WHO assists Member States of the South-East Asia Region to periodically review their surveillance systems and national immunization programmes. These reviews provide an insight into the strengths and limitations of the programme. Additionally, WHO encourages countries to identify strategies to harness the strengths and utilize available resources to improve the quality of surveillance and immunization. In June 2013, national and international experts reviewed the Expanded Programme on Immunization (EPI) and Vaccine Preventable Diseases (VPD) surveillance in Indonesia.

This report summarizes the progress made in vaccine preventable disease surveillance, immunization service delivery and coverage, injection safety, vaccine and cold chain management, and community participation, advocacy and communication. It also provides recommendations for the consideration of the Government of Indonesia and development partners in their efforts to achieve the national goals for immunization.
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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### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AFP</td>
<td>acute flaccid paralysis</td>
</tr>
<tr>
<td>bOPV</td>
<td>bivalent oral polio vaccine</td>
</tr>
<tr>
<td>cVDPV2</td>
<td>circulating vaccine-derived poliovirus type-2</td>
</tr>
<tr>
<td>EPI</td>
<td>Expanded Programme on Immunization</td>
</tr>
<tr>
<td>GCCPE</td>
<td>Global Commission for Certification of Polio Eradication</td>
</tr>
<tr>
<td>IPV</td>
<td>inactivated poliovirus vaccine</td>
</tr>
<tr>
<td>mOPV</td>
<td>monovalent oral polio vaccine</td>
</tr>
<tr>
<td>NCCPE</td>
<td>National Certification Committee for Polio Eradication</td>
</tr>
<tr>
<td>NID</td>
<td>national immunization day</td>
</tr>
<tr>
<td>NPL</td>
<td>national polio laboratory</td>
</tr>
<tr>
<td>OPV</td>
<td>oral polio vaccine</td>
</tr>
<tr>
<td>RCCPCE</td>
<td>Regional Certification Commission for Polio Eradication</td>
</tr>
<tr>
<td>SEA</td>
<td>South-East Asia</td>
</tr>
<tr>
<td>SEA-RCCPCE</td>
<td>South-East Asia Regional Certification Commission for Polio Eradication</td>
</tr>
<tr>
<td>SIA</td>
<td>supplementary immunization activity</td>
</tr>
<tr>
<td>tOPV</td>
<td>trivalent oral polio vaccine</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WPV</td>
<td>wild poliovirus</td>
</tr>
</tbody>
</table>
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 has 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).
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 poliovirus 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;
Report of the Seventh Meeting

- 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

<table>
<thead>
<tr>
<th>Country</th>
<th>Last cases of indigenous wild poliovirus</th>
<th>Number of cases caused by importation of poliovirus, in year</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>2011</td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2000</td>
<td>18 in 2006</td>
</tr>
<tr>
<td>Nepal</td>
<td>2000</td>
<td>26 in 2005—2010</td>
</tr>
<tr>
<td>Thailand</td>
<td>1997</td>
<td></td>
</tr>
<tr>
<td>DPR Korea</td>
<td>1996</td>
<td></td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>1995</td>
<td></td>
</tr>
<tr>
<td>Maldives</td>
<td>1994</td>
<td></td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>1993</td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td>1986</td>
<td></td>
</tr>
</tbody>
</table>

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 such as 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**

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

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).
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 governments 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 in 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 Khetrapal Singh, the Regional director of WHO South East Asia, on 27 March 2014

During the event, the SEA-RCCPE chairperson, Dr Poonam Khetrapal 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
Shradhha 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 polio-myelitis-free.

Dr Suparnit Chunsuttiwat
Chairperson

Dr Suniti Acharya
Prof. Tariq Iqbal Bhutta
Prof. Ismedijanto Moedjito
Prof. David Salisbury
Dr Kinzang Tshering

Prof. Anthony Acams
Dr Abraham Joseph
Prof. Mahmudur Rahman
Dr Nyaw Nyunt Sein
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
Australian National University
NSW, Australia

Professor Tariq Iqbal Bhutta
Professor of Paediatrics and
Former Principal of Nishtar Medical College
Lahore, Pakistan

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

Professor Ismoedijanto Moedjito
Professor-Pediatrics
Department of Child Health
Medical School Airlangga University
Surabaya, Indonesia

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

Professor David Salisbury
Director of Immunization
Department of Health
Richmond House, Whitehall
London, United Kingdom

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

Dr Kinzang Tshering
Interim President (Paediatrician)
Jigme Dorji National Referral Hospital
University of Medical Sciences of Bhutan
Thimphu, Bhutan

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

Former NCCPE Chairpersons and Members

Professor M R Khan
Chairperson NCCPE
Bangladesh

Dr Tandin Dorji
Chairperson NCCPE
Bhutan

Dr Sok Yong Guk
Vice Director
Department of External Affairs
Ministry of Public Health
Democratic People’s Republic of Korea

Dr Kim Hyon
Official (Interpreter)
Ministry of Public Health
Democratic People’s Republic of Korea
Report of the Seventh Meeting

Shri P K Umashankar
Chairperson, NCCPE
India

Professor NK Arora
Member, NCCPE
India

Dr Jagadish Deshpande
Laboratory Task Force
India

Professor Rusdi Ismail
Ag. Chairperson, NCCPE
Indonesia

Dr Abdul Azeez Yoosuf
Chairperson, NCCPE
Maldives

Dr Soe Lwin Nyein (Mr)
Member, NCCPE
Myanmar

Dr Badri Raj Pande
Chairperson, NCCPE
Nepal

Professor Priyani E Soyasa
Chairperson, NCCPE
Sri Lanka

Dr Sujarti Jatasen
Chairperson, NCCPE
Thailand

Dr Virna M.G.R. Martins
Chairperson, NCCPE
Timor-Leste

Ministry of Health

Mr Padejsak Chobtum
Public Health Technical Officer
Bureau of General Communicable Diseases,
Department of Disease Control
Ministry of Public Health
Thailand

US CDC

Dr Rebecca Martin
Director
Global Immunization Division

Centers for Disease Control
USA

Dr Robb Linkins
Branch Chief
Global Immunization Division
Centers for Disease Control
USA

Special Invitees

Sir Liam Donaldson
Chairperson
Independent Monitoring Board
Global Polio Eradication Initiative
London, United Kingdom

Dr Paul David Rutter
Head of Secretariat
Independent Monitoring Board
Global Polio Eradication Initiative
London, United Kingdom

WHO-HQ

Dr Bruce Aylward
Assistant Director-General (Polio)
Emergencies and Country Collaboration
Geneva, Switzerland

Dr Rudi Tangermann
Coordinator
Programme Monitoring and Operations Unit
Department of Polio Operations and Research
Geneva, Switzerland

National Polio Surveillance Project (NPSP)-
India

Dr Sunil Bahl
Deputy Project Manager
New Delhi, India

Dr Sudhir Joshi
Medical Officer-Polio Certification
New Delhi, India

WHO-SEARO

Dr Poonam Khetrapal Singh
Regional Director
South-East Asia Regional Office, WHO
New Delhi, India
Dr Sangay Thinley
Director
Department of Family Health and Research
New Delhi, India

Dr Arun Thapa
Coordinator
Immunization & Vaccine Development

Dr Zainul Abedin Khan
Medical Officer
Immunization & Vaccine Development

Ms Virginia Swezy
Technical Officer
Immunization & Vaccine Development

Ms Sirima Pattamadilok
Scientist
Immunization & Vaccine Development

Mr Prasanna Yergolkar
Virologist
Immunization & Vaccine Development

WHO-WPRO

Dr Sigrun Roesel
Medical Officer
Expanded Programme on Immunization
WHO Country Office
Manila, Philippines
Annex 6

List of participants of the signing ceremony

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

Members, SEA-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
Australian National University,
NSW, Australia

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Director
Institute of Epidemiology, Disease Control and Research (IEDCR) & National Influenza Centre (NIC),
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Director of Immunization
Department of Health
Richmond House, Whitehall
London, United Kingdom

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Senior National Advisor
The Three Millennium Development Goals Fund
Fund Management Office, UNOPS
Yangon, Myanmar

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Interim President (Paediatrician)
Jigme Dorji National Referral Hospital
University of Medical Sciences of Bhutan
Thimphu, Bhutan

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

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Chairperson, NCCPE
Bangladesh

Dr Tandin Dorji
Chairperson, NCCPE
Bhutan

Dr Sok Yong Guk
Vice Director
Department of External Affairs
Ministry of Public Health
Democratic People’s Republic of Korea

Dr Kim Hyon
Official (Interpreter)
Ministry of Public Health
Democratic People’s Republic of Korea
Shri P.K. Umashankar  
Chairperson, NCCPE  
India

Professor N K Arora  
Member, NCCPE  
India

Dr Jagadish Deshpande  
Laboratory Task Force  
India

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Ag. Chairperson, NCCPE  
Indonesia

Dr Abdul Azeez Yoosuf  
Chairperson, NCCPE  
Maldives

Dr Soe Lwin Nyein  
Member, NCCPE  
Myanmar

Dr Badri Raj Pande  
Chairperson, NCCPE  
Nepal

Professor Priyani E Soyasa  
Chairperson, NCCPE  
Sri Lanka

Dr Sujarti Jatanasen  
Chairperson, NCCPE  
Thailand

Dr Virna M.G.R. Martins  
Chairperson, NCCPE  
Timor-Leste

H.E. Mr Ghulam Nabi Azad  
Minister of Health and Family Welfare  
Ministry of Health and Family Welfare  
India

Dr H M Subuh  
Secretary of Directorate General Disease Control and Env. Health  
Ministry of Health  
Indonesia

H.E. Dr Mariyam Shakeela  
Minister of Health and Gender  
Maldives

H.E. Professor Pe Thet Khin  
Union Minister of Health  
Ministry of Health  
Myanmar

H.E. Mr Khaga Raj Adhikari  
Minister of Health and Population  
Ministry of Health and Population  
Nepal

H.E. Mr Lalith Dissanayake  
Deputy Minister of Health  
Ministry of Health  
Sri Lanka

Dr Amnuay Gajeena  
Deputy Permanent Secretary,  
Ministry of Public Health  
Thailand

H.E. Mrs Natalia de Araujo  
Vice Minister of Health for Ethics and Service Delivery  
Ministry of Health  
Timor-Leste

**Bangladesh**

Dr Syed Abu Zafar Md. Musa  
Director (Primary Health Care), DGHS  
Ministry of Health

Dr Shafiqur Rahman  
Deputy Director and Program Manager  
EPI and Surveillance, DGHS  
Ministry of Health
Report of the Seventh Meeting

Dr Khondoker Mahbuba Jamil
Virologist, Polio and Measles Laboratory,
Institute of Public Health
Dhaka

Bhutan
Dr Karma Lhazeen
Chief Programme Officer
Ministry of Health

India
Dr. Jagdish Prasad D.G.H.S
Director of Health Services
Ministry of Health and Family Welfare

Shri Lov Verma
Secretary
Department of Family Welfare
Ministry of Health and Family Welfare

Dr Rakesh Kumar
Joint Secretary
Department of Family Welfare
Ministry of Health and Family Welfare

Smt Anuradha Gupta
Additional Secretary & Mission Director,
National Health Mission
Ministry of Health and Family Welfare

Dr Amal Pusp
Director (IH)
Ministry of Health and Family Welfare

Dr Ajay Khera
Dy. Commissioner (CH & I)
Ministry of Health and Family Welfare

Dr Pradeep Haldar
Dy. Commissioner (Imm.)
Ministry of Health and Family Welfare

Dr M K Aggarwal
Dy. Commissioner (UIP)
Ministry of Health and Family Welfare

Dr R P Meena
Director (RCH),
Ministry of Health and Family Welfare

Dr Navin I Shah
B.J. Medical College
Ahmedabad

Dr C.G. Raut
Officer-in-charge
National Institute of Virology
Bangalore

Mr Sandeep Chakravarty
Deputy Assistant Director & Officer-in-charge,
National Polio Laboratory
CRI, Kasauli

Dr Gautam Sengupta
Director,
National Polio Laboratory
Kolkata

Dr T N Dhole
Head of Department of Microbiology,
Sanjay Gandhi PGI
Lucknow

Dr Shashi Khare
Addl. Director and Head of Department,
Microbiology
National Centre for Disease Control New Delhi

Indonesia
Dr Yuliandi
Chief of Section
Immunization Sub-Directorate
Ministry of Health

Dr Dyah Widhiastuti
Head of National Polio Laboratory
PT. Biopharma,
Bandung

Dr Vivi Setiawaty
Manager for Virology Laboratory, Centre for Biomedical and Basic Health Technologies,
Ministry of Health
Jakarta

Dr Eveline Irawan
Head of Clinical Laboratory Section
Public Health Laboratory
Surabaya
<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Position and Organization</th>
</tr>
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<tbody>
<tr>
<td>Maldives</td>
<td>Ms Geela Ali</td>
<td>Permanent Secretary, Ministry of Health and Gender</td>
</tr>
<tr>
<td></td>
<td>Ms Aishath Thimna Latheef</td>
<td>Public Health Programme Manager Health Protection Agency, Ministry of Health and Gender</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Dr Htay Htay Tin</td>
<td>Director, Laboratory Service, National Polio Laboratory, Yangon</td>
</tr>
<tr>
<td>Nepal</td>
<td>Dr Senendra Raj Upreti</td>
<td>Director, Child Health Division, Department of Health Services, Ministry of Health and Population</td>
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<td>Sri Lanka</td>
<td>Dr Paba Palihawadane</td>
<td>Chief Epidemiologist, Epidemiological Unit, Ministry of Health, Colombo</td>
</tr>
<tr>
<td></td>
<td>Dr Sunethra Gunasena</td>
<td>Consultant Medical Virologist, Polio Regional Reference Laboratory, MRI, Colombo</td>
</tr>
<tr>
<td>Thailand</td>
<td>Mr Padejsak Chobtum</td>
<td>Public Health Technical Officer, Bureau of General Communicable Diseases, Department of Disease Control, Ministry of Public Health, Nonthaburi</td>
</tr>
<tr>
<td></td>
<td>Mr Ratigorn Guntapong</td>
<td>Medical Scientist, Polio Regional Reference Laboratory, NIH, Bangkok</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>Mr Caetano Gusmao</td>
<td>National EPI Programme Manager, Ministry of Health, Dili</td>
</tr>
<tr>
<td></td>
<td>Dr Chris Elias</td>
<td>President, Global Development Programme, Bill and Melinda Gates Foundation</td>
</tr>
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<td></td>
<td>Dr Jay Wenger</td>
<td>Director, Polio Eradication Programme, Bill and Melinda Gates Foundation</td>
</tr>
<tr>
<td>Rotary International</td>
<td>Dr Robert Scott</td>
<td>Chairman, International Polio Plus Committee, Rotary International</td>
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<td>Ms Carol Pandak</td>
<td>Director, Polio Plus, Rotary International</td>
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<td></td>
<td>Mr John Osterlund</td>
<td>General Manager and Chief Development Officer, The Rotary Foundation</td>
</tr>
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<td>Mr D K Lee</td>
<td>Chairman, The Rotary Foundation</td>
</tr>
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<td></td>
<td>Mr K R Ravindran</td>
<td>2015-2016 President, Rotary International</td>
</tr>
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<td>Mr John Germ</td>
<td>PRIVP, Vice Chair, International Polio Plus Committee, Rotary International</td>
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<td></td>
<td>Mr Thomas McVey</td>
<td>Digital Communication Specialist, Rotary International</td>
</tr>
<tr>
<td></td>
<td>Mr Rajendra Saboo</td>
<td>Past President &amp; Advisor, Rotary International</td>
</tr>
<tr>
<td></td>
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<td>International Polio Plus Committee</td>
</tr>
</tbody>
</table>
Report of the Seventh Meeting

Mr Kalyan Mohan Banerjee
Past President
Rotary International

Mr Deepak Kapur
Past President
Rotary International

Mr P T Prabhakar
Director
Rotary International

Mr Sudarshan Agarwal
Advisor, Polio Plus Committee of Rotary International for India

Mr Manjit Sawhney
Chairman
SEA PolioPlus Committee Rotary International

Mr Sushil Gupta
Chairman and Managing Director
Asian Hotels (West) Limited
Rotary International

Mr Lokesh Gupta
Manager, Rotary International India National Polio Plus Committee

UNICEF

Mr Peter Crowley
Polio Team Lead
UNICEF
New York

Ms Karin Hulshof
Regional Director
UNICEF Regional Office for South Asia
Kathmandu

Mr Rod Curtis
Regional Polio Coordinator
UNICEF Regional Office for South Asia
Kathmandu

Mr Basil Rodrigues
Regional Health Adviser,
UNICEF East Asia and Pacific Regional Office

Dr Hendrikus Raaijmakers
Chief of Health
UNICEF Country Office
Kathmandu, Nepal

Mr Louis Georges Arsenault
The Representative
UNICEF Country Office
New Delhi, India

Mr David McLoughlin
The Representative
UNICEF Country Office
New Delhi, India

Ms Nicole Deutsch
Chief of Polio
UNICEF Country Office
New Delhi, India

Dr Anisur Siddique
Programme Manager, Polio
UNICEF, Country Office
New Delhi, India

Ms Shamila Sharma
Communication Specialist Polio
UNICEF, Country Office,
New Delhi, India

Ms Hanaa Singer
The Representative
UNICEF Country Office
Kathmandu, Nepal

US-CDC

Dr Tom Frieden
Director
Centers for Disease Control and Prevention,
Atlanta, USA

Dr Rebecca Martin
Director
Global Immunization Division,
Centers for Disease Control and Prevention,
Atlanta, USA

Dr Robb Linkins
Branch Chief
Global Immunization Division
Centers for Disease Control and Prevention,
Atlanta, USA

Dr Stephen Cochi
Global Immunization Division
Centers for Disease Control and Prevention,
Atlanta, USA
Dr Olen Kew
National Center for Influenza and Respiratory Diseases
Centers for Disease Control and Prevention,
Atlanta, USA

Dr Mark Pallansch
National Center for Influenza and Respiratory Diseases
Centers for Disease Control and Prevention,
Atlanta, USA

Development agencies

Mr Nel Druce
Senior Health Adviser
Development Partnerships Hub,
Department for International Development,
India

Dr Ranjana Kumar
Interim Director Country Support
GAVI Alliance

Ms Sachiko Imoto
Senior Representative
JICA India Office

Mr Peter Hilliges
Director, KfW India Office

Ms Bharti Tripathi
Polio Project Lead
KfW India Office

Mr Robert Clay
Deputy Assistant Administrator for Global Health
United States Agency for International Development

Ms Ellyn Ogden
Global Polio Eradication Coordinator United States Agency for International Development

Dr Ramesh Govindaraj
Lead Health Specialist
World Bank

Embassies/Diplomatic missions

Mr M J H Jabeed
Counsellor
Bangladesh High Commission
New Delhi, India

H.E. Maj Gen Vetsop Namgyel
Ambassador Extraordinary and Plenipotentiary,
Royal Bhutanese Embassy
New Delhi, India

Ms Johanne Forest
Counsellor and Head of Political and Economic Affairs
Canadian High Commission,
New Delhi, India

Mr. Hwang Jong Ho
Charge d’Affaires,
Embassy of the Democratic People’s Republic of Korea
New Delhi, India

Mr Pavel Svitel
Deputy Head, Delegation of the European Union, India

Mr Heiko Warnken
Counsellor and Head of Economic Cooperation and Development
Embassy of the Federal Republic of Germany,
New Delhi, India

Mr Edy Wardoyo
Counsellor
Embassy of Indonesia
New Delhi, India

H.E. Mr Takeshi Yagi
Ambassador
Embassy of Japan
New Delhi, India

Mr Yasuhiro Sensho
First Secretary
Economics Section
Embassy of Japan
New Delhi, India

H.E. Mr Naseer Mohamed
High Commissioner-Designate
High Commission of Maldives
New Delhi, India
Report of the Seventh Meeting

Ms Unni Silkoset
Counsellor-Health
Royal Norwegian Embass
New Delhi, India

Dr Ashfaq Ahmed Bhat
Advisor, Royal Norwegian Embassy New
Delhi, India

Ms Manorie Mallikaratchy
Minister Counsellor
High Commission for the Democratic Socialist
Republic of Sri Lanka,
New Delhi, India

Mr Soonthorn Chaiyindeeum
Deputy Head of Mission
Royal Thai Embassy
New Delhi, India

Ms. Potcham Saengthien
First Secretary
Royal Thai Embassy
New Delhi, India

Dr Himangi Bhardwaj
Senior Health Advisor
British High Commission
New Delhi, India

H.E. Ms Nancy J Powell
Ambassador Extraordinary and Plenipotentiary
Embassy of the United States of America
New Delhi, India

Special invitees

Dr Brent Burkholder
Retired WHO Regional Adviser
IVD SEARO

Sir Liam Donaldson
Chairperson
Independent Monitoring Board
Global Polio Eradication Initiative
United Kingdom

Dr Paul Rutter
Head of Secretariat
Independent Monitoring Board
Global Polio Eradication Initiative
United Kingdom

Dr Sobhan Sarkar
Former National Technical Adviser (Polio)
WHO & Deputy Commissioner (Child Health)

Professor Lalitha Mendis
Chairperson
SEARO Immunization Technical Advisory
Group (ITAG)
Emeritus Professor
University of Colombo, Sri Lanka

Dr Romaine Rutnam
Spouse of Professor Anthony Adams
(SEA-RCCPE), Australia

WHO country offices

Dr Thushara Eraj Indranath Fernando
WHO Representative for
Bangladesh

Dr Frank H Paulin
Ag. WHO Representative for
Bhutan

Dr Stephan P Jost
WHO Representative for
DPR Korea

Dr Nata Menabde
WHO Representative for
India

Dr Khanchit Limpakarnjanarat
WHO Representative for
Indonesia

Dr Akjemal Magtymova
WHO Representative for
Maldives

Dr Lin Aung
WHO Representative for
Nepal

Dr Firdosi Rustom Mehta
WHO Representative for
Sri Lanka

Dr Yonas Tegegn
WHO Representative for
Thailand
WHO Country Staff

Dr Jayantha Liyanage
Medical Officer
WCO Bangladesh

Dr Zobaidul Haque Khan
Medical Officer
WCO DPR Korea

Dr Sunil Bahl
Deputy Project Manager,
National Polio Surveillance Project
WCO India

Dr Sudhir Joshi
Medical officer – Polio Certification, National Polio Surveillance Project
WCO India

Mr Pradeep Diwan
Administrative Officer
WCO India

Dr Pankaj Bhatnagar
NPO-Immunization
National Polio Surveillance Project
WCO India

Dr Balwinder Singh
Technical Officer, NPO,
WCO India

Dr Mandeep Rathee
National Team Leader-Surveillance
National Polio Surveillance Project
WCO India

Dr Mohammad Ahmad
National Research Team Leader National Polio Surveillance Project
WCO India

Mr Raman Sethi
National Data Team Leader
National Polio Surveillance Project
WCO India

Dr Dipankar Mukherjee
Regional Team Leader (East)
National Polio Surveillance Project
WCO India

Dr Ravindra Banpel
Regional Team Leader (West)
National Polio Surveillance Project
WCO India

Dr Surendra Kumar Pathyarch
Regional Team Leader – UP Region National Polio Surveillance Project
WCO India

Dr Debashish Roy
Regional Team Leader – South East National Polio Surveillance Project
WCO India

Dr Prashanta Kumar Roy
Regional Team Leader – North National Polio Surveillance Project
WCO India

Dr Madhup Bajpai
Regional Team Leader – Bihar National Polio Surveillance Project
WCO India

Dr Vinod Bura
Medical Officer
WCO Myanmar

Dr Rajendra Bohara
National Coordinator, EPI
WCO Nepal

Ms Aree Moungsookjareoun
Border and Migrant Health Officer
WCO Thailand

Mr Herminio Lelan
Medical Officer
WCO Timor-Leste

WHO/HQ

Dr Bruce Aylward
ADG Polio
Emergencies and Country Collaboration,
Geneva, Switzerland

Dr Hamid Syed Jafari
Director
HQ/POL Polio Operations and Research
Geneva, Switzerland
### Report of the Seventh Meeting

**Dr Ousmane Diop**  
Scientist, HQ/SMI  
Surveillance, Monitoring and Information  
Geneva, Switzerland

**Dr Rudolf Tangermann**  
Coordinator  
Programme Monitoring and Operations Unit  
Department of Polio Operations and Research  
Geneva, Switzerland

**Ms Sona Bari**  
Senior Communication Officer  
Global Polio Eradication Initiative Switzerland, Geneva

**WHO Other Regions**

**Dr Jon Kim Andrus**  
Deputy Director  
WHO Regional Office for the Americas

**Mr Abdoulie Dodou Jack**  
Member of Africa Regional Certification Commission, Gambia

**Dr Humayun Asghar**  
Regional Adviser  
WHO Regional Office for the Eastern Mediterranean

**Mr Christopher Patrick Maher**  
Manager, Polio Eradication & Emergency Support, Amman  
WHO Regional Office for the Eastern Mediterranean

**Dr Dina Pfeifer**  
Programme Manager/Vaccine Preventable Diseases and Immunization  
WHO Regional Office for Europe

**SEARO**

**Dr Poonam Khetrapal Singh**  
Regional Director (RD)  
South East Asia Region

**Dr Pem Namgyal**  
Executive Officer, RD Office

**Dr Akinori Kama**  
Technical Officer  
Administrative Support to RD

**Dr Rajesh Bhatia**  
Director  
Department of Communicable Diseases

**Mr John Matthew Kennedy**  
Director  
Administration and Finance

**Professor Quazi Monirul Islam**  
Director,  
Department of Health Systems Development

**Dr Sangay Thinley**  
Director, Family Health and Research

**Dr Gyanendra Gongal**  
Scientist, Disease Surveillance and Epidemiology

**Dr Leonard Ortega**  
Scientist, Malaria Control

**Dr Rui Paulo de Jesus**  
Regional Adviser, Leprosy Elimination

**Dr Md Khurshid Alam Hyder**  
Regional Adviser  
Tuberculosis Control

**Dr Aparna Singh Shah**  
Scientist  
Blood Safety and Laboratory Technology

**Ms Jyotsna Chikersal**  
Regional Adviser  
Health Situation and Trend Assessment

**Ms Jennie Greaney**  
Reports and Documentation Officer

**Dr Gunasena Sunil Senanayake**  
Regional Adviser  
Health Systems Management

**Dr Manisha Shridhar**  
Technical Officer  
Intellectual Property Rights and Trade & Health

**Dr Tong Chol Pak**  
Regional Adviser  
Human Resources for Health and Fellowship
Ms Payden
Sanitary Engineer
Water, Sanitation and Health

Dr Nyo Nyo Kyaing
Regional Adviser
Tobacco Free Initiative

Dr Dhirendra Narain Sinha
Regional Adviser
Surveillance (Tobacco Control)

Dr Suvajee Good
Health Education Specialist
Health Promotion and Education

Mr Henning C. Brenoe
Regional Information and Communications
Technology Officer

Mr Carlos Araujo
Administrative Services Officer

Mrs Cristina A. Bajar
Administrative Officer

Dr Rohit Sobti
Medical Officer
Regional Medical Services

Mr Mehboob Obaidur Rahman
Medical Supply Officer

Dr Martin Weber
Regional Adviser
Making Pregnancy Safer and Reproductive Health

Dr Kunal Bagchi
Regional Adviser
Nutrition and Food Safety

Dr Neena Raina
Regional Adviser
Child and Adolescent Health

Dr Gunawan Setiadi
Technical Officer
Country Cooperation Strategies, Programme Planning Coordination & Governing Bodies

Dr Jigmi Singay
Regional Adviser
Coordinator, Communicable Diseases Control

Ms Vismita Gupta-Smith
Information Officer
Public Information and Advocacy

Ms Anita Abhyankar
Personnel Officer
Personnel

Mr Robert Chelminski
Finance Compliance Officer
Budget and Finance

Dr Sumana Barua
Medical Officer
Global Leprosy Programme

Dr Arun Thapa
Coordinator
Immunization and Vaccine Development

Dr M R N Abeysinghe
Medical Officer
Vaccine Preventable Disease

Dr Zainul Abedin Khan
Medical Officer
Immunization and Vaccine Development

Ms Virginia Swezy
Technical Officer
Immunization and Vaccine Development

Dr Sigrun Roesel
Medical Officer, EPI
WHO Country office, Philippines

Dr Pushpa Ranjan Wijesinghe
Technical Officer
Immunization and Vaccine Development

Ms Uttara Aggarwal
Technical Officer
Immunization and Vaccine Development

Ms Sirima Pattamadilok
Scientist
Immunization and Vaccine Development

Mr Prasanna Yergolkar
Virologist
Immunization and Vaccine Development

Mr Tika Ram Sedai
Technical Officer
Data Management
WHO assists Member States of the South-East Asia Region to periodically review their surveillance systems and national immunization programmes. These reviews provide an insight into the strengths and limitations of the programme. Additionally, WHO encourages countries to identify strategies to harness the strengths and utilize available resources to improve the quality of surveillance and immunization. In June 2013, national and international experts reviewed the Expanded Programme on Immunization (EPI) and Vaccine Preventable Diseases (VPD) surveillance in Indonesia.

This report summarizes the progress made in vaccine preventable disease surveillance, immunization service delivery and coverage, injection safety, vaccine and cold chain management, and community participation, advocacy and communication. It also provides recommendations for the consideration of the Government of Indonesia and development partners in their efforts to achieve the national goals for immunization.