that have not yet proposed nominees for memberhip to their National Certification Committee should submit this information to the WHO Regional Office by June 1998. Member countries should not finalize the National

- Committee until such time as the membership has been reviewed and approved by WHO/SEAR in consultation, if necessary, with SEAR ICCPE.
- (2) First Meeting of National Certification Committee: A member of the EPI/SEAR secretariat or regional ICCPE should attend the first meeting of each National Certification Committee; the membership of the National Committee can be reviewed at that time to determine whether the make-up is consistent with SEAR ICCPE guidelines.
- (3) Reporting to ICCPE: Each National Certification Committee should submit a report to the Regional Certification Commission at least two months prior to each scheduled meeting of ICCPE. The report should include the minutes of National Certification meetings, their activities to date, workplan and a list of potential constraints to the full implementation of the certification strategy in that country.
- (4) Workshop for Chairpersons of the National Certification Committees: EPI/SEAR should conduct an orientation workshop for Chairpersons of National Certification Committees by August 1998.
- (5) Role of the National EPI: The National Expanded Programme on Immunization (EPI) should serve as the secretariat to the National Certification Committee.

#### 3.3 Plan of Action

- (1) Revision of the SEAR Plan of Action for Certification of Poliomyelitis Eradication: EPI/SEAR should revise the above-stated Plan of Action by August 1998 to reflect the following:
  - (a) The revised timetable of ICCPE meetings and activities (Annex 2).
  - (b) The revised criteria for planning site visits and participation by ICCPE members in national/international surveillance reviews.
- (2) Regional versus Country Certification: The Regional Certification Commission reaffirms the guiding principle that certification will occur only on a regional basis. Countries will compile data to present to the regional ICCPE, which will review the documentation from SEAR Member Countries to determine whether the Region may be certified as polio-free; individual countries within the Region will not be certified polio-free.

### 3.4 Documentation

- (1) Manual of Operations for Documentation of Polio Eradication: EPI/SEAR should receive written comments from ICCPE members with proposed revisions to the Operations Manual by 10 May 1998. Feedback and comments from the National EPI Managers is also welcome. The revised version should be circulated to the Regional Commission members for further comment prior to field testing.
- (2) National Plan of Action for Responding to Wild Poliovirus Importations: As a part of the documentation for certification of polio eradication, all Member Countries should submit a written plan of action for the detection, investigation and response to wild poliovirus importations.

#### 3.5 Surveillance Policies and Certification

- (1) Endorsement of Global Certification Recommendations: ICCPE endorsed the recommendations of the second Meeting of the Global Certification Commission, particularly, recommending that countries should:
  - (a) continue to collect two adequate stool specimens from all AFP cases,
  - (b) closely scrutinize all polio compatible cases,
  - (c) discontinue the routine collection of stool specimens from contacts of AFP cases under normal circumstances.
- (2) Virological Classification of AFP Cases: All Member States should aim to achieve, by December 1999, the standard of AFP surveillance performance needed to shift to the virological classification of AFP cases. Those countries where there may be constraints to achieving this level of surveillance should be identified as soon as possible, with the subsequent implementation of extraordinary efforts to improve surveillance.

# 3.6 Resources for the Regional Certification Process

- (1) Resources for the SEAR Certification Process: EPI/SEAR and its partner agencies in the eradication initiative should identify, as soon as possible, additional financial support for the certification process to ensure the ongoing autonomy of the work of SEAR ICCPE.
- (2) *Information Officer*: Reorgnizing the increasing complexity of the polio eradication initiative, EPI/SEAR should seek the necessary resources to recruit a full-time Information Officer devoted to improving awareness of, and international consensus on, the processes of eradication, certification, containment, and cessation of immunization.

# 3.7 Containment of Polioviruses

- (1) Role of the Regional ICCPE: ICCPE should be kept fully informed of the developments in the global plan of action for the containment of polioviruses, with the appropriate revision of its terms of reference, if and when necessary.
- (2) Implementation of the Containment Plan of Action: As a matter of urgency, ICCPE strongly encourages all Member States to begin implementation of the Containment Plan of Action as soon as international consensus on the document has been reached.
- (3) World Health Assembly Resolution on Poliovirus Containment: Recognizing the importance of global leadership in obtaining consensus on a plan of action for the containment process, ICCPE strongly suggests that WHO seek a WHA resolution clarifying the timeline and responsibilities for containment in 1999.

# 3.8 Stopping Polio Immunization

Role of ICCPE: While recognizing that all of the available data suggests that there will be no change in the global strategy for stopping immunization against poliomyelitis, ICCPE nevertheless requests that EPI/SEAR keep the Commission members fully informed of the results of the ongoing research in this area.

#### Annex 1

#### LIST OF PARTICIPANTS

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# Annex 2

# REVISED TIMETABLE OF ICCPE MEETINGS AND ACTIVITIES

April 1998 : 2<sup>nd</sup> meeting of ICCPE

May – July 1998 : Initial national reports on progress

August 1998 : Workshop for National Certification Committees

Chairpersons

October 1998 – June 1999 : Prepare documentation of non-endemic countries – Bhutan,

Maldives, Sri Lanka and Indonesia

September 1999 : 3<sup>rd</sup> Meeting of ICCPE – Develop plan for site visits

January – October 2000 : Site visits

December 2000 : 4<sup>th</sup> Meeting of ICCPE

4<sup>th</sup> Meeting of ICCPE Subsequent meetings as needed.