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WHO South-East Asia Region Polio-Free 27 March 2014

South-East Asia Regional Certification Commission for Polio Eradication (SEA-RCCPE)

Report of the Seventh Meeting, SEARO, New Delhi, 26-27 March 2014



**World Health
Organization**

Regional Office for South-East Asia

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South-East Asia Regional Certification Commission for Polio Eradication (SEA-RCCPE)

*Report of the Seventh Meeting
SEARO, New Delhi, 26–27 March 2014*

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Printed in India

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Acronyms

AFP	acute flaccid paralysis
bOPV	bivalent oral polio vaccine
cVDPV2	circulating vaccine-derived poliovirus type-2
EPI	Expanded Programme on Immunization
GCCPE	Global Commission for Certification of Polio Eradication
IPV	inactivated polio vaccine
mOPV	monovalent oral polio vaccine
NCCPE	National Certification Committee for Polio Eradication
NID	national immunization day
NPL	national polio laboratory
OPV	oral polio vaccine
RCCPE	Regional Certification Commission for Polio Eradication
SEA	South-East Asia
SEA-RCCPE	South-East Asia Regional Certification Commission for Polio Eradication
SIA	supplementary immunization activity
tOPV	trivalent oral polio vaccine
UNICEF	United Nations Children’s Fund
WHO	World Health Organization
WPV	wild poliovirus

1. Introduction

The South-East Asia (SEA) Region has remained polio-free for three years since the last case from India was reported on 13 January 2011. Polio-free status is assessed by the South-East Asia Regional Certification Commission for Polio-Eradication (SEA-RCCPE). No individual country is certified; rather, certification is done for an entire WHO Region once all the member countries of the Region meet the certification criteria. The principal certification criteria are as follows.

- (1) No country of the Region should have polio due to indigenous wild poliovirus (WPV) for at least three consecutive years.
- (2) All countries should have maintained certification standard acute flaccid paralysis (AFP) surveillance during the past three years.
- (3) Phase-1 laboratory containment activities should have been completed.

At the country level, the national certification committee for polio eradication (NCCPE) verifies national documentation on polio-free status and submits this to the SEA-RCCPE for review. The SEA-RCCPE reviews the documentation annually and provides observations and recommendations for any improvements in the quality of polio eradication activities.

The SEA-RCCPE was established in 1997 and reconstituted in 2008. It has 11 members who are independent experts drawn from various health disciplines from several countries in the Region and also from three other WHO regions (See Annex 1). Since its establishment, SEA-RCCPE has closely monitored the efforts of the Member States to eradicate polio and maintain high quality surveillance indicators. It has met every year to review the national documentation on polio eradication prepared by the national certification committees and provided guidance to them as well as conducted verification visits to countries. The intensity of the work for SEA-RCCPE as well as the national committees has been magnified in the past three years after India reported its last WPV case in January 2011.

During the sixth meeting of the SEA-RCCPE which took place on 25–27 November 2013 in Kathmandu, its members were presented with updated national documentation on the basis of which they determined that each of the 11 countries had made progress on polio eradication. Furthermore, SEA-RCCPE agreed that given the findings and trajectory demonstrated in November 2013, barring any surprises, the possibility of certifying the Region as polio-free was highly likely.

As part of the continual process of reviewing documentation towards polio certification, the seventh meeting of SEA-RCCPE was held on 26–27 March 2014 with the following objectives:

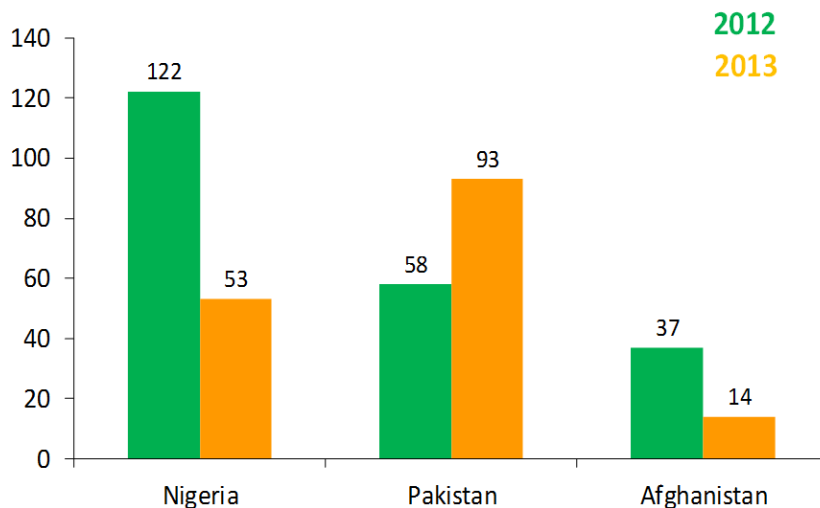
- (1) to review the updated national documentation and latest annual progress reports of polio eradication activities in the 11 countries of the Region;
- (2) to review the implementation status of the recommendations made at the sixth meeting of SEA-RCCPE; and
- (3) to finally resolve whether there was enough evidence to certify the South-East Asia Region as polio-free.

During the meeting, the NCCPE Chairpersons/Representatives presented their country updates and national reports. The SEA-RCCPE reviewed all the national documentation and reports of the NCCPEs with the intent of identifying any evidence or risk of poliovirus circulation in respective countries. Based on the evidence submitted by the national certification committees, SEA-RCCPE concluded on 27 March 2014 that WPV transmission had been interrupted in all 11 countries of the Region.

2. Global progress on polio eradication and Endgame Strategic Plan

Among the three remaining endemic countries, Pakistan showed an increase in case count in 2013 compared to 2012, while Afghanistan and Nigeria reflected progress with a reduced number of poliovirus cases in 2013 (Figure 1).

**Figure 1: WPV cases in endemic countries
2012–2013**



Source: WHO/HQ

In 2013, the major threat to the global polio eradication initiative was the international spread of the virus to countries which had previously interrupted transmission such as Cameroon, Equatorial Guinea, Ethiopia Iraq, Somalia, and Syria. It is encouraging to note that all polio cases of 2013 were type-1 WPV. The type-3 WPV was last reported in November 2012 from Nigeria. The last case of poliomyelitis due to type-2 WPV was reported from India in 1999.

The Polio Endgame Strategic Plan 2013–2018 highlights a number of trigger points and other pre-requisites for inactivated polio vaccine (IPV) introduction and trivalent oral polio vaccine-bivalent oral polio vaccine (tOPV-bOPV) switch that countries will need to consider in the post-certification era including:

- validation of persistent circulating vaccine-derived poliovirus type-2 (cVDPV2) elimination and WPV type-2 eradication;
- stockpile of monovalent oral polio vaccine (mOPV) and response capacity;
- surveillance and international notification of Sabin, Sabin-like and cVDPV2;

- licensed bOPV available in all OPV-using countries;
- affordable IPV option for all OPV-using countries; and
- containment phase II for cVDPV2 and WPV type2 and phase I for Sabin type-2.

3. Regional update

The South-East Asia Region has reported zero polio cases since January 2011. All other countries in the Region were able to stop the transmission of indigenous WPV by 2000. Bangladesh, Indonesia, Myanmar and Nepal experienced outbreaks following importations during 2005–2010 (Figure 2).

Figure 2: Last polio cases, SEAR

Country	Last cases of indigenous wild poliovirus	Number of cases caused by importation of poliovirus, in year
India	2011	
Bangladesh	2000	18 in 2006
Myanmar	2000	11 in 2006—2007
Nepal	2000	26 in 2005—2010
Thailand	1997	
DPR Korea	1996	
Indonesia	1995	351 in 2005—2006
Timor-Leste	1995	
Maldives	1994	
Sri Lanka	1993	
Bhutan	1986	

Data (WHO-SEARO) as of 24 Mar 2014

All countries in the South-East Asia Region established case-based acute flaccid paralysis (AFP) surveillance in 1997, with five of those countries having received WHO-supported personnel to strengthen their AFP surveillance systems. India has been the only country in the Region to conduct environmental surveillance and does so in six states (Bihar, Delhi, Gujarat, Maharashtra, Punjab, and West Bengal). The Region maintains 32 042 reporting sites for AFP surveillance. Key surveillance indicators in the Region from the past three years include:

- 95% (181 333) of all AFP cases are investigated within 48 hours of notification; and
- 87% (331 674) of all AFP stool specimens reach the polio laboratory network within 72 hours.

At present, the Regional Polio Laboratory Network which was formally established in 1993, consists of 16 participating national polio laboratories (NPL), among which there are two regional reference laboratories and one global specialized laboratory. All laboratories are annually accredited by WHO. The SEAR polio laboratory network handles over 120 000 specimens from more than 60 000 AFP cases annually. In addition, the primary results of 97% (370 882) of all AFP stool specimens were provided within 14 days by the polio laboratory network during 2011–2013.

Based on a risk assessment conducted at the regional level through a comprehensive analysis of the three core variables, susceptibility, surveillance and population/programme evaluation indicators, four countries, India, Indonesia, Myanmar and Timor-Leste, fall under the “high risk” category. Nepal and Thailand fall under the “medium” risk category (Figure 3). Countries are expected to conduct their own risk assessment regularly and also to plan and implement activities that will minimize the risk of polio outbreaks following importation.

Figure 3: Risk of polio transmission following importation

Countries	Susceptibility	Surveillance	Population/ programme evaluation	Risk
Bangladesh	0	0	5	Low
Bhutan	1	0	3	Low
DPR Korea	1	2	3	Low
India	6	0	7	High
Indonesia	10	0	6	High
Maldives	1	3	2	Low
Myanmar	8	2	6	High
Nepal	6	0	3	Med
Sri Lanka	1	2	2	Low
Thailand	1	4	3	Med
Timor-Leste	9	4	3	High

Risk Assigned: High (>4.0), Medium (2.0-4.0), Low (<2.0) Weight @ 50/30/20
Data (WHO-SEARO) as of 24 Mar 2014

4. National documentation

The SEA-RCCPE reviewers recognized that the national documentation was very comprehensive. The challenges and activities to overcome these were clearly mentioned in all the NCCPE reports and annual updates. SEA-RCCPE concluded that all the countries in the Region have met certification standard AFP surveillance quality indicators at the national level. However, challenges at the sub-national level remain. All the national reports were endorsed by the respective NCCPE chairpersons. All the NCCPE chairpersons stated that there was no evidence of WPV transmission in the countries for the past three years; the AFP surveillance system was capable enough to detect any circulation of WPV and national plans were in place in all the countries to respond appropriately in case of polio outbreaks following importation. Based on the national reports presented by the NCCPE chairpersons/representatives, the SEA-RCCPE did not find evidence of WPV transmission in any of the 11 countries from 2011 to 2013 and determined that WPV transmission had been interrupted.

5. Phase-1 laboratory containment

All the countries in the Region completed their phase-1 containment activities by 2013 through a comprehensive survey of all biomedical laboratories. All countries, except India and Timor-Leste, had completed their surveys and submitted national reports by 2006. In addition, Bangladesh, Indonesia, Myanmar and Nepal, conducted surveys again in 2013 in order to update their containment reports.

There are a total of 86 763 biomedical laboratories in the Region and of those, 4131 have the capacity to store materials at -20°C for extended periods. Among those, one laboratory, the Global Specialized Polio Laboratory in the Enterovirus Research Centre, Mumbai, is storing WPV-infected materials. Another 68 laboratories in seven countries are storing potentially infectious materials. The Democratic People's Republic of Korea, Nepal and Timor-Leste reported not storing any potentially infectious material (Figure 4).

Figure 4: SEAR Inventory, Phase-1 Laboratory containment

Country	# Laboratory in National List	# Laboratory having ≤ -20°C freezer	# Lab storing WPV infectious material	# Lab storing Potential infectious material
Bangladesh	7 046	67	-	8
Bhutan	47	2	-	2
DPRK	801	531	-	-
India	71 469	1 072	1	49
Indonesia	2 435	588	-	3
Maldives	104	16	-	2
Myanmar	941	374	-	1
Nepal	1 400	11	-	-
Sri Lanka	980	980	-	-
Thailand	1 464	483	-	3
Timor-Leste	76	7	-	-
Total	86 763	4 131	1	68

6. Conclusions and recommendations

At its seventh meeting, the SEA-RCCPE scrutinized the updated annual reports submitted by all countries, including NCCPE statements that summarized the evidence that their countries had been free from indigenous WPV transmission for the previous three years. Based on the evidence submitted by the national certification committees, SEA-RCCPE concluded on 27 March 2014 that WPV transmission had been interrupted in all 11 countries of the Region.

6.1 General recommendations

SEA-RCCPE made the following general recommendations:

- In view of the continued risk of virus importation from an infected area or country, the SEA-RCCPE and NCCPEs should remain active until global certification, in order to assist countries in the Region to remain polio-free and maintain preparedness for importations.
- SEA-RCCPE will continue to meet annually to review the updated annual reports from each NCCPE. Country updates will include surveillance and immunization data, as well as progress reports on containment. Countries should conduct exercises to test their outbreak preparedness plans.
- SEA-RCCPE will annually review the national and regional polio risk assessments for all countries of the Region, in order to highlight gaps in the levels of immunity and the quality of surveillance at the national and sub-national levels.
- SEA-RCCPE noted that it will be essential to maintain the competence and accreditation status of polio laboratories in the Region.
- All countries will need to implement additional containment activities for polioviruses, in the context of the new polio endgame and eventual cessation of oral polio vaccine. NCCPEs would need to oversee this process.
- The GCC will require evidence from all regional certification commissions that WPV type-2 transmission has been interrupted in all countries for more than ten years in order to eventually cease use of the type-2 oral polio vaccine as part of the Polio Endgame Strategic Plan 2013–2018.

6.2 Country-specific recommendations

SEA-RCCPE noted that the final pre-certification country reports reviewed at its seventh meeting were of excellent quality, clearly outlining both the remarkable achievements and remaining challenges. The national

documents of all 11 countries demonstrated clear evidence of polio-free status in at least the past three years, in the presence of certification standard surveillance systems. The reports had been thoroughly reviewed by the NCCPEs at the country level. All the NCCPEs declared that there was no WPV circulation in their respective countries in the past three years based on their review and the evidence presented by the national programmes. SEA-RCCPE supported the statement by the NCCPEs. The Commission made the following country-specific conclusions and recommendations:

Bangladesh

The national report clearly demonstrated sufficient evidence, which included the updated version of the outbreak response and preparedness plan and the report on phase-1 laboratory containment. SEA-RCCPE appreciated that the earlier recommendation made to conduct surveys of the laboratories again in the districts which experienced polio outbreaks following importation in 2006, had been completed. The NCCPE shared that there are eight laboratories in Bangladesh storing potentially infectious materials. The weekly zero-report is sub-optimal in major cities, such as the Dhaka City Corporation area, which is a cause of concern. The report also describes pockets of low immunization coverage in the country and SEA-RCCPE appreciates that NIDs are being conducted to improve the population immunity against polio.

SEA-RCCPE recommended that:

- The NCCPE should advocate with the national programme to urgently address the issue of improving immunization and surveillance in the major cities including Dhaka City Corporation.
- The executive summary of the annual update should include a brief summary of the containment report.

Bhutan

SEA-RCCPE congratulated the NCCPE for a high-quality report which included identified challenges. Reported immunization coverage has been sustained and the number of high-risk areas was reduced. The report

presents clear evidence of the quality of surveillance and immunization services. The containment report and outbreak response plans were also well done.

SEA-RCCPE recommended that the NCCPE:

- should continue to advocate with the national government to sustain high-quality immunization services and AFP surveillance; and
- advocate for re-establishing cross-border collaboration with India and neighbouring countries as a risk mitigation measure.

Democratic People's Republic of Korea

SEA-RCCPE appreciated that the Democratic People's Republic of Korea continued to sustain high immunization coverage and a good AFP surveillance system at all levels. There were data discrepancies between the national report and the NCCPE presentation.

SEA-RCCPE recommended that the NCCPE:

- should continue to advocate with the national government to sustain high quality immunization services and AFP surveillance; and
- rectify data discrepancies between the national report and NCCPE presentation.

India

The NCCPE report clearly reflected that the national programme had maintained India polio-free since the last WPV case occurred on 13 January 2011. SEA-RCCPE also commended India for completing the laboratory survey and inventory for Phase-1 of laboratory containment and appreciated the very informative report documenting the results of the Phase-1 activity, noting that only one laboratory in India, the Global Specialized Polio Laboratory at the Enterovirus Research Centre, Mumbai, retains WPV infectious material. However, 49 other laboratories are listed as storing potentially infectious materials.

SEA-RCCPE made the following recommendations that the NCCPE:

- should continue to advocate with the national programme to sustain India's polio-free status by maintaining very high-quality polio eradication efforts, including certification-standard AFP surveillance and immunization services, as well as other measures, such as those recently taken to minimize the risk of WPV importation.
- Together with the task force for laboratory containment should advocate with appropriate national and state authorities and with laboratories retaining potentially infectious materials to ensure that such materials are destroyed as soon as possible and provide a report on the outcome of these efforts to SEA-RCCPE at its next meeting.

Indonesia

Indonesia demonstrated a continued declining trend of the two important remaining risks: low routine immunization coverage of the third dose of oral polio vaccine and gaps in AFP surveillance quality in several provinces.

SEA-RCCPE expressed concern about this declining trend of programme performance in this very populous country. While no WPV has been reported since the large outbreak in 2005–2006, low-performing routine immunization programme in many areas may have allowed the accumulation of large numbers of susceptible children.

SEA-RCCPE recommended that the NCCPE:

- should advocate with the national programme to take urgent action to improve programme quality and population immunity everywhere in the country through strengthening routine and supplementary immunization and high quality AFP surveillance.

Maldives

SEA-RCCPE appreciated the national report, which captured challenges faced by the programme, such as the continued shortage of health manpower and financial resources. Although immunization coverage has

been high, there are problems in implementing AFP surveillance, especially in conducting active surveillance at major hospitals.

SEA-RCCPE recommended that the NCCPE:

- should continue advocating with the national government for establishing a sustainable active surveillance system in major hospitals, and streamlining the shipment of AFP stool specimens.

Myanmar

The report from Myanmar was impressive and highlighted the problems faced by the programme, including those in delivering services in areas with internally displaced persons and areas affected by conflict. The SEA-RCCPE noted that the national government has taken initiatives to fill existing vacancies in the health system; engage with international NGOs to support routine immunization in conflict areas; and improve cross-border coordination with all neighbouring countries.

However, the country still remains at medium to high risk of WPV spread following importation. SEA-RCCPE appreciates that the national task force for laboratory containment has successfully completed and submitted a report on the re-survey of laboratories.

SEA-RCCPE recommended that the NCCPE:

- should continue to advocate with the national government for further strengthening of immunization services and AFP surveillance in the high risk areas; and
- advocate for strengthening collaboration with all neighbouring countries towards improving surveillance and immunization coverage along border areas.

Nepal

There was clear evidence of good quality programme performance and adequate attention of the national government to maintain the country's polio-free status. Although reported routine immunization is high across the country, there are pockets of low immunization coverage. Supplementary

immunization activities (SIA) were conducted to keep up population immunity. SEA-RCCPE notes that the national programme has been conducting regular risk assessment and has taken measures for risk mitigation also.

SEA-RCCPE recommended that the NCCPE:

- should continue advocating with the national government for sustaining high quality immunization and AFP surveillance activity in the high risk areas.

Sri Lanka

SEA-RCCPE noted the detailed description of Sri Lanka's high-quality surveillance system and immunization services and overall health-care system contained in the report. Zero reporting of AFP cases has been strengthened by the introduction of telephonic reporting; however, the role of the private and informal health sectors in AFP surveillance needs to be further explored and strengthened. Performance of immunization in former conflict areas has been maintained well. It appreciated the capacity of the programme to maintain the motivation of health workers to engage in activities to maintain polio-free status even after the country has been polio-free for two decades.

SEA-RCCPE recommended that the NCCPE:

- should continue advocating with the national programme for strengthening zero reporting system and exploring the role of private and informal sectors in AFP surveillance.

Thailand

SEA-RCCPE has accepted the NCCPE conclusion that WPV transmission has been interrupted in the country, based on the prolonged period of time since wild virus detection in the presence of a national AFP rate that exceeds the target for certification ($>1/100\ 000$) and a high overall stool sample collection rate. That said, it expressed concern that in the context of regional certification, the AFP rate had not been elevated to $>2/100\ 000$ and, more importantly, that the adequate specimen rate remained in the range of 70–80%. These gaps in surveillance performance are compounded

by other data inconsistencies in the report. For example, data on routine OPV coverage was incomplete and lacked clarity and was not available for the district level. The report also showed that weekly zero reporting on AFP is below standard levels in terms of completeness and timeliness; this had been compensated for, however, by systematic large-scale active searches for AFP cases in major facilities and 'silent areas'. SEA-RCCPE noted that the large hospital survey conducted in 2013 did detect AFP cases in a number of hospitals that had not been reported through the routine system (though none were found to be polio-compatible). It also noted that the last meeting of the NCCPE was in January 2013.

SEA-RCCPE recommended that the NCCPE:

- together with WHO should communicate the concerns of SEA-RCCPE to the Minister of Health, with a strong recommendation that the above-mentioned gaps in surveillance performance and OPV data presentation be rectified by the next annual report due in 2015;
- advocate with the national government for quality and district-level availability of data at the national level, so that required analysis could be done for the programme performance; and
- urgently submit an amended report to include annual immunization coverage data.

Timor-Leste

SEA-RCCPE appreciated that the national documentation had been improved from the previous report, and included the laboratory containment report and the outbreak preparedness and response plan. However, immunization coverage and AFP surveillance remain a concern. So far, no cross-border collaboration activity has been conducted; however, it noted the likelihood of the national programme underestimating the risk of polio importation. Risk assessment by the WHO Secretariat showed that the country is at high risk of polio importation.

SEA-RCCPE recommended that the NCCPE:

- should advocate with the national government for urgent attention and action for improving population immunity and

AFP surveillance across the country including areas bordering Indonesia and reports to SEA-RCCPE at the next meeting.

7. Signing ceremony

The seventh meeting of the SEA-RCCPE culminated in a signing ceremony whereby Dr Supamit Chunsuttiwat, Chairperson, announced its decision on the polio-free status of the Region. Members of SEA-RCCPE, chairpersons and representatives of the national certification committees of the Member States and the ministers of health, along with representatives from the Expanded Programme on Immunization (EPI) programme, virologists of the SEAR polio laboratory network, representatives from the ministries of health, country representatives of UNICEF and WHO, representatives from the diplomatic missions in New Delhi, and heads of the global polio partners as well as representatives from donors and partners, attended the historic signing ceremony.



Dr Supamit Chunsuttiwat, the chairperson of the SEA-RCCPE, is handing over the polio-free certificate to Dr Poonam Khetrpal Singh, the Regional director of WHO South East Asia, on 27 March 2014

During the event, the SEA-RCCPE chairperson, Dr Poonam Khetrpal Singh, Regional Director of WHO South-East Asia Region, and invited speakers acknowledged the great contributions of the front-line workers, the leadership of the national governments, and the support from donors

and partners. The work of the national certification committees and SEA-RCCPE was also praiseworthy, given their role in guiding Member countries in their preparations for certification.

Finally, the Chairperson of SEA-RCCPE announced as follows: “Based on a thorough review of the national documentation on polio eradication provided by the national certification committees of the countries of this Region, this Commission concludes that WPV transmission has been interrupted in the WHO South-East Asia Region. It is therefore, my pleasure and honour to declare, on behalf of the South-East Asia Regional Certification Commission for Polio Eradication, that on this day, Thursday, 27 March 2014, the South-East Asia Region is free from WPV transmission.”

A certificate was signed by all the members of the SEA-RCCPE which is attached as Annex 3.

South-East Asia Regional Certification Commission for Polio Eradication (SEA-RCCPE)

The Regional Certification Commission, formerly known as the International Certification Commission for Polio Eradication (ICCPE), was established in 1997. In 2008, the WHO-SEA Regional Director reconstituted and renamed the group as the South-East Asia Regional Certification Commission for Polio Eradication (RCCPE), which was chaired by Professor Nazrul Islam. In October 2012, the current Commission membership was reconstituted for three years. Dr Supamit Chunsuttiwat was designated as the chairperson of the Commission at that time. The WHO South-East Asia Regional Office, the eleven national governments in the Region as well as the NCCPEs, partners and donors acknowledged the great contributions of all the past and present Commission members for polio eradication, which led to the polio-free certification of the South East Asia Region. The list of all the current Commission members is attached in Annex 1. All the former members of the Commission are listed in Annex 2.

Annex 1

Members of the SEA-RCCPE

Dr Supamit Chunsuttiwat
CHAIRPERSON-SEA-RCCPE
Member, Certification Commission for
African Region
Member, Certification Commission for
Eastern Mediterranean Region
Ministry of Public Health
Bangkok, Thailand

Dr Anthony Adams
MEMBER, SEA-RCCPE
Chair, Global Certification Commission
Chair, Certification Commission for Western
Pacific Region
New South Wales 2251, Australia

Dr Suniti Acharya
MEMBER, SEA-RCCPE
Executive Director, Centre for Health Policy
Research & Dialogue
Kathmandu, Nepal

Professor Tariq Iqbal Bhutta
MEMBER, SEA-RCCPE
Member, Certification Commission for
Eastern Mediterranean Region
Regional Director, College of Physicians and
Surgeons,
Lahore, Pakistan

Dr Abraham Joseph
MEMBER, SEA-RCCPE
Director, The Christian Institute of Health
Sciences and Research (CIHSR),
Nagaland, India

Professor. Ismoedijanto Moedjito
MEMBER, SEA-RCCPE
Department of Child Health, Medical School,
Airlangga University
Surabaya, Indonesia

Professor Mahmudur Rahman
MEMBER, SEA-RCCPE
Director, Institute of Epidemiology Disease
Control and Research (IEDCR)
& National Influenza Centre (NIC),
Dhaka, Bangladesh

Professor David Salisbury
MEMBER, SEA-RCCPE
Chair, Certification Commission for European
Region
Member, Global Certification Commission
Director (Immunization), Department of
Health,
London, United Kingdom

Dr Kyaw Nyunt Sein
MEMBER, SEA-RCCPE
Senior National Adviser, The Three
Millennium Development Goals Fund, Fund
Management Office, UNOPS,
Yangon, Myanmar

Dr Kinzang Tshering
MEMBER, SEA-RCCPE
Director, Jigme Dorji Wangchuck National
Referral Hospital,
Thimphu, Bhutan

Dr Nalini Withana
MEMBER, SEA-RCCPE
Virologist
Kalubowila, Sri Lanka

Annex 2

List of former chairpersons and members of the Regional Certification Commission

Dr N K Shah
Chairperson, Regional Commission
Kathmandu, Nepal

Dr Natth Bhamarapravati
Chairperson, Regional Commission
Professor of Pathology
Mahidol University
Bangkok, Thailand

Dr Md Nazrul Islam
Chairperson, Regional Commission
Professor of Virology
IPGM R
Dhaka, Bangladesh

Dr Hadi M. Abednego
CDC & EH
Ministry of Health
Jakarta, Indonesia

Dr Nick Ward
Stowford Meadow
Langtree, Torrington
United Kingdom

Dr N W Vidyasagara
Colombo, Sri Lanka

Mr J C Pant
Shraddha Kunj
Dehradun, UP
India

Dr Rabindra Nath Basu
Delhi, India

Dr Isao Arita
Kumamoto City,
Kumamoto, Japan

Dr A Ramalingeswara Rao
Chennai, India

Dr Stephen L Cochi
Centers for Disease Control & Prevention
Atlanta, USA

Dr David Salisbury
Principal Medical Officer
Department of Health
London, United Kingdom

Dr Brotowasisto
Jakarta, Indonesia

Annex 3

Certificate, Regional Polio-Free Certification

Certificate

**World Health Organization
South-East Asia Region**

REGIONAL COMMISSION FOR CERTIFICATION OF POLIOMYELITIS ERADICATION

The Commission concludes, from the evidence provided by the National Certification Committees of the 11 Member States, that the transmission of indigenous wild poliovirus has been interrupted in all countries of the Region. The Commission declares today, 27 March 2014, that the South-East Asia Region is poliomyelitis-free.

 Dr Suparnit Chunsuttiwat Chairperson	
 Dr Suniti Acharya	 Prof. Anthony Acams
 Prof. Tariq Iqbal Bhutta	 Dr Abraham Joseph
 Prof. Ismoedijanto Moedjito	 Prof. Mahmudur Rahman
 Prof. David Salisbury	 Dr Kyaw Nyunt Sein
 Dr Kinzang Tshering	 Dr Nalini Withana

New Delhi, 27 March 2014

Annex 4

Agenda

Opening session

Global updates on polio eradication and the end game strategic plan

Regional updates on polio eradication in SEAR

Review of the national documentation from countries

Review of the report on Phase -1 laboratory containment

SEA-RCCPE internal meeting

Conclusions and recommendations

Closing

Signing ceremony

Annex 5

List of participants

SEA-RCCPE Chairperson and Members

Chairperson, SEA-RCCPE

Dr Supamit Chunsuttiwat
Senior Medical Officer
Department of Disease Control
Ministry of Public Health
Bangkok, Thailand

Members, RCCPE

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

Professor Anthony Adams
Former Professor of Public Health
National Centre for Epidemiology and
Population Health
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With the last wild poliovirus case in the WHO South East Asia Region (SEAR) reported in January 2011, the 7th meeting of the South-East Asia Regional Commission for Certification of Polio Eradication (SEA-RCCPE) was held 26 to 27 March 2014 in Delhi, India to review the updated national documentation and latest annual progress reports of polio eradication activities in the 11 SEAR countries and to make a final determination on whether there was enough evidence to certify the SEAR as polio-free. This report summarizes the RCCPE deliberations and the final conclusion - based on the evidence submitted by the National Certification Committees - that wild poliovirus transmission had been interrupted in all 11 countries of the Region.



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