

SEA-Polio-45  
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# Eighth Meeting of the International Certification Commission for Polio Eradication for the South-East Asia Region

*The Report*  
*13-15 September 2006, New Delhi, India*



**World Health  
Organization**

Regional Office for South-East Asia  
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## Contents

	<i>Page</i>
1. Background .....	1
2. Global overview.....	1
3. Regional overview.....	2
4. Country reviews.....	3
5. Decisions of the ICCPE.....	4
6. Main conclusions and recommendations.....	4

## Annexes

1. List of participants.....	8
2. Programme .....	10



## **1. Background**

The Eighth Meeting of the International Certification Commission for Polio Eradication (ICCPE) for the South- East Asia (SEA) Region was held from 13-15 September 2006 in New Delhi, India. Dr N K Shah chaired the meeting.

The List of Participants and Program of the meeting are provided at Annexes 1 and 2 respectively.

Of the 11 Member countries of the SEA Region, nine had submitted certification reports that were reviewed and discussed by the Commission. India and Timor-Leste have not yet submitted any documents for certification to the Commission.

In addition to the presentation, review and discussion of individual country documents for certification, the Commission was presented with a global and a regional overview and an update on polio in India.

## **2. Global overview**

The salient features of the global overview included the progress milestone that only four countries, Afghanistan, India, Nigeria and Pakistan, remained endemic for polio. All countries that had experienced importations and associated outbreaks of polio since 2003, had either stopped transmission or were at an advanced stage of its control. The recommendations of the global Advisory Committee on Polio Eradication (ACPE) on the timing and quality of response to importation of poliovirus into polio-free areas were described. These recommendations were adopted as a resolution by the World Health Assembly in May 2006. Most outbreaks in 2006 in polio-free areas had met the criteria set by the ACPE. In contrast to 2005, majority of the global polio cases in 2006 had been reported from endemic countries and not from re-infected countries.

With respect to the remaining endemic countries, transmission in Afghanistan and Pakistan is now primarily restricted to sparsely populated areas where access to children for delivery of vaccine has been a problem. While southern Nigeria is polio-free, northern Nigeria continues to face the problem of accessing the large number of children who have never been immunized.

### **3. Regional overview**

Since the last meeting of the ICCPE, there have been significant developments in the Region that have implications for the regional process of certification. These include:

- A major outbreak of imported P1 in Indonesia – 2005-2006;
- A concurrent large outbreak of type 1 cVDPV in Madura island, Indonesia;
- A large P1 outbreak in western Uttar Pradesh (UP), India – 2006;
- Importation and spread of P1 in Bangladesh – 2006;
- Repeated cross-border importations into Nepal – 2005-2006, and
- A case of cVDPV in Myanmar – 2006.

The outbreak in Indonesia appears to have been controlled with the most recent wild poliovirus isolated from a healthy contact of a confirmed case in April 2006. The cVDPV outbreak was controlled in 2005. The large P1 outbreak which started from two districts of western UP is currently in its expansion phase. The extensive virus transmission in northern India, especially in western Uttar Pradesh (UP) remains a threat to the remaining areas in India, as well as to the region and the whole globe.

Bangladesh has undertaken a number of National Immunization Days (NIDs) and poliovirus spread in the country is at a very slow pace and can potentially be stopped before the end of 2006. Nepal has continued Sub-National Immunization Days (SNIDs) in border districts and the area surrounding the district of the case away from the border district. There is no evidence of continued spread of imported strains within the country. The cVDPV was controlled in Myanmar with Supplementary Immunization Activities (SIAs) in and around the affected province.

All polio laboratories in the Region are performing well, and the regional network is being further expanded to support virological surveillance for measles and Japanese encephalitis. Laboratory containment activities in the Region have progressed well, and most countries have completed the phase 1 of containment. In response to the recent importations and cVDPV outbreaks, affected countries may have to update their inventory. All polio laboratories except the Global Reference Laboratory in Mumbai, India are destroying the stocks of poliovirus and stool samples containing wild polio virus.

The ICCPE was apprised of the follow-up actions taken on its recommendations made at the last meeting. In particular, a number of countries underwent surveillance reviews per ICCPE recommendation.

## **India**

The ongoing outbreak in India started in Muradabad and JP Nagar districts of western UP and is caused by a single genetic family of type 1 wild poliovirus. The outbreak has spread concentrically from this locus and has spread to other parts of UP and surrounding states. The main reasons for the outbreak are deterioration of SIA quality in late 2005 in Muradabad and JP Nagar districts resulting in a larger number of children being missed during the campaign. Reluctance among some Muslim communities to accept the vaccine has also contributed to vaccination of fewer children in these communities. These challenges are being addressed. There is a need to implement frequent high-quality SIAs with more effective involvement of officials at the highest level of government in UP with the objective to improve operational weaknesses such as recruitment of staff; training and involvement of local health volunteers; involvement of religious leaders, especially Muslim leaders in localities; involvement of community leaders, civil society and administration; and improved mass communication.

## **4. Country reviews**

Chairpersons from each of the nine countries presented updates on the status of polio eradication in their respective countries. They also presented the country documentation for certification. India and Timor-Leste did not present any reports for certification. The ICCPE was especially pleased with the participation of NCCPE DPR Korea in the meeting and appreciated the submission of the full report for certification. Country-specific comments

and recommendations will be communicated to the NCCPE chairpersons by the Chairman of the ICCPE.

## 5. Decisions of the ICCPE

- The following country reports were accepted by the ICCPE (only minor revisions were suggested): Full National Report based on Manual of Operations: Democratic Peoples Republic of Korea (DPRK). Annual Reports: Bangladesh, Bhutan, Maldives, Nepal, Sri Lanka and Thailand.
- The following Annual Update country reports were accepted contingent upon revisions that should be submitted to WHO Regional Office for South-East Asia within three months: Indonesia and Myanmar.

## 6. Main conclusions and recommendations

The following were the main conclusions and recommendations:

- (1) The ICCPE expresses serious concerns about the expanding outbreak of polio in UP, India and its continued intense transmission in Nigeria. This increased transmission poses a heightened risk of poliovirus importation for all countries. The ICCPE is also deeply concerned with significant population immunity gaps in a few countries of the Region, particularly, Indonesia where large and concurrent outbreaks of wild poliovirus and cVDPV occurred during 2005, and Myanmar where cVDPV was detected in the face of declining OPV3 coverage.
  - **Recommendation:** The ICCPE urges the Government of India and its partners to take appropriate measures to stop poliovirus transmission in UP and Bihar. These states remain a source of polio virus importation in the Region and beyond.
  - **Recommendation:** All countries of the Region should ensure that overall population immunity is maintained through high routine immunization coverage and high-quality SIAs to prevent importation and spread of poliovirus.



- **Recommendation:** Countries should maintain uniformly sensitive acute flaccid paralysis (AFP) surveillance to enable timely detection and response to importation.
- (2) The ICCPE concurs with the recommendations of the ACPE on national response to importation of poliovirus into polio-free areas and is encouraged by the related WHA resolution.
- **Recommendation:** Countries should develop or update national plans for responding to poliovirus importation based on the current recommendations of the global ACPE and the WHA resolution. These plans should be submitted as part of the annual update for certification. The NCCPE should be satisfied with the quality of the preparedness plan.
  - **Recommendation:** Countries should ensure that key policy-makers are aware of the international health regulations and the WHA resolution with respect to international spread of polio. This should include an assessment of the impact of continued endemic poliovirus circulation and virus importation on public health as well as on national finance, trade and international travel.
- (3) The ICCPE is pleased with the progress towards laboratory containment of poliovirus in countries of the Region. The spread of poliovirus in some polio-free countries which have experienced recent poliovirus importation may have altered the storage of wild poliovirus stocks or potentially infectious material.
- **Recommendation:** Countries with recent circulation of imported wild poliovirus or cVDPV should conduct another survey of their laboratories to update the inventory of laboratories that store poliovirus or potentially infectious material. The updated containment report should be included in the next annual update.
- (4) Overall, the ICCPE is pleased with the composition of NCCPEs in countries of the Region. However, a few exceptional examples were brought to the attention of the Commission where there may be a real or perceived risk of conflict of interest between some members and the important need for an objective membership of NCCPE.

- **Recommendation:** The ICCPE recommends that the composition of NCCPE be reviewed to ensure compliance with the principle that each member of the NCCPE is independent of the programme and department that is responsible for programme implementation. However, programme officials are encouraged to provide support and serve as the secretariat for the NCCPE.

## Recommendations for NCCPEs and the WHO Secretariat

The following were the recommendations:

- (1) The dates of the next meeting of the ICCPE are 26-28 September 2007.
- (2) The NCC chairperson should send the annual update for 2006 to the WHO Secretariat in the Regional Office by 1 June 2007. All ICCPE members should receive the copies of country reports (complete version with annexures) in CDs by 30 June 2007. Only the version sent by NCCPE to the Commission in advance will be reviewed and discussed by the ICCPE at its meeting in September 2007. Updated versions will not be reviewed or discussed. Accordingly, NCC chairpersons should come to the meeting with the same version of the report sent earlier.
- (3) The ICCPE will continue with the process of designating primary and secondary reviewers for country reports with adequate plans for back-up. The primary reviewer will present the summary of the documentation submitted by the country. The secondary reviewer will present any other remaining issues not mentioned by the primary reviewer. The NCCPE chair will respond only after both reviewers have completed their remarks.
- (4) The decision of the ICCPE for an annual country report will be in one of the following three categories:
  - Report accepted as is.
  - Report accepted contingent on changes recommended by the ICCPE. The revised report with recommended changes should be sent to WHO's Regional Office for South-East Asia within three months of receipt of written comments from the ICCPE Chairman. The Regional Office should ensure that appropriate changes have been made in the report.

- The report of the current year is not accepted in the present form. A revised report based on the comments of the ICCPE should be re-submitted together with the report of the following year during the subsequent meeting of the ICCPE.
- (5) In order to facilitate communication between the ICCPE and chairpersons of NCCPEs, the WHO Secretariat should provide basic support in Kathmandu for the Chairman of the ICCPE.
- (6) Given the unique challenges in Timor-Leste, the ICCPE Chairman has identified two commission members who will directly supervise the certification process in the country.
- (7) The ICCPE Chairman emphasized the importance of the advocacy role of members of the ICCPE and NCCPE. The Chairman requested all members to actively undertake high-level advocacy with governments and partners to ensure continued progress towards polio eradication.
- (8) Starting with the next meeting of the ICCPE (see attached table of meeting schedule) national EPI programme managers from all countries should be invited to participate together with the NCCPE Chairperson in the ICCPE meetings.

**Table.** *ICCPE's tentative timeline for the certification process for polio eradication in the South-East Asia Region*

September 2010	Meeting of ICCPE to prepare Presentation for the Regional Committee for South-East Asia.
September 2009	Meeting of ICCPE
September 2008	Meeting of ICCPE to Review the India documentation
September 2007	Annual Meeting of ICCPE: Presentation to the Regional Committee for South-East Asia.
September 2006	Eighth Meeting of ICCPE: Review of final country documentation from every Member country with NCC Chair
March 2005	Seventh Meeting of ICCPE: Review of final country documentation with the NCC Chairperson.
March 2004	Sixth Meeting of ICCPE: Review of country documentation from all Member countries.
31 March 2003	Interim progress report by NCCPE as per format.
April 2002 – February 2003	Participation in surveillance reviews.
5 – 8 March 2002	Fifth Meeting of ICCPE: Review of country documentation from: Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand.

## Annex 1

### List of participants

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## Annex 2

# Programme

### Wednesday, 13 September 2006

0830-0900	Registration	
0900-0930	Inauguration	
	<ul style="list-style-type: none"><li>• Welcome address</li><li>• Introductions</li><li>• ICCPE Chairperson's address</li></ul>	
	Business Session	
1000-1200	Meeting of ICCPE, invited NCC and WHO Secretariat	
	<ul style="list-style-type: none"><li>• Global update on polio eradication</li><li>• Regional update on polio eradication</li><li>• Regional Laboratory Network update and regional update on laboratory containment</li><li>• Status of polio eradication in India</li></ul>	HQ SEARO SEARO NPSP
1330-1430	Country presentation, Indonesia	Primary reviewer
	Discussion on annual update submitted by NCC Indonesia	NCC Chair
1430-1500	Country Presentation, Myanmar	Primary reviewer
	Discussion on annual update submitted by NCC Myanmar	NCC Chair
1530-1630	Country Presentation, Nepal	Primary reviewer
	Discussion on annual update submitted by NCC Nepal	NCC Chair

### Thursday, 14 September 2006

0900-1000	Country Presentation, Bangladesh	Primary reviewer
	Discussion on annual update submitted by NCC Bangladesh	NCC Chair

1030-1130	Country presentation, Bhutan	Primary reviewer
	Discussion on annual update submitted by NCC Bhutan	NCC Chair
1130-1230	Country presentation, Maldives	Primary reviewer
	Discussion on annual update submitted by NCC Maldives	NCC Chair
1400-1500	Country presentation, Sri Lanka	Primary reviewer
	Discussion on annual update submitted by NCC Sri Lanka	NCC Chair
1530-1700	Country presentation, Thailand	Primary reviewer
	Discussion on annual update submitted by NCC Thailand	NCC Chair

**Friday, 15 September 2006**

0900-1030	Closing session of ICCPE
1100-1230	Conclusions and recommendations on country annual plan
1330-1500	Close session of ICCPE to review ICCPE plan of action
1500-1530	Closing session