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11th Meeting of the South-East Asia Regional Certification Commission for Polio Eradication (SEA-RCCPE)

Paro, Bhutan, 15-16 November 2018

Eleventh Meeting of the South-East Asia Regional Certification Commission for Polio Eradication (SEA-RCCPE)
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Abbreviations

AFP	acute flaccid paralysis
bOPV	bivalent oral poliovirus vaccine
cVDPV	circulating vaccine-derived poliovirus
cVDPV1	circulating vaccine-derived poliovirus type 1
DPR Korea	Democratic People’s Republic of Korea
Endgame Plan	Polio Eradication & Endgame Strategic Plan 2013-2018
ES	environmental surveillance
GAPIII	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
GCC	Global Certification Commission
GPEI	Global Polio Eradication Initiative
IPV	inactivated poliovirus vaccine
NAC	national authority for containment
NCCPE	National Certification Committee for Polio Eradication
NCCPEs	National Certification Committees for Polio Eradication
OPV	oral poliovirus vaccine
polio	poliomyelitis
PEF	poliovirus essential facility
PIM	potentially infectious materials
PV2	poliovirus 2
RCCPE	Regional Certification Commission for Polio Eradication
SEA	South-East Asia
SEA-RCCPE	South-East Asia Regional Certification Commission for Polio Eradication
SEARO	World Health Organization Regional Office for South-East Asia
SIAs	supplementary immunization activities
VDPV	vaccine-derived poliovirus

WHO	World Health Organization
WPV	wild poliovirus
WPV1	wild poliovirus type 1

1. Introduction

The strife towards global polio eradication continues under the framework of the Global Polio Eradication and Endgame Strategic Plan 2013-2018 (Endgame Plan), approved by the Executive Board of the World Health Organization's (WHO) in January 2013 and endorsed by the World Health Assembly in May 2013. The Endgame Plan has certification and poliovirus facility containment as one of its four objectives. This requires continued active oversight by the Regional Certification Commission for Poliomyelitis Eradication (RCCPE) and National Certification Committees for Poliomyelitis Eradication (NCCPEs).

The polio resolution 71.16 of the 2018 World Health Assembly urges all Member States and requests WHO to provide support

- (1) To fully implement all strategic approaches outlined in the Endgame Plan,
- (2) To intensify efforts to accelerate the progress of poliovirus containment certification as outlined in national requirements as well as in 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 (GAPIII), and
- (3) To complete inventories for type 2 polioviruses, destroy unneeded type 2 materials and begin inventories and destruction of unneeded type 1 and 3 materials in accordance with the latest available published WHO guidance.

Based on the NCCPE reports received and presentations made at its 10th meeting in November 2017, the RCCPE concluded that the Region had maintained its polio-free status during the period of review. The RCCPE commented that wild poliovirus (WPV) importation remained a risk as long as there was WPV circulation in some parts of the world. Noting the global situation of poliomyelitis (polio) outbreaks due to circulating vaccine-derived poliovirus (cVDPV), the RCCPE considered emergence of cVDPV in areas of low coverage to be at least as great a risk to polio-free status as an outbreak due to imported WPV. While the RCCPE commended the Region for steady progress towards meeting the requirements of and the substantial capacity building undertaken in order to accomplish poliovirus laboratory

containment, it reiterated the need for all stakeholders to fully recognize the complexities, long-term timelines, significance for global certification and for the post-certification strategy of completing poliovirus laboratory containment.

In this context, the 11th RCCPE meeting was held from 15-16 November 2018 in Paro, Bhutan. A closed session with RCCPE members was held on 14 November 2018. The meeting had the following objectives:

- (1) To review updated reports from each Member State on maintaining polio-free status, including poliovirus laboratory containment, as per requirements of the Endgame Plan and relevant WHO resolutions with focus on:
 - National and regional risk assessments in order to highlight gaps in the levels of immunity and the quality of surveillance at national and subnational levels,
 - National polio outbreak preparedness, and
 - Poliovirus containment requirements as per the GAPIII,
- (2) To review the implementation status of the recommendations made at the 10th meeting of the South-East Asia- Regional Certification Commission for Polio Eradication (SEA-RCCPE) and
- (3) To update the Global Certification Commission (GCC) on the polio-free certification status and Polio Endgame implementation of the South-East Asia (SEA) Region.

The agenda of the meeting is included in annex 1 and the list of participants in annex 2. The meeting was attended by seven RCCPE members, chairpersons and representatives of 10 NCCPEs, officials of the Ministry of Health of Bhutan and a WHO Secretariat member.

2. Opening

The 11th meeting of the SEA-RCCPE was opened by the WHO Representative to Bhutan, Dr Stephan Jost, on behalf of Dr Poonam Khetrpal Singh, WHO Regional Director for SEA.

The Regional Director sincerely thanked the Government of Bhutan for hosting this RCCPE meeting and noted that, at the time of the meeting, it had been three decades since the adoption of the historic World Health

Assembly resolution calling for polio's eradication, and that significant milestones had been achieved together since that time.

At the global level, these milestones include eradicating type 2 WPV; keeping type 3 WPV cases at zero since 2013; and eliminating indigenous type 1 WPV (WPV1) from all but three countries. In addition, the type 2 component of the oral poliovirus vaccine (OPV) was successfully withdrawn in April 2016. Dr. Khetrupal Singh congratulated all countries in the Region on contributing to these outcomes and stressed the importance now of strengthening poliovirus containment in facilities and laboratories and preparing for the period after global certification.

Dr Khetrupal Singh noted that, despite progress towards eradication in the world's three remaining endemic countries, in 2018 transmission of the virus continued. When reviewing the most recent report of the Independent Monitoring Board of the Global Polio Eradication Initiative (GPEI), she noted many cross-cutting findings, both positive and negative, in several areas. These areas include dynamic operating environments; access and security; management and oversight; human resources; monitoring; meeting basic needs such as water and sanitation and access to health care; community perception; the performance of routine immunization and surveillance; and financing and transition planning.

Overall, the Regional Director said, the Independent Monitoring Board report highlighted once more the primary hurdle faced in eradicating polio, which remained reaching children who are unreached by health systems because of difficult terrain, conflict, security-compromised access, urban sprawl or large-scale population movements. Dr Khetrupal Singh noted that this hurdle affected our broader mission to control vaccine preventable diseases and said that addressing it was vital to maintaining the polio-free status of the Region.

The Regional Director emphasized that focusing on maintaining the Region's polio-free status was crucial given that, as of 16 October, in 2018, there were 20 WPV1 cases in two countries, with 130 positive samples from environmental surveillance (ES). At the same time, 68 polio cases due to cVDPV were detected in five countries.

Dr Khetrupal Singh noted that a cVDPV type 1 (cVDPV1) outbreak was occurring in Papua New Guinea near the border of Indonesia at the time of the meeting, while four other countries in Africa had experienced

cVDPV type 2 outbreaks more than two years after the global switch from trivalent to bivalent OPV. The Regional Director said that this was of great concern, especially given that many young children were unprotected against type 2 poliovirus due to the recent global shortage of inactivated poliovirus vaccine (IPV).

While Dr Khetrupal Singh commended all countries in the SEA Region for their continued commitment to staying polio-free, meeting the requirements of the global Endgame Plan and pioneering new programme strategies while pursuing research and innovation, she also recognised the challenges that health and immunization systems continued to encounter.

As such, the Regional Director greatly valued the commitment and continued work of the RCCPE and NCCPEs and emphasized that these bodies were much-needed to promote vigilance and support national immunization programmes in their efforts to keep countries polio-free.

Dr Khetrupal Singh was pleased to note the Region's progress in several key areas. These included expanding polio surveillance capacities, especially for ES; restructuring risk assessments at all levels; adjusting oversight mechanisms such as the RCCPE and NCCPEs to meet the new requirements for polio eradication; enhancing outbreak preparedness; and focusing on poliovirus facility containment.

The Regional Director acknowledged the outstanding leadership provided by Dr Supamit Chunsuttiwat as RCCPE Chairperson since 2012. She stated that Dr Chunsuttiwat's tireless work, clear analytic mind, attention to detail, respect for opinions and promotion of teamwork had been tremendously appreciated and vital to the collective success of the RCCPE and wished Dr Chunsuttiwat the very best in his future endeavors.

3. Global progress in polio eradication and implementation of the Endgame Plan

WPV transmission: The last WPV type 2 case was reported in 1999, and WPV type 2 was officially certified as eradicated in September 2015. WPV type 3 has not been detected globally since November 2012, when the last polio case due to this strain was reported in Yobe State, Nigeria. Since that time, all cases of paralytic polio due to WPV have been caused by WPV1, which continues to circulate in the three countries in which the disease is endemic: Afghanistan, Nigeria and Pakistan. In Nigeria, no new polio case

due to WPV1 has been confirmed since the detection of the virus in a healthy child in September 2016. However, because of continuing gaps in surveillance in areas at high risk of poliovirus transmission and the existence of inaccessible areas, undetected and continued circulation of this strain cannot be ruled out.

Afghanistan and Pakistan continue to be treated as a single epidemiological block. In 2018, four cases of paralytic polio due to WPV1 have been reported in Pakistan (as of end-September 2018), compared with five for the same period in 2017; in Afghanistan, 15 cases have been reported, compared with six for the same period in 2017.

cVDPV transmission: In 2018, outbreaks due to cVDPV type 2 emerged or continued in the Democratic Republic of the Congo (19 cases), the Horn of Africa (6 cases) (where the virus has been detected in Somalia and environmental samples in Kenya), Niger (8 cases) and Nigeria (27 cases). There were no new cases in Syrian Arab Republic, a country that reported an outbreak in September 2017. In 2018, Somalia also reported 7 cases of cVDPV type 3. In June 2018, a cVDPV1 outbreak was confirmed in Papua New Guinea (25 cases, as of November 2018).

cVDPV1 outbreak in Papua New Guinea: Following confirmation of a cVDPV1 outbreak, the Government of Papua New Guinea declared the outbreak to be a national public health emergency and launched a comprehensive emergency outbreak response. Papua New Guinea shares a porous border with Indonesia; this border has multiple 'traditional border crossings', but low volume foot traffic. Indicators in Indonesia's Papua and West Papua suggest a risk of undetected transmission. Indonesia and Papua New Guinea are collaborating through cross border meetings, sharing surveillance information, synchronizing supplementary immunization activities (SIAs) across border districts, mapping key border crossings and markets and establishing vaccination booths. This outbreak is a wake-up call for OPV-using countries with poor population immunity and surveillance.

The declaration in 2014 of the international spread of WPV as a **public health emergency of international concern** and the temporary recommendations promulgated under the International Health Regulations (2005) remain in effect. All countries currently affected by circulation of either wild or vaccine-derived polioviruses have declared such events to be

national public health emergencies and are implementing national emergency action plans.

Phased removal of OPV: The first phase of OPV removal took place with the switch from trivalent to bivalent oral polio vaccine (bOPV) between 17 April and 1 May 2016. Once all remaining foci of WPV transmission have been eradicated and the world is certified as polio-free, all use of remaining OPV will be stopped. Until then, countries are encouraged to minimize the risks and consequences of potential vaccine-derived polioviruses (VDPV) by ensuring high routine immunization coverage, conducting surveillance for any emergence of cVDPV, and maintaining strong outbreak response capacity.

New GPEI Strategy 2019-2023: The GPEI is developing a new strategy to cover the period 2019-2023. The strategy will highlight which activities need to be undertaken and what the GPEI needs to do differently to certify the eradication of polio, particularly in the context of recent detections of cVDPV.

4. Regional update on maintaining polio-free status

The WHO SEA Region was certified polio-free on 27 March 2014 and has maintained its polio-free status in 2017-2018. No WPV was detected in the Region and no VDPVs were detected from acute flaccid paralysis (AFP) cases. One VDPV type 2 in 2017 and one VDPV type 3 in 2018 were detected in sewage samples in India. There was no evidence of circulation and adequate response measures were taken by the country. However, risk of importation of polioviruses from areas with current circulation and risk of emergence of circulating vaccine-derived polioviruses remain. There is also a risk of re-introduction of poliovirus type 2 into communities following a breach in facility/laboratory containment.

The factors that could potentially accentuate the risks are sub-optimal population immunity against polioviruses, population movements (for example, migrants or 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 programme deficiencies resulting from transition following ramp-down of global polio funding in five large countries.

Population immunity:

As per WHO and United Nations Children's Fund estimates of national immunization coverage (July 2018), six countries in the Region (Bangladesh, Bhutan, the Democratic People's Republic of Korea (DPR Korea), Maldives, Sri Lanka, and Thailand) had a routine OPV third dose coverage of >90%; India, Indonesia, Myanmar, and Nepal had coverage between 80% and 90%; and Timor-Leste had coverage of <80%. India, Myanmar and Nepal conducted SIAs in 2017 to increase coverage of OPV. Indonesia and Myanmar had a high proportion of under-immunized non-polio AFP cases.

The IPV first dose coverage was <50% in seven countries of the Region. IPV supply has been restored for routine immunization following global shortage in countries that had had stock-outs: Bangladesh, Bhutan, DPR Korea and Nepal. India, Sri Lanka, Bangladesh and Nepal are administering intradermal IPV as a dose sparing method following WHO's Strategic Advisory Group of Experts on Immunization recommendations.

Surveillance performance:

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 2017 (data as of 12 November 2018). Eight countries, namely Bangladesh, Bhutan, DPR Korea, India, Indonesia, Myanmar, Nepal and Sri Lanka, met the surveillance indicator for adequate stool specimen collection (>80%). However, for both performance indicators there is considerable subnational variance in several countries.

AFP surveillance is being complemented by ES in six countries of the Region. In 2017, ES activities in the Region were expanded to include additional sites in Indonesia and India and were initiated in Myanmar and Nepal. A total of 63 sites in 23 provinces of six countries, namely Bangladesh, India, Indonesia, Myanmar, Nepal and Thailand, are currently conducting ES. Bangladesh operates four temporary sites in Cox's Bazaar. ES data provided important evidence for the disappearance of Sabin like poliovirus type 2 following the switch from trivalent OPV to bOPV during 2016.

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 there are two regional

reference laboratories in the Region. All laboratories, except the national polio laboratory of DPR Korea, are accredited.

Poliovirus laboratory containment

Activities to contain type 2 polioviruses under GAPIII requirements in facilities are progressing in the Region. Three poliovirus essential facilities have been identified to store/handle type 2 polioviruses in two countries of the Region, namely India (research facility) 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.

Special trainings on GAPIII requirements for national containment taskforces polio essential facilities, national authorities for containment and vaccine manufacturers were successively conducted in 2016–2017 (with participation from other WHO Regions) and more capacity building activities are planned in early 2019. A containment certification scheme auditors' training was held in January 2017 for India and Indonesia (jointly with Australia and Republic of Korea). The series of trainings began with a Regional orientation meeting in November 2015 and progress was reviewed during a Regional meeting in April 2017.

The Regional Polio Laboratory Network has conducted several bio-risk management capacity building activities and network laboratories are conducting self-assessments against GAPIII requirements.

All Member States are completing new surveys of biomedical laboratories and facilities to meet requirements outlined in GAPIII. Countries are being supported with direct technical assistance to implement their activity plans for containment of Sabin2/OPV type 2 infectious and potentially infectious materials. One of the challenges in GAPIII implementation is involvement of facilities that collect, handle and store clinical and environmental samples for purposes other than polio research. These specimens also present a poliovirus transmission risk if samples were collected in a place and time where WPV or VDPV was circulating or OPV was being used. These facilities are at a disadvantage in that the potential presence of an infectious poliovirus in such samples is both undesirable and uncertain. To support such laboratories, WHO has developed 'Guidance for non-poliovirus facilities to minimize risk of sample collections potentially infectious for polioviruses (PIM)'. This guidance was pilot tested in Bangladesh in December 2017 in a workshop with high risk laboratories.

All materials identified in Bangladesh can be stored outside a polio essential facility (PEF) as per the PIM guidance.

Risk assessment and outbreak response preparedness:

The WHO Regional Office for SEA (SEARO) is updating the regional risk assessment tool for national analysis. The tool is being further modified after inputs from the RCCPE, NCCPEs and other stakeholders. The tool will guide countries to perform subnational risk analysis. The tool is also being modified for countries with small population size.

All countries have national outbreak preparedness and response plans in place. However, updates may be required based on risk assessment and current global guidelines. The global guidelines for response to a poliovirus event or outbreak are being revised and will soon be available. A systematic review of outbreak preparedness and response plans is needed and minimum guidance to conduct simulation exercises is required.

Transition planning:

With the GPEI funding ramp-down and imminent cessation of GPEI funding in the post-eradication era, countries with significant polio funded infrastructure are developing transition plans. Five countries in the Region - Bangladesh, India, Indonesia, Myanmar and Nepal - have significant workforce, systems and processes dependent on polio funded assets. Polio infrastructure in these countries supports essential polio functions that must be maintained beyond certification. Polio infrastructure also supports non-polio programmes such as measles elimination, routine immunization, vaccine preventable diseases surveillance and new vaccine introduction, as well as programmes focused on diminishing the impact of neglected tropical diseases, emergencies and disasters. These five countries have developed transition plans which are in various stages of review by respective governments. The transition plans are focused on identifying mechanisms to transfer the capacity needed for these programmes to government (to the extent possible), identifying alternate sources of funding to sustain the polio infrastructure once GPEI funding stops and building the capacity of existing polio teams to support 'new public health programmes'. Leadership provided by national governments and funding by donors are both critical for the smooth implementation of the transition plans.

5. Conclusions, observations and general recommendations

Overall

Based on the reports received by NCCPEs and presentations made at the 11th RCCPE meeting, the RCCPE concluded that the WHO SEA Region has remained polio-free during the period of review. As such almost eight years have passed since the last WPV case was detected (January 2011). This is, on one hand, very commendable in terms of efforts undertaken by countries, but also bears the risk that complacency may increase and resources be moved to other health programmes.

While acknowledging various areas of progress in global polio eradication efforts, the RCCPE remained concerned about continued WPV1 transmission and the ongoing and new outbreaks of cVDPV, especially type 2.

The RCCPE was particularly concerned about the recent cVDPV1 outbreak in Papua New Guinea and its risks and possible implications for the Region, especially Papua Province of Indonesia. The RCCPE considered emergence of cVDPV or transmission of imported VDPV in areas of low coverage — of which many exist in countries in the Region — to be an equally important risk to the polio-free status of SEAR as imported WPV. Virus spread would be further facilitated by gaps in surveillance and inadequate outbreak preparedness.

The RCCPE noted the outlook of the GCC on global certification options and recommended that countries report data on their last WPV1 and WPV type 3 to NCCPEs.

Work of the NCCPEs

In this situation of continued risks the active role of NCCPEs becomes more important than ever, especially in view of the increasing relevance of detailed risk assessments which need to be included in NCCPE reports with deliberations on population immunity, surveillance, poliovirus facility containment, and outbreak preparedness and response.

Active oversight requires ensuring adequately updated terms of reference, diversity of relevant expertise in NCCPE members (where

possible) and regular meetings. These meetings should also involve representatives of the relevant national programme sectors, other national advisory bodies and key partners. WHO should provide guidance based on the latest GCC and GPEI oversight requirements which expand NCCPE responsibilities compared to pre-certification. NCCPE capacities should also allow for targeted participation in programme performance assessments. WHO participation in NCCPE meetings is encouraged to provide the latest updates relevant to polio eradication; this could, in smaller countries, also be used as an opportunity to support capacity building for public health physicians and selected clinicians.

The RCCPE recommended that NCCPEs meet at least three times per year: to review outcomes of the RCCPE meeting and develop an activity plan; to conduct a mid-term performance review; and to prepare the annual progress report.

The RCCPE noted the high quality of the annual progress reports and appreciated the efforts made by the NCCPEs to use a more analytical approach in answering the four key questions on immunization, surveillance, laboratory containment and outbreak response preparedness. The GCC recommendation on future electronic NCCPE reports was recognized.

Immunization

- The RCCPE commended the national programmes in the Region for their efforts to maintain their polio-free status for many years (sometimes decades) and initiatives being taken to improve OPV and IPV coverage.
- The RCCPE noted that four countries of the Region are providing intradermal IPV (Bangladesh, India, Nepal, and Sri Lanka).
- The RCCPE also noted that IPV supplies were restored to countries of the Region that had faced a stock-out in 2016-2017 due to the global shortfall of IPV.
- The RCCPE noted that some countries have already provided IPV to cohorts that had missed IPV due to stock-outs and that others are planning to carry out catch up immunization to reduce susceptibility to type 2 poliovirus resulting from IPV stock-outs. It should be noted that catch up vaccination has two

components; children/birth cohorts missed during the vaccine shortage, as well as children missed during routine immunization when vaccine is/was available.

- The RCCPE was concerned that the global supply of IPV is projected to remain limited in 2019 and not all catch up vaccination activities planned/required may be possible.
- The RCCPE recommended a joint analysis by national programmes/WHO on the scope of susceptibility for type 2 poliovirus in order to plan for efficient use of constrained IPV supplies. WHO should extend its regular sharing of global polio vaccine supply updates to the RCCPE and NCCPEs.

Surveillance

- The RCCPE noted that AFP surveillance continues to be conducted in all countries and is supplemented with ES in six countries (Bangladesh, India, Indonesia, Myanmar, Nepal, and Thailand).
- While the overall quality indicators remain good, surveillance performance issues have continued in several countries and are addressed in country specific recommendations.
- The RCCPE acknowledged that the polio laboratory network in the Region remains strong and was satisfied with its performance. The RCCPE, however, remained concerned about the situation of the national laboratory of the DPR Korea

Poliovirus facility/laboratory containment

The RCCPE commended the ongoing work in GAPIII implementation but concurred with the 2018 resolution by the WHO World Health Assembly that activities need to be accelerated; in terms of

- Submitting certificate of participation applications for designated polio essential facilities by respective national authorities for containment; this currently applies to India while Indonesia needs to provide additional information to the containment working group of the GCC on application submitted.
- Completing of poliovirus type 2 (PV2) inventories; with destruction of unneeded PV2 materials and applying the 'WHO Guidance to minimize risks for facilities collecting, handling or

storing materials potentially infectious for polioviruses'. The current time line for completion (April 2019) should be noted.

- Applying external quality assurance to PV2 surveys already completed.
- Reporting the status of PV2 inventories to the RCCPE by national poliovirus containment coordinators/national containment task forces through NCCPEs.
- Beginning inventories for WPV1 and WPV type 3 infectious materials.

Risk assessment

- The RCCPE took note of the GCC recommendations on risk assessment and requested all countries and the WHO Secretariat to give high priority to regular and detailed risk assessments.
- The RCCPE appreciated the work by WHO SEARO to update the regional risk assessment tool and include recommendations for subnational analysis. This work should be completed as soon as possible and applied at appropriate subnational levels. Based on feedback from national programmes and NCCPEs, the tool should be further refined and a description provided on the rationale for risk points, cut-offs, thresholds and weights.
- National programmes should flexibly extend risk assessment to implementation levels as feasible and appropriate while being mindful of additional work load for front line health service staff.
- Annual risk assessment exercises should be built into the programme reporting system. Outcomes as well as mitigation activities should be included in the 2019 NCCPE progress reports.
- WHO SEARO should facilitate risk assessment in border areas between countries (within the SEA Region and with neighboring WHO Regions).
- The RCCPE requested SEARO to conduct a comparison analysis of risk assessment outcomes presented by NCCPEs, the RCCPE and the updated draft Regional model.

Outbreak preparedness

- The RCCPE noted that, while countries have developed outbreak preparedness and response plans, a mechanism needs to be developed to assess the quality of these plans and their usefulness during real poliovirus events/outbreak situations.
- The RCCPE welcomed the development of a checklist that would be completed by NCCPEs as well as by WHO-SEARO and that would guide the assessment when national plans need to be updated by national programmes. This checklist would take into account the current WHO global standard operating procedures.
- While there needs to be some flexibility for countries in designing their preparedness plans as outbreaks may be addressed in different ways in different areas, minimum requirements and principles must be met as per global WHO standard operating procedures.
- Preparedness plans need to include – where applicable – how border areas are being dealt with and which coordination mechanisms are required with neighboring countries; this must also be included in simulation exercises.
- Polio outbreak preparedness should also take lessons from other disaster preparedness programmes into consideration and specify the types of collaboration which will occur in the context of the International Health Regulations (2005).
- Plans to address containment breaches need to be added to national preparedness plans. Further guidance is expected from the Strategic Advisory Group of Experts on Immunization in 2019 following review of the WHO draft protocol for preparedness for containment breaches.
- The RCCPE reminded countries that, per World Health Assembly resolution 71.16, they are urged to ensure that any confirmed event associated with a breach in a poliovirus facility containment is immediately reported to the National International Health Regulations Focal Point. The NCCPE should also be informed at the appropriate time and subject to confidentiality concerns.

- Risk assessment should guide development/updating of plans and be tested in different simulation exercises.
- The RCCPE noted that several countries have used individual approaches to conduct simulation exercises. The RCCPE supported development of minimum guidance to conduct these exercises using the polio outbreak simulation exercise (POSE) materials of the WHO European Regional Office and other available models. The RCCPE expected updates on enhancing outbreak preparedness quality (including simulation) at its 12th meeting in 2019.

6. Country specific conclusions and recommendations

Bangladesh

- The RCCPE commended the country's continued strong immunization and surveillance programmes which are supported by the WHO surveillance and immunization medical officers' network.
- The 2016 coverage evaluation survey suggested lower coverage rates than reported administrative coverage. In particular, there were issues in some urban areas/city corporations. With the national programme recognizing these challenges, a national/international Expanded Programme on Immunization and vaccine preventable disease surveillance review was conducted in August 2018 and the RCCPE would like, in the next NCCPE report, to have a status update on the implementation of recommendations relevant for maintaining polio-free status.
- Immunization should be strengthened in two main areas, these are
 - Continued focus on addressing coverage gaps in urban areas/city corporations, and

- Ensuring maximum catch up of children missed during IPV stock-out with two intradermal IPV doses and with coverage reported to the NCCPE.
- The RCCPE commended the Government of Bangladesh for providing routine immunization services to the refugees in Cox's Bazar and for conducting special SIAs. The Government of Bangladesh should apply these measures to future refugees also.
- The RCCPE commended the National Containment Task Force and NCCPE on having organized the PIM guidance workshop in December 2017 and recommended the following follow-ups:
 - Implementation of risk mitigation action points to be recorded and reported to NCCPE,
 - Documentation of destruction of PIM and measures taken as per PIM guidance.

Bhutan

- Following the change in position of the NCCPE chairperson, the membership should be updated and expanded as guided by the RCCPE in earlier meetings.
- The RCCPE supported plans for conducting risk assessment with focus on areas with pockets of low coverage, particularly those highlighted during recent measles outbreaks. This risk assessment may benefit from conducting a cross border analysis with neighboring state(s) in India, requiring coordination support by SEARO.
- The RCCPE encouraged a simulation exercise when Regional guidance has become available.
- To ensure surveillance quality, the RCCPE recommended timely shipment of stool samples from the field to Thimpu and onwards to the Regional Reference Laboratory.

India

- The RCCPE commended the national programme for innovative strategies to strengthen routine immunization and noted the continued high level of commitment to maintaining polio-free status, expressed by continued resolve to conduct polio SIAs.

- Efforts need to continue focusing on coverage gaps in high risk areas and populations, especially for IPV. While IPV coverage is increasing it is still not high enough, leaving many children susceptible to PV2.
- While overall surveillance remains adequate, the RCCPE noted that there are districts where surveillance needs to be strengthened. In particular, the programme should focus on areas where other indicators such as third dose OPV coverage and supplementary immunization activity performance are also subpar. In general, capacity building and ownership by government immunization/surveillance officers should be increased. The WHO surveillance medical officer network should be maintained for technical assistance and capacity building.
- Laboratory containment of polioviruses as per GAPIII should continue to be a priority and the certification process with the designated PEF be accelerated. While the national authority for containment (NAC) reports directly to the Containment Working Group of the GCC, the NCCPE should also be kept informed of developments.
 - Certificate of participation application for the PEF currently designated should be accelerated.
 - As additional PEF designations can be expected, clarity should be obtained from the NAC as to the status of Sabin IPV manufacturers and other potential developers in the pipeline that may be manipulating PV2 in the course of research and development.
- The RCCPE appreciated the early detection and comprehensive investigation of a Sabin 2 “contamination” of bOPV but was concerned as to the extent, cause and implications of the event. This PV2 contamination should be considered a containment breach thus requiring, as per the International Health Regulations (2005) that:
 - Once the PV2 contamination investigation report is prepared it should be shared with the RCCPE,

- The date/period of Sabin2/OPV2 occurrence in terms of potentially infectious materials should be changed and considered for survey updates to be conducted.

Indonesia

- The RCCPE concurred with the NCCPE conclusion which considered the country as high risk and shared concerns about continued coverage gaps in routine immunization, limited SIAs and very low IPV coverage. The risk is largest in high density islands (big population communities) with low population immunity. It is also considerable in the border areas with Papua New Guinea and areas identified by risk assessment. Hence, the RCCPE encouraged the programme to focus on these high-risk areas.
- The RCCPE concluded that risk is further aggravated by continued limited active surveillance and gaps in subnational AFP surveillance performance.
- The RCCPE was concerned that GAPIII implementation was delayed. While the NAC has been established and the certificate of participation application process for the designated PEF has started, the oversight mechanism for the PIM survey has yet to be decided. As such, Indonesia is the sole country in the Region where survey activities have not yet started.
- The RCCPE noted that risk mitigation strategies recommended for several years have not yet shown significant impact. Hence, different approaches have to be identified for lowering risk in order to move towards global certification.
- The RCCPE urged strengthening of immunization service delivery for both bOPV and IPV. This strengthening is particularly important in areas of sub optimal coverage and those identified based on risk assessment. High population areas should be prioritized. The RCCPE also urged that AFP surveillance be improved by combining active surveillance visits to priority areas with other monitoring activities and increasing the frequency of these visits. Programme strengthening activities should be supported by regular and frequent supervisory visits by central and provincial level staff.
- The RCCPE highlighted the fact that activities to strengthen immunization and surveillance performance are of particular urgency in border areas with Papua New Guinea and that

comprehensive risk mitigation measures must be implemented and coordinated with all key stakeholders.

- The RCCPE was encouraged by efforts to increase outbreak preparedness by conducting simulation exercises and requested updates on their outcomes.
- The RCCPE urged that facility containment of WPV type 2/VDPV type 2 and of Sabin 2/OPV2 infectious or potentially infectious materials should be prioritized and that the agency responsible for national oversight/implementation needs to be decided upon as soon as possible.
- The RCCPE supported the acceleration of the certification process of the designated PEF. While the NAC reports directly to the Containment Working Group, the NCCPE should also be kept informed of developments.

Maldives

- The RCCPE appreciated the continued high performance of the polio immunization programme. The RCCPE requested the results of the recent demographic health survey. Once available, in order to validate reported coverage.
- As some persistent issues with AFP surveillance continue (for example, the lack of human resource capacity for active surveillance, low stool specimen collection rates and delayed shipment to the Regional Reference Laboratory), the planned Expanded Programme on Immunization and vaccine preventable disease surveillance review - when taking place - should also aim to increase capacity for AFP surveillance.
- Risk assessment should be done once the WHO tool has been adapted for countries with small populations and the tool has been tested by simulation exercises under WHO guidance.

Myanmar

- The RCCPE commended the continued programme performance improvements resulting in increasing polio vaccine coverage and high quality AFP surveillance in most areas, including at subnational levels.

- The RCCPE encouraged the national programme to continue its approach of innovative strategies and collaborations to reach at risk populations for immunization service delivery of bOPV and IPV, especially in areas of sub optimal coverage. It will be important to reach as many children as possible who were missed during the IPV stock-out.
- The RCCPE also noted evidence of increasing outbreak preparedness through simulation exercises but remained concerned about the risks in Rakhine State in view of population movements. The RCCPE commented that these movements should be well accounted for. Reported coverage of the 2017 supplementary immunization activity was high but, in view of denominator challenges, these coverage figures may be considered with caution.
- The RCCPE commended the use of standard operating procedures for catch up immunization in populations being repatriated and considered systematic implementation of these standard operating procedures as critical.
- The RCCPE commended the efforts in poliovirus facility containment and recommended quality assessment to document the completion of implementing GAPIII requirements for PV2 infectious and potentially infectious materials.

Nepal

- The RCCPE was encouraged with the country decision and GPEI agreement to deliver an add-on bOPV dose to ~60% of the under-5 population at high risk in conjunction with the 2019 MR immunization campaign. The RCCPE recommended that high quality of the supplementary immunization activity should be ensured when this dose is delivered.
- The RCCPE commended the fact that surveillance quality has been maintained at good quality levels in a well-structured system.
- The RCCPE noted that IPV immunization has restarted and encouraged efforts aimed at high coverage in catch up immunization of children missed during the IPV stock-out.
- As Nepal is in governance transition and is reorganizing health and other services, efforts should be made to ensure the continued support of federal and provincial ministers for polio

eradication by orienting them on the status of global polio eradication and its requirements.

- The RCCPE noted that laboratory containment is still in progress and encouraged completion of survey activities before the current 2019 timeline.
- Risk assessment should focus on southern border areas with high population densities. With support from SEARO, the subnational risk situation in bordering districts of India should be taken into consideration. Results should be considered when updating the national outbreak preparedness plan (which should also take into account the new federal structure) and conducting simulation exercises.
- The RCCPE welcomed the plan for an Expanded Programme on Immunization and vaccine preventable disease surveillance review in 2019 and requested updates on the outcomes.

Sri Lanka

- The RCCPE commended the continued high performance of the polio immunization programme with regard to vaccination with both OPV and IPV. The recent serosurvey corroborated reported high vaccination coverage.
- The RCCPE concurred with the NCCPE conclusion that the country is at low risk of poliovirus transmission, but encouraged the programme to continue focusing on keeping subnational AFP surveillance performance at least at certification quality levels.
- The RCCPE commended the efforts in poliovirus facility containment and recommended quality assurance of the survey to document the completion of containment of PV2 infectious and potentially infectious materials, once achieved.

Thailand

- The RCCPE noted the continued strong performance of the immunization programme but also noted persistent gaps in AFP surveillance performance which need to be addressed as a priority.

- The RCCPE commended efforts to improve outbreak preparedness by conducting risk assessment (as risk of poliovirus transmission is not homogeneously low for the whole country), updating the national preparedness plan and conducting a table top polio outbreak preparedness exercise.
- The RCCPE noted the progress in GAPIII implementation for containing PV2 infectious and potentially infectious materials and encouraged completion of the requirements following PIM guidance. A workshop similar to that recently conducted in Bangladesh may be considered. Risk mitigation activities for facilities with PIM need to be monitored by the National Containment Task Force and reported to the NCCPE for inclusion in the next progress report.

Timor-Leste

- The RCCPE acknowledged the various initiatives being taken to increase access to immunization as well as the 2018 supplementary immunization activity (in conjunction with measles rubella vaccine National Immunization Day).
- The RCCPE noted the recently conducted coverage evaluation survey. The results of the coverage evaluation survey will be important in validating the significant increase in reported vaccination coverage in 2017 which resulted from using a different denominator from that used previously; the new denominator was based on the 2015 census. The RCCPE requested outcomes of the data quality audit to be included in next NCCPE report.
- The RCCPE noted the IPV coverage improvements but still encouraged reducing susceptibility to polio in the population by ensuring catch up of as many children who have not yet been reached as possible.
- The programme needs to further evaluate why there have been no AFP cases as yet reported in 2018.
- The RCCPE noted that PV2 laboratory containment has been completed.
- Risk assessment should be done once the WHO tool has been adapted for countries with small populations followed by simulation exercises under WHO guidance. With support from

SEARO, areas in the western border need to be assessed for risk taking into account the level of risk in Indonesia.

Annex 1

Agenda

- (1) Opening session
- (2) Global updates on polio eradication and implementation of the Endgame Strategic Plan 2013-2018
- (3) Global progress in type 2 poliovirus laboratory containment
- (4) Introduction to minimizing risks for facilities collecting, handling or storing materials potentially infectious for polioviruses
- (5) Update on global certification aspects
- (6) Updates by National Certification Committees for Polio Eradication on maintaining polio-free status
- (7) Regional summary on maintaining polio-free status in the WHO South-East Asia Region
- (8) Regional summary on implementation of 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 (GAPIII)
- (9) Conclusions and recommendations
- (10) Closing

Annex 2

List of Participants

SEA-RCCPE – Chairperson and Members

Dr Supamit Chunsuttiwat
Chairperson SEA-RCCPE
Advisor to Department Disease Control
Ministry of Public Health
Royal Thai Government
Bangkok, Thailand

Dr Suniti Acharya
Executive Director
Center for Health Policy Research and
Dialogue
Kathmandu, Nepal

Dr Mark Steven Oberste *
Branch Chief
Polio and Picornavirus Laboratory Branch
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 (Dr) Tariq Iqbal Bhutta *
Professor of Pediatrics and
Former Principal of Nishtar Medical College
Lahore, Pakistan

Dr Abraham Joseph
Director
The Christian Institute of Health Sciences &
Research
Vellore, Tamil Nadu, India

Professor (Dr) Ismoedijanto Moedjito
Professor, Pediatrics
Department of Child Health
Medical School Airlangga University
Surabaya, Indonesia

Professor (Dr) Mahmudur Rahman *
Former Director
Institute of Epidemiology, Disease Control and
Research & National Influenza Centre
Dhaka, Bangladesh

Dr Kyaw Nyunt Sein
Senior National Advisor
The Three Millennium Development Goals Fund
Fund Management Office, UNOPS
Yangon, Myanmar

Dr Kinzang P. Tshering
President
Khesar Gyalpo University of Medical Sciences of
Bhutan
Thimphu, Bhutan

Dr Nalini Withana
Former Virologist
WHO/SEARO
Kalubowila, Sri Lanka

NCCPE Chairpersons and Members

Professor Dr Mohammad Shahidullah
Chairperson NCCPE
Professor of Neonatology
President Bangladesh Pediatric Association and
BMDC
Bongobondhu Sheikh Mujib Medical University
Dhaka, Bangladesh

Mr Tshewang Dorji Tamang
NCCPE Representative
Deputy Chief Programme Officer
Communicable Disease Division
Department of Public Health
Ministry of Health
Thimphu, Bhutan

Professor N K Arora
Chairperson NCCPE

INCLIN Executive Office
New Delhi, India

Dr Hariadi Wibisono
Chairperson NCCPE
Jakarta, Indonesia

Dr Abdul Azeez Yoosuf
Chairperson NCCPE
Ministry of Health
Male', Republic of Maldives

Professor (Dr) Soe Lwin Nyein
Chairperson NCCPE
Director General, Department of
Public Health (Retd)
Ministry of Health and Sports
Naypyidaw, Myanmar

Dr Badri Raj Pande
Chairperson NCCPE
Kathmandu, Nepal

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

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

Dr Frenky Ramiro de Jesus
NCCPE Member, Timor-Leste
Hospital Nacional Guido Valadares
Rua Bidau Toko Baru
Dili, Timor Leste

Ministry of Health – Bhutan

Dr Karma Lhendup
Medical Officer
Samste Hospital
Royal Government of Bhutan
Ministry of Health
Thimphu, Bhutan

Ms Deki Choden
Health Assistant

Trashigang Hospital
Royal Government of Bhutan
Ministry of Health
Thimphu, Bhutan

Dr Yowaan Thapa
Medical Officer
Paro Hospital
Royal Government of Bhutan
Ministry of Health
Thimphu, Bhutan

Dr Bhim Nath Subady
Chief Medical Officer
Pema Gatshel Hospital
Royal Government of Bhutan
Ministry of Health
Thimphu, Bhutan

Mr Tashi Norbu
Dzongkhag Health Officer
Gasa Dzongkhag
Royal Government of Bhutan
Ministry of Health
Thimphu, Bhutan

Mr Ugen Dorji
Dzongkhag Health Officer
Luentse Dzongkhag
Royal Government of Bhutan
Ministry of Health
Thimphu, Bhutan

Dr Tapas Gurung
Medical Superintendent
Gelephu Hospital
Royal Government of Bhutan
Ministry of Health
Thimphu, Bhutan

Dr T B Rai
Medical Specialist
RBA Lungtenphu
Royal Government of Bhutan
Ministry of Health
Thimphu, Bhutan

Mrs Devi Maya Sewakoti
Health Assistant
Zhemgang Hospital
Royal Government of Bhutan
Ministry of Health
Thimphu, Bhutan

Mr Thupten Tshering
Pharmacist

JDWNR Hospital
Royal Government of Bhutan
Ministry of Health
Thimphu, Bhutan

Observer

Professor (Dr) David Salisbury
Chairperson
Global Certification Commission for Poliomyelitis
Eradication
Associate Fellow
Centre on Global Health Security
Royal Institute for International Affairs
London, United Kingdom

Dr Chandralal Mongar
Health and Nutrition Officer
UNICEF Country Office
Thimphu, Bhutan

WHO Country Office for Bhutan

Dr Rui Paulo de Jesus
WHO Representative
WHO Bhutan
Thimphu, Bhutan

Ms Rinzi Dorji
Executive Associate
(Administrative & Programme)
WHO Bhutan
Thimphu, Bhutan

Mr Kinga Namgyel
ICT Associate
WHO Bhutan
Thimphu, Bhutan

Ms Sonam Yangchen
National Professional Officer
WHO Bhutan
Thimphu, Bhutan

Mr Tashi Minjur
Office Assistant
WHO Bhutan
Thimphu, Bhutan

WHO HQ

Dr Graham Tallis
Coordinator
Detection and Interruption (WSI)
HQ/WSI/POL/DAI
Geneva, Switzerland

Dr Jacqueline Fournier-Caruana
Scientist
Research, Policy and Containment
(WSI)HQ/WSI/POL/RPC
Geneva, Switzerland

Donor/Partners

Dr Paul Rutter
Regional Health Adviser
UNICEF Regional Office for South-Asia
Kathmandu, Nepal

Dr Anna Llewellyn
Global Polio Containment Coordinator
United States for Disease Control and
Prevention
Atlanta, USA

WHO SEARO

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

Dr Sudhir Joshi
Technical Officer – Polio Endgame
Immunization and Vaccine Development
WHO-SEARO
New Delhi, India

Ms Poonam Sharma
Executive Assistant
Immunization and Vaccine Development
WHO-SEARO
New Delhi, India

* Could not attend