TWENTY-THIRD MEETING OF THE REGIONAL COMMISSION FOR THE CERTIFICATION OF POLIOMYELITIS ERADICATION IN THE WESTERN PACIFIC

14–16 November 2017
Vientiane, Lao People’s Democratic Republic
MEETING REPORT

TWENTY-THIRD MEETING OF THE REGIONAL COMMISSION FOR THE CERTIFICATION OF POLIOMYELITIS ERADICATION IN THE WESTERN PACIFIC

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Vientiane, Lao People’s Democratic Republic
14–16 November 2017
NOTE

The views expressed in this report are those of the participants of the Twenty-third Meeting of the Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Twenty-third Meeting of the Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific in Vientiane, Lao People’s Democratic Republic from 14 to 16 November 2017.
CONTENTS

SUMMARY ............................................................................................................................................................... 1

1. INTRODUCTION ................................................................................................................................................. 2
  1.1 Meeting organization ............................................................................................................................... 2
  1.2 Meeting objectives ................................................................................................................................... 2

2. PROCEEDINGS .................................................................................................................................................... 2
  2.1 Opening session ........................................................................................................................................ 2
  2.2 Global update ........................................................................................................................................... 3
  2.3 GAPIII global update and GCC Containment Working Group recommendations ......................... 3
  2.4 Update on polio endgame strategy progress in the WHO African Region ............................................. 4
  2.5 Regional update ........................................................................................................................................ 4
  2.6 Update on regional laboratory network and GAPIII implementation (laboratory containment) ........... 4
  2.7 Recommendations of the 2017 Technical Advisory Group on Immunization and Vaccine-Preventable Diseases................................................................. 5
  2.8 Polio transition, post-certification strategy and implications for the Members States of the Western Pacific Region................................................................. 5
  2.9 Update on progress in implementation of recommendations from 2017 outbreak response assessment in the Lao People’s Democratic Republic........................................... 5
  2.10 Country/area presentations ....................................................................................................................... 6
  2.11 Overview of global and regional certification process ..................................................................... 10
  2.12 Format of the National Certification Committee annual progress report ...................................... 10

3. CONCLUSIONS AND RECOMMENDATIONS.............................................................................................. 10
  3.1 Conclusions ............................................................................................................................................ 10
    3.1.1 General conclusions ........................................................................................................................... 10
    3.1.2 Country-specific conclusions ............................................................................................................ 11
  3.2 Recommendations .................................................................................................................................. 13
    3.2.1 General recommendations ................................................................................................................. 13
    3.2.2 Country-specific recommendations ................................................................................................... 13
    3.2.3 Recommendations for WHO ............................................................................................................. 15

ANNEXES ............................................................................................................................................................... 16

     Annex 1. List of participants
     Annex 2. Meeting timetable

Keywords:

Immunization / Poliomyelitis / Poliovirus vaccines / Vaccination
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFP</td>
<td>acute flaccid paralysis</td>
</tr>
<tr>
<td>bOPV</td>
<td>bivalent oral polio vaccine</td>
</tr>
<tr>
<td>cIPV</td>
<td>conventional inactivated polio vaccine</td>
</tr>
<tr>
<td>cVDPV</td>
<td>circulating vaccine-derived poliovirus</td>
</tr>
<tr>
<td>cVDPV1</td>
<td>circulating vaccine-derived poliovirus type 1</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>GAPIII</td>
<td>WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use</td>
</tr>
<tr>
<td>GPEI</td>
<td>Global Polio Eradication Initiative</td>
</tr>
<tr>
<td>IPV</td>
<td>inactivated polio vaccine</td>
</tr>
<tr>
<td>mOPV</td>
<td>monovalent oral polio vaccine</td>
</tr>
<tr>
<td>NAC</td>
<td>national authority for containment</td>
</tr>
<tr>
<td>NCC</td>
<td>national certification committee</td>
</tr>
<tr>
<td>OPV</td>
<td>oral polio vaccine</td>
</tr>
<tr>
<td>RCC</td>
<td>Regional Commission for the Certification of Poliomyelitis Eradication</td>
</tr>
<tr>
<td>SIA</td>
<td>supplementary immunization activity</td>
</tr>
<tr>
<td>sIPV</td>
<td>Sabin inactivated polio vaccine</td>
</tr>
<tr>
<td>SIREP</td>
<td>Special Integrated Routine EPI Strengthening Programme</td>
</tr>
<tr>
<td>SRCC</td>
<td>Subregional Committee for the Certification of Poliomyelitis Eradication in Pacific Island Countries and Areas</td>
</tr>
<tr>
<td>tOPV</td>
<td>trivalent oral polio vaccine</td>
</tr>
<tr>
<td>VDPV</td>
<td>vaccine-derived poliovirus</td>
</tr>
<tr>
<td>VPD</td>
<td>vaccine-preventable disease</td>
</tr>
<tr>
<td>WPV</td>
<td>wild poliovirus</td>
</tr>
<tr>
<td>WPV1</td>
<td>wild poliovirus type 1</td>
</tr>
<tr>
<td>WPV2</td>
<td>wild poliovirus type 2</td>
</tr>
</tbody>
</table>
SUMMARY

The Twenty-third Meeting of the Regional Commission for the Certification of Poliomyelitis Eradication (RCC) in the Western Pacific was held in Vientiane, Lao People’s Democratic Republic on 14–16 November 2017. The RCC meets annually to review and evaluate progress reports on maintaining polio-free status submitted by the national certification committees (NCCs) and by the Subregional Committee for the Certification of Poliomyelitis Eradication in Pacific Island Countries and Areas (SRCC). The NCC and SRCC reports also include updated information on the status of implementing recommendations from the 2016 RCC meeting.

During the meeting, the RCC reviewed the status of each Member State’s polio eradication programme in the context of the polio endgame strategy with special emphasis on achieving and maintaining sensitive acute flaccid paralysis (AFP) surveillance and high population immunity through routine and supplemental polio immunization activities. The RCC commended the Member States on the progress made on poliovirus type 2 containment and ongoing and proposed efforts in the Region for manufacture of inactivated polio vaccine (IPV).

After thorough discussion and deliberation, the RCC concluded that the Region remains free of wild polioviruses (WPVs) and thus retains its status as polio-free. Key general recommendations to all Member States included the following:

- The RCC urged Member States to:
  - sustain immunization and surveillance infrastructure;
  - support cross-border coordination (e.g. immunization, surveillance) with neighbouring countries;
  - collaborate with the RCC and the WHO Secretariat in adopting a harmonized risk assessment methodology;
  - immediately report detection of any poliovirus type 2 from any source (AFP surveillance, environmental surveillance, stool surveys, etc.) to WHO; and
  - accelerate establishment of national authorities for containment where required.

- The RCC encouraged Member States to implement active AFP surveillance in hospital or clinical settings in areas with poor AFP surveillance performance and to consider fractional IPV use to mitigate the global IPV supply constraint.
1. INTRODUCTION

1.1 Meeting organization

The Twenty-third Meeting of the Regional Commission for the Certification of Poliomyelitis Eradication (RCC) in the Western Pacific was held in Vientiane, Lao People’s Democratic Republic on 14–16 November 2017. The RCC meets annually to review the maintenance of polio-free status, the quality of acute flaccid paralysis (AFP) surveillance against standard indicators, and population immunity based on coverage of routine and supplemental polio vaccination. This annual meeting fulfils the RCC’s mandate to assess progress and achievements every year, which are then reported to the Global Certification Commission.

In attendance were five members of the RCC, 16 chairpersons of national certification committees (NCCs) or delegates, and seven observers/representatives. The meeting was supported by staff from World Health Organization (WHO) headquarters, regional offices, including the WHO Regional Office for the Western Pacific, and the WHO country office in the Lao People’s Democratic Republic.

Dr Nobuhiko Okabe was appointed Chairperson, Dr Aida Salonga served as Vice-Chairperson, and Dr Olen Kew served as Rapporteur. The list of participants and meeting timetable are available in Annex 1 and Annex 2, respectively.

1.2 Meeting objectives

The objectives of the meeting were:

1) to update the RCC and NCC chairpersons on the global status of poliomyelitis eradication and recent activities in the Western Pacific Region and other regions;
2) to review and evaluate NCC progress reports, including implementation status of the 2016 RCC recommendations; and
3) to recommend actions for Member States to sustain polio-free status and timely implementation of polio endgame activities.

2. PROCEEDINGS

2.1 Opening session

Dr Juliet Fleischl, the WHO representative in the Lao People’s Democratic Republic, delivered the opening remarks on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific. Dr Shin called attention to: the globally decreasing number of polio cases due to wild poliovirus type 1 (WPV1), the closing outbreak of circulating vaccine-derived poliovirus type 1 (cVDPV1) in the Lao People’s Democratic Republic, and availability of inactivated polio vaccine (IPV) for the remaining 19 countries for introduction into routine vaccination schedule in 2018. However, conflict and access issues as well as the recent outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2) in Syria pose risks for the global eradication of polio.

Dr Rattanaxay Phetsouvanh delivered remarks on behalf of the Ministry of Health of the Lao People’s Democratic Republic. He briefly presented the efforts and progress in combating the outbreak of circulating vaccine-derived poliovirus (cVDPV) and confirmed the Government’s commitment to the global and regional polio eradication strategies and targets.
Dr Nobuhiko Okabe noted that Global Commission for Certification of Poliomyelitis Eradication (GCC) at its recent meeting in July 2017 emphasized the importance of polio risk assessments as an essential tool to prepare for global certification of polio eradication. He also stressed the importance of proper preparation by the Member States of the Region to the forthcoming ramp-down of the Global Polio Eradication Initiative (GPEI) and sustaining polio-essential functions after global certification. He announced that two RCC members, Professor Hui Zhuang from China and Professor Nguyen Dinh Huong from Viet Nam, stepped down as RCC members in 2017 and that, prior to this meeting, Dr Wang Yu from China and Dr Bruce Thorley from Australia were appointed by the Regional Director for the Western Pacific as new RCC members.

2.2 Global update

Although the global case count is the lowest ever currently, wild poliovirus (WPV) is still circulating especially in the common corridor in Afghanistan and Pakistan. Although Nigeria has not reported any case of WPV for more than a year now, it is still not clear whether transmission has been interrupted due to inaccessibility of areas in Borno state. An active outbreak of cVDPV2 has been ongoing in Syria and the Democratic Republic of the Congo and has been responded with a monovalent oral poliovirus type 2 (mOPV2) vaccination campaign. A new type 2 vaccine-derived poliovirus (VDPV2) event has been reported from Mogadishu, Somalia. The country is preparing for a mOPV2 campaign in addition to IPV vaccination. The GCC recommendations on risk assessment by NCCs and the importance of the independent role of the NCC chair and members were highlighted. The polio surveillance model was found to be useful. Thus, it is critically important to maintain the polio surveillance function pre-post certification globally.

2.3 GAPIII global update and GCC Containment Working Group recommendations

Containment of polioviruses is a critical component of the polio eradication strategic plan and will remain important to maintain eradication over time. As of 14 November 2017, 28 countries have plans to designate 91 poliovirus-essential facilities (PEFs) with 18 of these countries already having established their national authorities for containment (NACs).

The global oversight body for containment is the GCC, which stressed the importance of implementation of containment as a prerequisite for global certification. To meet this, certification activities of PEFs must be initiated urgently by the NAC who will work in consultation with the Global Certification Commission Containment Working Group (GCC-CWG), the technical body delegated by the GCC to perform the day-to-day certification functions. The Containment Advisory Group (CAG) and GCC met at several occasions in 2017 and their recommendations to the Director-General will form the basis for the revision of the containment certification scheme of the WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAPIII) as needed. Alignment of the recommendations made by these advisory bodies is critical for the proper implementation of poliovirus containment, as part of the readiness plan for polio eradication certification and for the post-certification strategy.

In terms of next steps, countries that have yet to nominate their NACs should urgently do so and contribute to further reducing the number of PEFs. The first certificate of participation (CP) was

---

submitted by a European country in November and the second meeting of the Containment Advisory Group is scheduled at the end of November 2017.

2.4 Update on polio endgame strategy progress in the WHO African Region

Remarkable progress has been made toward interruption of WPV transmission in the African Region since the launch of the GPEI in 1988.

More than 14 months have passed since the last WPV case was detected in the African Region. However, the Region continues to report VDPV: two cVDPV cases in Nigeria in 2016, and outbreaks of VDPV/cVDPV2 in Nigeria and the Democratic Republic of the Congo in 2017. IPV has been introduced in 35 countries. The global IPV shortage has delayed introduction in other countries. The switch from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV) was conducted in all 47 countries of the Region from 17 April to 1 May 2016. For phase I, poliovirus laboratory containment activities were conducted in 46 out of 47 countries. The African RCC accepted complete documentation on polio-free status from 39 of 47 countries. However, a decline in AFP surveillance performance in many countries that had their complete documentation accepted a long time ago is being observed. Polio transition planning is in good progress with all the countries submitting updated assets mapping in 2017.

The key priorities of the Region for 2018 will be to: (i) stop circulation of polioviruses in the Lake Chad Basin and in the Democratic Republic of the Congo; (ii) strengthen AFP and environmental surveillance; (iii) accelerate interruption of the WPV and VDPV outbreaks; (iv) improve data quality to provide robust evidence for surveillance and population immunity; (vi) advocate prioritization of IPV supply to the high-risk and low population immunity areas in countries; and (vii) support countries in completion of phase I and capacity-building of PEFs.

2.5 Regional update

The Western Pacific Region has successfully maintained its polio-free status since certification in 2000. Overall population immunity against polioviruses in the Region is high: the majority of countries officially reported more than 90% coverage with three doses of polio vaccines in 2016; five countries achieved coverage between 80% and 90%, and five countries less than 80%. Performance of surveillance for polioviruses in the Region is well above the regional threshold for the main indicators (non-polio AFP rate at 2 cases per 100 000 in the under-15 population, 90% adequate stool specimens and 98% AFP cases investigated within 48 hours of notification). The outbreak of cVDPV type 1 in the Lao People’s Democratic Republic was contained within 120 days. The onset of the last case was on 11 January 2016.

However, overall good performance is not universal and varies across the Region and further efforts are required to maintain polio-free status.

2.6 Update on regional laboratory network and GAPIII implementation (laboratory containment)

The performance and activities of the regional polio laboratory network and GAPIII implementation were updated, mostly focused on 2016–2017. The performance of the regional polio laboratory network has sustained certification standard and supports AFP surveillance activities. High levels have been achieved on performance indicators for timeliness of reporting of virus isolation and intratypic differentiation of polioviruses for all polio laboratories. All network laboratories are participating in the quality control programme with outstanding results. Regional laboratory network meetings, trainings and on-site visits are being conducted to ensure continued high quality of laboratory testing and close monitoring of laboratory performance. Five countries (China, Australia, Japan, Malaysia and the Philippines) are implementing environmental surveillance. Expansion of environmental surveillance is being considered in line with global guidelines to supplement AFP
surveillance for prompt detection of polioviruses with consideration of the Lao People’s Democratic Republic, Cambodia and Papua New Guinea. In compliance with GAPIII all countries in the Region met requirements for laboratory containment of WPV2/VDPV2. A total of 16 PEFs were identified in five countries (China, Australia, Japan, the Republic of Korea and Viet Nam) in the Western Pacific Region.

2.7 Recommendations of the 2017 Technical Advisory Group on Immunization and Vaccine-Preventable Diseases

Dr Yoshihiro Takashima summarized the polio-specific conclusions and recommendations of the Twenty-sixth Meeting of the Technical Advisory Group on Immunization and Vaccine-Preventable Diseases (TAG) in the Western Pacific Region that was held on 13–16 June 2017 in Manila, Philippines. The TAG recommended that all countries maintain vigilance and adequate levels of preparedness and response capacities considering the continuous threat of WPV importation from endemic countries. This should include: (i) regularly assessing risk of poliovirus transmission; (ii) updating national polio outbreak response plans; (iii) addressing population immunity and poliovirus surveillance gaps; (iv) complying with GAPIII requirements; and (v) planning for the post-polio eradication certification era. The TAG also encouraged WHO to support Member States in maintaining polio-free status and addressing gaps in AFP surveillance and population immunity, developing national plans for environmental surveillance, implementing GAPIII, and preparing for sustaining polio-essential functions after certification of global eradication of poliomyelitis.

2.8 Polio transition, post-certification strategy and implications for the Members States of the Western Pacific Region

The GPEI was launched in 1988. Since that time, incidence of polio cases decreased by 99.9%, the number of polio-endemic countries decreased from 125 to 3, and more than 10 million paralysis and close to 1.5 million deaths due to poliovirus have been prevented. As the world approaches global eradication of polio, several polio-essential functions need to be sustained in the post-certification era. To provide guidance for the Member States, the GPEI started development of the polio post-certification strategy, which identifies three goals: (i) contain polioviruses, (ii) protect populations, and (iii) detect polioviruses and respond.

In the Western Pacific Region, the polio transition will largely affect the countries and areas which are currently benefiting from the technical and financial support from WHO and other partners. Due to reduction of the financial support mobilized by WHO, sustaining polio-essential functions in these countries and areas may be affected in 2018. Therefore, affected countries and areas will need to identify strategies for mainstreaming and financing polio-essential functions through their own government investment along with long-term capacity-building in the national system over time.

2.9 Update on progress in implementation of recommendations from 2017 outbreak response assessment in the Lao People’s Democratic Republic

In March 2017, the last and fourth outbreak response assessment was conducted in the Lao People’s Democratic Republic by a team of international experts. The team observed both improvements and remaining deficiencies. Improvements included: (i) regular active surveillance visits to provincial and some district hospitals; (ii) no missed AFP cases at the province and district level identified by review of medical records; (iii) increased stool specimen “adequacy” rate (at 82%); and (iv) large number of contact specimens investigated, providing additional evidence of absence of poliovirus circulation in the community. Deficiencies includes: (i) active surveillance visits were not happening in some high-priority hospitals (Vientiane Capital); (ii) in some areas, high AFP rates were likely due to over-reporting of borderline and “non-AFP” cases; and (iii) nine provinces did not achieve at least 80% of AFP cases with “adequate specimens”. The team developed recommendations, which largely address improvement of AFP surveillance and closing population immunity gaps. Implementation of the recommendations is ongoing.
2.10 Country/area presentations

**Lao People’s Democratic Republic**

The Government of the Lao People’s Democratic Republic under the leadership of the Ministry of Health has shown strong commitment to respond to the cVDPV outbreak in 2015–2016. The Ministry of Health took great steps to enhance the surveillance of AFP and achieved the key performance indicators of AFP surveillance. However, the reporting rate of AFP cases is variable by province. This needs attention and efforts should continue to enhance the quality of AFP surveillance across the country.

Additionally, the country might consider the establishment of environmental surveillance as a complement to strengthening surveillance for polioviruses. What is urgently needed is to strengthen the routine delivery of both OPV and IPV with particular emphasis on hard-to-reach populations to boost population immunity.

**Cambodia**

Cambodia’s national polio programme continues to perform well, as demonstrated by national indicators for coverage with three doses of polio vaccine, AFP surveillance and stool adequacy. Subnational indicators, however, demonstrated underperforming AFP surveillance and routine immunization in hard-to-reach communities. Particular challenges include, but are not limited to: (i) improving rates of detection and reporting of AFP cases; (ii) maintaining high-level awareness among senior officials of the Ministry of Health; (iii) continuing cross-border collaboration with neighbouring countries; and (iv) addressing population immunity gaps.

**China**

China successfully maintained polio-free status in 2016. High-quality AFP surveillance, including both epidemiology and laboratory surveillance, was sustained. Early detection, early response and early interruption (supplementary immunization activities (SIAs) strategy) were implemented for AFP surveillance. All of the VDPVs were detected at an early stage. The current polio immunization strategy in China is effective in preventing sustained transmission of VDPVs. China has successfully implemented the tOPV/bOPV switch following the WHO-recommended schedule. As the supply of domestic IPV stabilizes, more vaccine will gradually be introduced into the routine immunization schedule to substitute bOPV. WPV containment has been completed successfully. The national inventory survey of biomedical laboratories/facilities containing Sabin 2 is in progress, and a national inventory will be developed by the end of 2017.

**Papua New Guinea**

Papua New Guinea has a total population of 7.2 million and about 2.6 million are under 15 years of age. National coverage with three doses of OPV was 62% in 2016, although many districts had coverage below 50%. Efforts during supplementary immunization activities have not reached coverage targets. Following increased efforts to reach out to paediatricians and provincial hospitals, AFP rates have gradually increased in recent years, reaching 1.0 per 100 000 in 2016. Nevertheless, stool adequacy rates still remain below desired level, reaching 63% in 2017. Stool samples are primarily collected in hospital settings. Reverse cold chain is hampered by poor transportation infrastructure (only 3% of roads are paved). Other challenges are loss of personnel due to retirement and not rehiring surveillance personnel. Papua New Guinea has an influx of workers from other countries to work in the various extraction industries, but there has been no legislation to institute immunization requirements for immigrant workers.
**Philippines**

The non-polio AFP rate in the Philippines slightly decreased from 1.05 in 2016 to 0.86 in 2017. Stool adequacy remained at the same level with 71% in 2016 and 72% in 2017, and is still below the 80% target. Coverage of routine immunization with three doses of OPV remains low: 72% in 2016 and 74% in 2017. Although IPV has already been introduced nationwide, national coverage in 2017 was 39%. In 2017, the Philippines started implementation of environmental surveillance for polioviruses in three sites with potential for further expansion. In 2017, 59% of provinces and cities were assessed as high risk, 30% as medium risk and only 11% as low risk. The Philippines fully implemented the recommendations from the 22nd RCC meeting. The efforts will continue to improve performance of AFP surveillance, addressing population immunity gaps and progressing with implementation of GAPIII.

**Viet Nam**

As of October 2017, Viet Nam reported a non-polio AFP rate of 1.2 per 100 000 among the under-15 population and an stool adequacy rate of 99%. As per the recommendations of the 22nd RCC meeting, the country is continuing to conduct a retrospective records review for AFP cases in the priority health facilities and in 2017 a total of 243 AFP cases were found to have been missed initially. Initiatives are in place to strengthen routine immunization services, especially in the hard-to-reach areas. However, IPV supply shortage is limiting building population immunity against type 2 poliovirus. A small quantity of tOPV and monovalent type 2 bulk are kept under safety conditions as per the national regulation for the manufacturers. Establishing a functional NAC and finalizing the designated PEF remain a challenge.

**Australia**

The non-polio AFP rate has improved over time from 1995 to 2017 at the national level, indicating the presence of high-level political commitment and support for polio eradication activities in Australia. However, efforts are needed to further enhance the quality of AFP surveillance, particularly to improve the non-polio AFP rate, especially in non-reporting areas (Australian Capital Territory and Western Australia), as well as to improve the adequate stool specimen rate. The Australian NCC has reported the results of a serosurvey conducted in 2012/13 that indicates the immunity of the Australian population is adequate to protect from the transmission of three types of polioviruses (83% for type 1, 85% for type 2 and 67% for type 3). It is suggested to compare the immunogenicity from IPV and OPVs in the future. Also, it is essential to continue the support for the containment activities for the country to remain polio-free.

**Brunei Darussalam**

Brunei Darussalam’s total population is 419 000, of which approximately 102 000 are under 15 years of age. The country is at very low risk for VDPV or WPV. Immunization coverage is very high based on IPV administered at 2, 4 and 6 months; IPV3 coverage is over 95%, with a booster dose at school entry. The school entry requirement was established in 2012. The Ministry of Defence also gives IPV to all new recruits. AFP surveillance has met the annual surveillance target of one AFP case, although no stool was collected from this case. Brunei Darussalam has integrated measles and AFP reporting. The country reviews medical records regularly and has established weekly zero reporting from all hospitals and clinics.

**Hong Kong SAR (China)**

The last polio case was reported in 1983 and AFP surveillance has been in place since 1997. IPV has been used in the routine immunization programme since 2007. At present, the routine immunization schedule includes a four-dose primary series followed by two booster doses given at primary 1 and primary 6. Coverage with at least three doses has been close to 100% since 2008. All surveillance
performance standards are being met. Hong Kong SAR (China) does not plan to establish PEFs and is waiting for additional guidance on containment issues. The biggest risk may come from heavy international tourist traffic with more than 56.6 million visitors each year. Future plans include maintaining: a sensitive surveillance system; a high-quality, fully accredited laboratory; regular monitoring to ensure high population immunization coverage; and an up-to-date and comprehensive polio importation preparedness and response plan.

**Japan**

No WPV and VDPV have been detected from suspected polio cases and from the environment since 2013. No vaccine-associated paralytic polio (VAPP) cases were reported since removal of OPV from the national immunization schedule in 2012. High routine IPV immunization coverage (more than 95%) has been sustained since 2013 with both conventional and Sabin IPV. Nationwide cumulative vaccination coverage in 2016 suggests a high level of population protection against poliovirus (> 95% for first, second, and third doses of polio vaccine). Catch-up immunization of unimmunized children after introduction of IPV in 2012 resulted in high seropositivity rates (> 90%) for type 1, 2 and 3 poliovirus. No particular immunity gaps were identified in Japan (age groups and geographical areas).

In Japan, national environmental surveillance (ES) was launched in 2013. Since the first year, the number of local public health institutes that have joined the network increased from 13 to 18 in 2016. The investigation through environmental surveillance covered approximately 6 million people in 2016. Sabin 3 poliovirus was isolated in only one site in October 2014 after the switch to the IPV-only schedule in September 2012. Again, type 3 poliovirus was isolated in only one site in July 2016 and confirmed as Sabin 3 at the National Institute of Infectious Diseases, Japan.

**Macao SAR (China)**

Macao SAR (China) has a very strong national immunization programme maintaining high performance standards. High protection of the population with three doses of polio vaccine and high-quality surveillance for AFP cases make it possible for Macao SAR (China) to maintain its polio-free status. Despite such a well-performing programme, challenges still exist, the main one being the large number of visitors which might be a potential source of importation of poliovirus from endemic countries. However, plans are in place to mitigate possible negative consequences resulting from the high volume of international travel. Specifically, efforts are being made to: sustain high coverage with vaccination, maintain the high quality of AFP surveillance, and further enhance knowledge and awareness of polio among health-care professionals and the population.

**Malaysia**

The last WPV cases reported from the country were in 1992 following an importation. Coverage with three doses of polio vaccine has been constantly high since 1998 (> 95%). The country has overall well-performing AFP surveillance in place with two core indicators (non-polio AFP rate and stool adequacy rate) constantly above the regional threshold in the last five years. A subnational risk assessment conducted in 2017 identified three provinces at high risk, five provinces at medium risk and seven provinces at low risk of polio outbreak. AFP surveillance is supplemented by environmental surveillance with no polio virus found in 2016 and 2017. Gaps in coverage still exist in high-risk areas and performance of AFP surveillance is suboptimal at the subnational level. Several planned activities to address the gaps in 2018 include: (i) training on AFP surveillance; (ii) reestablishment of AFP surveillance focal points/experts at all levels; (iii) continuous field monitoring and audit; and (iv) provision of supplementary doses of polio vaccine in high-risk areas.

**Mongolia**

For the last three consecutive years, the non-polio AFP rate remained below 1 per 100 000 among the under-15 population, and the stool adequacy rate varies. Polio vaccination coverage through routine immunization has been consistently high for the past several years. The National Polio Outbreak
Preparedness and Response Plan for 2018–2022 has been developed but is still in draft form. The presence of a weak AFP surveillance system and the risk of poliovirus importation through peacekeeping soldiers, police officers and civilian personnel put Mongolia at risk. Moreover, high turnover of surveillance staff at the subnational level as well as lack of knowledge and skills on AFP surveillance among new surveillance staff may potentially result in undetected poliovirus transmission.

**New Zealand**

No WPV cases have been reported since 1963. The country switched to the IPV-only routine immunization schedule in 2002. There is minimal migration to or from endemic areas. All migrants and refugees are vaccinated against polio before or after arrival to the country. The Government is committed to supporting polio eradication activities in order to maintain the country’s polio-free status. The coverage of children under 1 year of age with three doses of IPV was around 93% in 2016. Laboratory containment was updated in 2016. However, performance of AFP surveillance remains suboptimal and further efforts are required to meet the minimum requirements of key performance indicators for AFP surveillance such as non-polio AFP rate and adequate stool collection rate.

**Republic of Korea**

The Republic of Korea continues to maintain a high performance in polio surveillance and immunization coverage. Coverage with IPV among children in the country was over 97% in every province in 2016. The country implements AFP surveillance complemented by enterovirus surveillance and an entry screening programme following the experience with Middle East respiratory syndrome (MERS). Regular seroprevalence studies (the last one in 2012) are also performed. No poliovirus has been detected by any of the systems in recent years. The national action plan for poliovirus importation was revised in 2012. It was evaluated and revised again in 2017 and provides evidence-based guidelines in the event of a polio outbreak. Entry screening from polio-affected countries is conducted. A real-time web-based immunization registry to monitor immunization coverage is in place. The Republic of Korea will organize the NAC by the end of 2017 which will conduct activities to issue the certification of PEFs including LG Life Science by 2018.

**Singapore**

A well-structured surveillance system with involvement of paediatricians, neurologists and internal medicine specialists in public and private hospitals is in place. Enhanced surveillance with notification of all patients diagnosed as “at risk” for AFP, regardless of presence of AFP, and retrospective screening of hospital discharge database for “missed” AFP cases further strengthened the AFP surveillance system in Singapore. The minimum requirement of two core indicators has been met. Singapore has the IPV schedule in their routine immunization programme and coverage remains at a high level (> 95%). The country fully adheres to GAPIII implementation and all type 2 poliovirus containing infectious materials were destroyed by August 2016. The last poliovirus was detected in 2006 from a Nigerian girl visiting Singapore for medical care, but there was no evidence of transmission within Singapore. Because of the high number of tourists and medical tourists from polio-infected countries, Singapore remains at risk of polio importation.

**Pacific island countries and areas**

The Pacific island countries and areas successfully maintained polio-free status in 2016. As one epidemiological block, they meet the core AFP surveillance indicators overall. No stock-outs of IPV were reported in 2016–2017. However, quality of AFP surveillance, coverage with polio vaccine, programmatic strengths, and external threats and emergencies vary among the 21 countries and areas. Some factors potentially contributing to low performance include: (i) lack of enthusiasm for AFP surveillance due to polio being long gone (the last case occurred over 30 years ago); (ii) other competing priorities (noncommunicable disease (NCD) crisis and outbreaks of dengue and Zika); and (iii) high turnover of staff and difficulties in communicating with health staff due to poor
communication access and multiple responsibilities. Continuous WHO support for strengthening AFP surveillance and improving routine immunization is required.

2.11 Overview of global and regional certification process

Following the request from Dr Nobuhiko Okabe, Chair of the RCC, the WHO Secretariat presented an overview of the global and regional polio eradication certification process. The overview provided brief information on the background of the certification process; the division of roles and responsibilities of the global, regional and national certification bodies, as well as the key operating principles. Certification of polio eradication is an essential component of the GPEI. This process can be sustained only in the presence of continued commitment from the national governments and ministries of health in all countries as well as support from the scientific and public health communities all over the world. As certified regions are facing the problem of a decrease in interest and support from national governments following regional certification, RCCs and NCCs can play an important role in sustaining the quality of surveillance and maintaining the necessary immunity levels until global certification and beyond.

2.12 Format of the National Certification Committee annual progress report

To facilitate development and submission of the NCCs annual progress reports, it was proposed to develop a standardized format. The WHO Secretariat was asked to develop a draft for the RCC and NCC chairs’ consideration by January 2018 so that the 2018 progress report could be developed and submitted in the new format prior to the RCC meeting. The NCC chairs requested to ensure that the form is accompanied by guiding notes that will facilitate development of the report.

2.13 Closing remarks

Dr Yoshihiro Takashima, acting EPI Coordinator, delivered the closing remarks on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific. He appreciated the presence of essential capacities in the Region to quickly and effectively respond to the challenges, as was demonstrated by the rigorous response to the outbreak of cVDPV type 1 in the Lao People’s Democratic Republic. The next challenge will be accelerating poliovirus containment and sustaining polio-essential functions in light of the rapidly approaching ramp-down of the GPEI.

Dr Shin’s remarks closed by acknowledging the commitment and dedication of all the ministries of health and the generous support of international partners to polio eradication.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

3.1.1 General conclusions

- The RCC concludes that the Region remains polio-free and congratulates all the Member States for their continued dedication.
- The RCC commends Member States on the progress made on type 2 poliovirus containment, as well as ongoing and proposed efforts in the Region for IPV manufacture.
- The RCC notes variation in risk assessment methodology among countries.
- The RCC is concerned that the pace of the polio transition already in progress may risk implementation of the activities that currently maintain and monitor the polio-free status in the Western Pacific Region.
3.1.2 Country-specific conclusions

Australia

- The RCC commends Australia’s continuous high-level political commitment.
- The RCC commends the support to the poliovirus eradication programme and establishment of the NAC.
- The RCC notes Australia’s efforts to improve surveillance, particularly in “silent” (i.e. non-reporting) areas.

Brunei Darussalam

- The RCC commends Brunei Darussalam’s continued outstanding commitment to maintaining polio-free status and high immunization levels.
- The RCC commends the involvement of all hospitals and clinics in weekly zero reporting and integration of AFP and measles reporting.
- The RCC commends the high performance of school immunization programmes.

Cambodia

- The RCC notes that reporting AFP cases from large hospitals has been improved.
- The RCC notes that AFP rates vary by province.

China

- The RCC congratulates China for the licensing of a second Sabin-IPV (sIPV) for the domestic market.
- The RCC commends China’s continued outstanding commitment to maintaining polio-free status.
- The RCC notes that environmental surveillance in China provides solid evidence on the successful switch from tOPV to bOPV.

China, Hong Kong SAR

- The RCC notes that Hong Kong SAR (China) maintained a high level of population protection, particularly in the presence of mass population movements, and high performance of AFP surveillance.

China, Macao SAR

- The RCC commends the strong immunization and surveillance programme.

Japan

- The RCC congratulates Japan for the high performance in immunization coverage and surveillance, including establishment of nationwide environmental surveillance.
- The RCC commends the establishment of the NAC.

Lao People’s Democratic Republic

- The RCC commends the political commitment to quickly and effectively address the cVDPV outbreak in 2015–2016.
- The RCC notes the variable reporting rate of AFP cases by province.
Malaysia
- The RCC commends the strong immunization and surveillance programme.
- The RCC notes that provision of free vaccination to migrant children is not yet implemented.
- The RCC notes variation in AFP and stool adequacy rates at the subnational level.

Mongolia
- The RCC commends continuously high reported immunization coverage rates both nationally and at the provincial level.
- The RCC notes that AFP surveillance indicators show a declining trend.

New Zealand
- The RCC commends the strong commitment to meeting polio performance indicators.

Pacific island countries and areas
- The RCC commends the SRCC and the Pacific island countries and areas for continued progress despite the complexity of managing a disparate group of countries over a vast area.
- The RCC notes that programmatic performance varies dramatically among the 21 countries and areas.
- The RCC recognizes the impact of external health emergencies on programme performance.

Papua New Guinea
- The RCC commends efforts to improve AFP surveillance.
- The RCC recognizes efforts to improve programme performance despite geographical, infrastructure and communication challenges.
- The RCC notes that risks remain high for emergence of VDPV and spread of imported WPV.
- The RCC remains concerned about low rates of immunization.

Philippines
- The RCC commends the initiation of environmental surveillance.
- The RCC recognizes the large number of provinces and cities at high and medium risk for poliovirus transmission.
- The RCC recognizes that vaccination information is not available from private clinics/practitioners.
- The RCC notes establishment of the National Task Force for Laboratory Containment with broad expertise.

Republic of Korea
- The RCC commends the high immunization coverage and surveillance performance.
- The RCC commends the country’s efforts to establish the NAC by the end of 2017.

Singapore
- The RCC commends the strong immunization programme and surveillance performance.

Viet Nam
- The RCC notes that Viet Nam generally maintains a high performance in AFP surveillance.
- The RCC concludes that risk of a poliovirus outbreak remains due to low population immunity.
3.2 Recommendations

3.2.1 General recommendations

1) The RCC recommends that Member States:
   - sustain immunization and surveillance infrastructure;
   - support cross-border coordination (e.g. immunization, surveillance) with neighbouring countries;
   - encourage implementation of active AFP surveillance in hospital or clinical settings in areas with poor AFP surveillance;
   - collaborate with the RCC and WHO Secretariat in the adoption of a harmonized risk assessment methodology; and
   - accelerate establishment of the NAC where required.
2) The RCC urges that detection of any type 2 polioviruses from any source (AFP surveillance, environmental surveillance, stool surveys, etc.) be reported to WHO immediately.
3) The RCC encourages Member States to consider fractional IPV use to mitigate the global IPV supply constraint.

3.2.2 Country-specific recommendations

**Australia**
The RCC recommends the following:

1) continuing efforts to improve AFP reporting rates and collection of adequate stool samples;
2) analysing the reasons for “silent” areas at the subnational level and planning corrective activities;
3) conducting risk assessment for the first subnational level and sharing results with the RCC and WHO Secretariat; and
4) initiating the certification process for designated PEFs.

**Brunei Darussalam**
The RCC recommends maintaining high quality immunization and surveillance activities to contribute to the regional polio-free status.

**Cambodia**
The RCC recommends the following:

1) identifying reasons for low performance of AFP surveillance in specific provinces (silent and underperforming) and taking necessary actions to improve surveillance;
2) supporting cross-border coordination (e.g. immunization, surveillance) with neighbouring countries; and
3) considering establishment of environmental surveillance.

**China**
The RCC recommends the following:

1) providing catch-up IPV doses to children missed after the switch in 2016;
2) appointing the NAC and initiating the certification process for the designation of PEFs; and
3) finalizing the inventory of type 2 poliovirus and sharing it with the WHO Secretariat.

**China, Hong Kong SAR**
The RCC recommends the following:
1) maintaining high quality immunization and surveillance activities to contribute to the regional polio-free status; and
2) including enterovirus surveillance results in the regular NCC report.

**China, Macao SAR**
The RCC recommends the following:

1) maintaining high quality immunization and surveillance activities to contribute to the regional polio-free status; and
2) consulting WHO on the appropriate methodology to assess seroprevalence.

**Japan**
The RCC recommends the following:

1) sharing the methodology and results of subnational risk assessment with the RCC and WHO Secretariat; and
2) initiating the certification process for the designation of PEFs.

**Lao People’s Democratic Republic**
The RCC recommends the following:

1) continuing to improve routine immunization coverage (with bOPV and especially with IPV), particularly among hard-to-reach populations;
2) strengthening health-care workers’ knowledge and confidence in administering multiple injections to improve acceptability among caregivers;
3) continuing to closely monitor AFP surveillance performance at the subnational level;
4) addressing AFP surveillance shortfalls through national and subnational review and follow-up; and
5) considering establishment of environmental surveillance.

**Malaysia**
The RCC recommends the following:

1) offering free polio vaccination to migrant children
2) addressing gaps in performance of AFP surveillance
3) assessing effectiveness of environmental surveillance in Sabah

**Mongolia**
The RCC recommends the following:

1) giving IPV to children eligible after the switch as soon as vaccine becomes available;
2) strengthening AFP surveillance particularly outside of the capital city; and
3) providing full risk assessment findings.

**New Zealand**
The RCC recommends continuing efforts to improve AFP reporting and adequate stool collection rates.

**Pacific island countries and areas**
The RCC recommends the following:

1) continuing efforts in improving performance of AFP surveillance; and
2) continuing efforts to obtain programmatic information from “silent” countries and areas.
**Papua New Guinea**
The RCC recommends the following:

1) implementing a comprehensive review of AFP surveillance and developing an action plan based on the findings;
2) encouraging visa polio vaccination requirements for migrant workers; and
3) considering initiation of environmental surveillance in 2018.

**Philippines**
The RCC recommends the following:

1) further improving routine immunization coverage (bOPV and IPV);
2) implementing quality polio SIAs to close the widening immunity gap in high-risk provinces and cities as soon as possible during 2018;
3) addressing gaps in vaccine management/procurement to prevent stock-outs;
4) finalizing polio preparedness and outbreak response plan (expected in the first quarter of 2018); and
5) addressing AFP surveillance shortfalls.

**Republic of Korea**
The RCC recommends the following:

1) maintaining high performance to contribute to the regional polio-free status;
2) identifying the National Poliovirus Containment Coordinator; and
3) establishing the NAC to initiate the containment certification process.

**Singapore**
The RCC recommends maintaining high quality immunization and surveillance activities to contribute to the regional polio-free status.

**Viet Nam**
The RCC recommends the following:

1) increasing coverage at the subnational level, particularly in the Southern region;
2) organizing catch-up IPV vaccination of children missed after the switch when supplies allow;
3) improving AFP surveillance performance in underperforming areas;
4) urgently conducting an inventory of type 2 monovalent bulk and finished product of tOPV stored in Polyvac; and
5) establishing the NAC and initiating the certification process for the designated PEFs.

### 3.2.3 Recommendations for WHO

The RCC requests WHO to assist countries and areas to:

1) strengthen and harmonize risk assessment;
2) implement the poliovirus containment certification process in all countries with PEFs;
3) prepare for polio transition in a coordinated manner that does not risk undermining the progress in polio eradication activities in the Western Pacific Region thus far;
4) follow guidance to minimize risk of sample collections potentially infectious for polioviruses to complete phase I of GAPIII (guidance under preparation for 2018); and
5) use the reporting template for containment country reports to the RCC (template to be developed in 2018).
Annex 1. List of participants

1. REGIONAL CERTIFICATION COMMISSION MEMBERS

Dr Nobuhiko Okabe, (Chairman, Regional Certification Commission), Director General, Kawasaki City Institute for Public Health, Life Science and Environment Research, 2F 3-25-3 Tono-Machi Kawasaki-ku, Kawasaki City, Kanagawa 210-0834, Japan, Telephone: +81 4 4 2444985, Facsimile: +81 4 2462602, Email: okabe-n@city.kawasaki.jp, okabenobu46@gmail.com

Dr Aida Salonga, (Vice-Chairman, Regional Certification Commission), Consultant, Institute of Child Health and Human Development, National Institute of Health, University of the Philippines 623 Pedro Gil Street, Ermita, Manila, Philippines Telephone: +63 2 525 5405, Facsimile: +63 2 525 4996, Email: aida.salonga@yahoo.com

Dr Olen M. Kew, Coordinator, MSG-10, Division of Viral Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road N.E., Atlanta, Georgia 30333, United States of America, Telephone: +1 404 639 3940, Facsimile: +1 404 639 4011, Email: omk1@cdc.gov

Dr Steven Wassilak, Medical Epidemiologist, Global Immunization Division, Centers for Disease Control and Prevention, 1600 Clifton Road N.E., Atlanta, Georgia 30333, United States of America Telephone: +1 404 639 1867, Facsimile: +1 404 639 8573, Email: sgw1@cdc.gov

Dr Bruce Robinson Thorley, Senior Medical Scientist, Head, WHO Polio Regional Reference Laboratory, Victorian Infectious Diseases Reference Laboratory, The Doherty Institute, 792 Elizabeth Street, Melbourne, Victoria 3000 Tel no.: (613) 9342 9607, Fax no.: (613) 9342 9665, Email: bruce.thorley@vidrl.org.au, bruce.thorley@mh.org.au

2. PARTICIPANTS
(NATIONAL CERTIFICATION COMMITTEE MEMBERS – DESIGNATES)

AUSTRALIA
Dr Meryta May, Microbiologist and Paediatric Infectious Diseases Physician, Sullivan Nicolaides Pathology, 24 Hurworth St., Bowen Hills, Queensland, Australia, Tel no.: +61 7 33778545, Email: merytam@icloud.com

BRUNEI DARUSSALAM
Dr Anie Haryani Abdul-Rahman, Director, Public Health Services, Ministry of Health, Commonwealth Drive, Bandar Seri Begawan 3900, Brunei Darussalam, Telephone: +67 32380316, Email: anie.rahman@moh.gov.bn

CAMBODIA
Dr Ly Sovann, Director, Department of Communicable Disease Control, Ministry of Health, #80, Samdech Penn Nouth, Phnom Penh, Cambodia, Telephone: +855 12 825424, Facsimile: +855 23 880441, Email: sovann_ly@online.com.kh
CHINA
Dr Fan Chunxiang, Vice Professor, National Immunization Program, Chinese Center for Disease Control and Prevention, 27 Nanwei Road, Beijing, China, Telephone: +86-10-63024905, Email: fancx@chinacdc.cn

MACAO SAR (CHINA)
Dr Leong Iek Hou, Head, Unit of Communicable Disease and Surveillance, CDC-NDIV, Health Bureau, 7th Floor, Building "Hot Line", No. 335-341, Alameda Dr. Carlos d'Assumpcao, Macao, Telephone: +853 2853 3525, Facsimile: +853 2853 3524 Email: ihleong@ssm.gov.mo

HONG KONG SAR (CHINA)
Professor Lau Yu-Lung, Doris Zimmern Professor in Community Child Health, Chair Professor of Paediatrics, The University of Hong Kong, Department of Paediatrics and Adolescent Medicine, Room 117, 1/F, New Clinical Building, Queen Mary Hospital, 102 Pokfulam Road, Hong Kong, Telephone: +852 2255 4481, Facsimile: +852 2855 1523 Email: lauylung@hku.hk

JAPAN
Dr Tatsuo Miyamura, Emeritus Member, National Institute of Infectious Diseases, 1-23-1 Toyama, Shinjuku-ku, Tokyo 162-8640, Japan, Telephone: +81 3 3316 5988, Facsimile: +81 3 3316 5988, Email: tmiyam@aol.com

LAO PEOPLE'S DEMOCRATIC REPUBLIC
Dr Rattanaxay Phetsouvanh, Director General, Department of Communicable Disease Control, Ministry of Health, Simuang Village, Sisattanak District, Vientiane, Telephone: +856 021 264324, E-mail: rattanaxay@gmail.com

MONGOLIA
Dr Janchiv Oyunbileg, Leading Scientist, Consultant, Department of Human Population Genetics and Biotechnology, Public Health Institute, Enkhtaivan Street-17, Ulaanbaatar, Telephone: +976 9976 2000, Email: jobileg@gmail.com

NEW ZEALAND
Professor Stephen Chambers, Professor, Department of Pathology, University of Otago, Christchurch, P.O. Box 4345, Christchurch 8140, New Zealand, Telephone: +64 3 3640 590 Email: Steve.chambers@otago.ac.nz

PACIFIC ISLAND COUNTRIES AND AREAS
Dr Lisi Tikoduadua, Consultant Pediatrician, Department of Paediatrics, Colonial War Memorial Hospital, Box 115 Suva, Fiji, Telephone: +67 9 992 5082, Facsimile: +67 9 330 3232 Email: liztiko@gmail.com

PAPUA NEW GUINEA
Dr Ilomo Hwaihwanje, Specialist Paediatrician, Eastern Highlands Provincial Health Authority, P.O. Box 392, Goroka, Papua New Guinea, Telephone: +67 5 72331862, Facsimile: +67 5 7321081, Email: wohuiereke.i@gmail.com
PHILIPPINES  Dr Nina G. Gloriani, Professor 12, College of Public Health, Department of Medical Microbiology, University of the Philippines Manila, 625 Pedro Gil Street, Ermita, Manila
Telephone: +63 2 9780 959, Facsimile: +63 2 521 1394, Email: ninagloriani@gmail.com

REPUBLIC OF KOREA  Dr Donghan Lee, Director, Division of Infectious Disease Surveillance, Korea Centers for Disease Control and Prevention, 187, Osongsaengmyoung 2(i)-ro, Osong-eup, Heungdeok-gu, Cheongju-si, Chungcheongbuk-do, Republic of Korea,
Telephone: +82 43 719 7160, Facsimile: +82 43 719 7188, Email: ldhmd@korea.kr

SINGAPORE  Associate Professor Jeffery Cutter, Senior Consultant, Public Health Group, Ministry of Health, 12 College Road, Singapore 169854, Telephone: 65 63257109, Facsimile: 65 63251168, Email: Jeffery_cutter@moh.gov.sg

VIET NAM  Ms Ho Thi Minh Ly, Secretary, National Certification Commission, National Institute of Hygiene and Epidemiology 1 Yersin, Hanoi, Telephone: +084 097568 0206, Facsimile: +084 9726000, Email: minhlyho@yahoo.com.vn

3. OBSERVERS/REPRESENTATIVES

MINISTRY OF HEALTH, LAO PEOPLE'S DEMOCRATIC REPUBLIC  Dr Bounpheng Philavong, Director, Hygiene and Health Promotion Department, Ministry of Health, Simuang Village, Sisattanak District, Vientiane, Telephone: + 856-20-23671175, E-mail: pbounpheng@gmail.com

Dr Khamla Choumlivong, Deputy Director, Sethathirath Hospital, Kampheng Nakhon, Viangchan, Vientiane, Telephone: + 856 020 22226104

Dr Sengchan Khounnavong, Deputy Director General, National Institute of Public Health, Ministry of Health, Simuang Village, Sisattanak District, Vientiane, Telephone: + 856 020 55923232, E-mail: sengchankhounnavong@hotmail.com

Dr Phonepadith Xangsayarath, Deputy Director, National Center for Laboratory and Epidemiology, Ministry of Health, Simuang Village, Sisattanak District, Vientiane, Telephone: + 856 020 55923232, E-mail: sengchankhounnavong@hotmail.com
MINISTRY OF HEALTH, HONG KONG SAR (CHINA)

Dr Wong Miu-Ling, Senior Medical and Health Officer, Department of Health, 213 Queen's Road East, Wan Chai, Hong Kong. Telephone: +852 212 52230, Facsimile: +852 271 10927, Email: smo_ss3@dh.gov.hk

KOREA CENTERS FOR DISEASE CONTROL AND PREVENTION

Dr Boram Kim, Senior Researcher, Division of Infectious Disease Surveillance, Korea Centers for Disease Control and Prevention, 187, Osongsaengmyoung 2(i)-ro, Osong-eup, Heungdeok-gu, Cheongju-si, Chungcheongbuk-do, Republic of Korea, Telephone: + 82 43 719 7166, Facsimile: +82 43 719 7188, Email: boramkim822@korea.kr

CENTERS FOR DISEASE CONTROL AND PREVENTION

Dr Edmond F. Maes, Epidemiologist, Global Immunization Division, Centers for Disease Control and Prevention, Atlanta, Georgia, United States of America, Email: emaes@cdc.gov

4. SECRETARIAT

WHO REGIONAL OFFICE FOR THE WESTERN PACIFIC (WPRO)

Dr Yoshihiro Takashima, Acting Coordinator, Expanded Programme on Immunization, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, 1000 Manila, Philippines, Telephone: +63 2 528 9746, Facsimile: +63 2 526 0279, Email: takashimay@who.int

Dr Tigran Avagyan, Technical Officer, Expanded Programme on Immunization, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, 1000 Manila, Philippines, Telephone: +63 2 528 9737, Facsimile: +63 2 526 0279, Email: avagyant@who.int

Dr Zhang Yan, Virologist, Expanded Programme on Immunization, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, 1000 Manila, Philippines, Telephone: +632 5289034 Facsimile: +632 5211036, Email: zhangy@who.int

WHO LAO PEOPLE'S DEMOCRATIC REPUBLIC

Dr Lauren Franzel-Sassanpour, Technical Officer, Expanded Programme on Immunization, WHO Representative Office in the Lao People's Democratic Republic, 125 Saphanthong Road, Unit 5, Ban Saphangthongtai, Sisattanak District, Vientiane Telephone: +856 21 353902, Facsimile: +856 21 353905 Email: franzell@who.int
Dr Koffi Isidore Kouadio, Technical Officer, Polio Eradication Programme, The World Health Organization, Regional Office for Africa, Parirenyatwa Hospital, P.O. Box BE 773, Harare, Zimbabwe, Telephone: (00263) 407.69.51, Email: kouadiok@who.int

Dr Zainul Khan, Technical Officer, Surveillance, Laboratories and Data, World Health Organization, Avenue Appia 20, CH-1211 Geneva 27, Switzerland, Telephone: +41 22 791 2363, Email: khanzai@who.int

Dr Jacqueline Fournier-Caruana, Scientist, Research, Policy and Containment, World Health Organization, Avenue Appia 20, CH-1211 Geneva 27, Switzerland, Telephone: +41 22 791 2974, Email: fourniercaruanaj@who.int
## Annex 2. Meeting timetable

<table>
<thead>
<tr>
<th>Time</th>
<th>Tuesday, 14 November 2017</th>
<th>Time</th>
<th>Wednesday, 15 November 2017</th>
<th>Time</th>
<th>Thursday, 16 November 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00–08:30</td>
<td>Registration</td>
<td>08:30–10:00</td>
<td>Country presentations (continuation)</td>
<td>08:30–10:00</td>
<td>Closed working session</td>
</tr>
<tr>
<td>08:30–09:00</td>
<td>Opening ceremony</td>
<td></td>
<td>- Welcome remarks by the Responsible Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Opening remarks of the Regional Director</td>
<td></td>
<td>- Australia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Opening remarks of the Ministry of Health</td>
<td></td>
<td>- Brunei Darussalam</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Self-introduction. Election of Officers</td>
<td></td>
<td>- Hong Kong SAR (China)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Chair, Vice-Chair, Rapporteur)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Remarks by the Regional Certification Commission (RCC) Chairperson</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Administrative announcements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09:00–09:30</td>
<td>GROUP PHOTO AND COFFEE BREAK</td>
<td>10:00–10:30</td>
<td>Country presentations (continuation)</td>
<td>10:00–10:30</td>
<td>Closed working session</td>
</tr>
<tr>
<td>09:30–09:50</td>
<td>1. Global update</td>
<td>10:30–12:00</td>
<td>- Japan</td>
<td>10:30–12:00</td>
<td></td>
</tr>
<tr>
<td>09:50–10:10</td>
<td>2. GAP III global update and Global Commission for the</td>
<td></td>
<td>- Macao SAR (China)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Certification of Poliomyelitis Eradication (GCC) containment</td>
<td></td>
<td>- Malaysia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>working group recommendations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- New Zealand</td>
<td></td>
<td>Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- The Republic of Korea</td>
<td></td>
<td>12. Regional Certification Commission conclusions and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>recommendations</td>
</tr>
<tr>
<td>10:30–10:50</td>
<td>Discussion</td>
<td>13:50–15:20</td>
<td>Country presentations</td>
<td>14:00–14:45</td>
<td>Closing session</td>
</tr>
<tr>
<td>10:50–11:10</td>
<td>4. Regional update</td>
<td></td>
<td>- the Lao People's Democratic Republic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Cambodia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- China</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>implementation (laboratory containment)</td>
<td></td>
<td>from 2017 outbreak response assessment in Lao People's Democratic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Republic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Immunization and Vaccine-preventable Diseases</td>
<td></td>
<td>- the Lao People's Democratic Republic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:40–12:00</td>
<td>7. Polio transition, post-certification strategy and</td>
<td></td>
<td>- Cambodia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>implications for the Members States of the Western Pacific</td>
<td></td>
<td>- China</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Region</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00–12:20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:20–13:30</td>
<td>LUNCH BREAK</td>
<td>12:00–13:30</td>
<td>Country presentations (continuation)</td>
<td>12:00–13:00</td>
<td>LUNCH BREAK</td>
</tr>
<tr>
<td></td>
<td>Democratic Republic</td>
<td></td>
<td>- The Republic of Korea</td>
<td>13:30–14:30</td>
<td>Report</td>
</tr>
<tr>
<td>13:50–15:20</td>
<td>9. Country presentations</td>
<td></td>
<td></td>
<td>14:00–14:45</td>
<td>12. Regional Certification Commission conclusions and</td>
</tr>
<tr>
<td></td>
<td>- the Lao People's Democratic Republic</td>
<td></td>
<td></td>
<td></td>
<td>recommendations</td>
</tr>
<tr>
<td></td>
<td>- Cambodia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- China</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:50–17:20</td>
<td>Country presentations (continuation)</td>
<td></td>
<td>- Singapore</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Papua New Guinea</td>
<td></td>
<td>- Pacific island countries and areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- the Philippines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Viet Nam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18:00–19:30</td>
<td>Regional Director's reception</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The schedule includes the following key events:
- **Registration**
- **Opening ceremony**
- **Country presentations**
- **Group photo and coffee break**
- **Lunch breaks**
- **Coffee breaks**
- **Discussion**
- **Closing session**

The meeting timetable is designed to cover all necessary updates, discussions, and presentations, ensuring a comprehensive overview of the ongoing efforts towards polio eradication.