

# Vaccine-Derived Poliovirus Response in Indonesia

Situation report no.23  
4 – 24 May 2024



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## Confirmed cases in Indonesia (2022-2024)



## 7 cases of cVDPV2

- **Aceh:**
  - 1 case with paralysis in Pidie
  - 1 case with paralysis in North Aceh
  - 1 case with paralysis in Bireuen
- **West Java:**
  - 1 case with paralysis in Purwakarta
- **Central Java:**
  - 1 case with paralysis in Klaten
- **East Java:**
  - 1 case with paralysis in Pamekasan
  - 1 case with paralysis in Sampang

Outbreak grade: **2**

### Outbreak Response:

- East Java and Central Java: All children 0–7 years
- Sleman, DI Yogyakarta: All children 0–7 years

### Outbreak confirmation:

- Total number of AFP cases with cVDPV2: 3
- Total number of healthy children with cVDPV2: 9

## Greater Papua

- 1** case of VDPV1
  - 1 case with paralysis in Mimika
- 8** cases of cVDPV2-n
  - 8 healthy children positive in Mimika
- 4** cases of cVDPV2-n
  - 1 case with paralysis in Nduga
  - 3 healthy children positive
- 1** case of VDPV2-n
  - 1 case with paralysis in Asmat

## East Java

- 1** case of VDPV2-n
  - 1 case with paralysis in Sidoarjo

<sup>1</sup> cVDPV2: Circulating Vaccine-Derived Poliovirus type 2.  
cVDPV2-n: Circulating Vaccine-Derived Poliovirus type 2 from nOPV2 vaccine.  
VDPV2-n: Vaccine-Derived Poliovirus type 2 from nOPV2 vaccine.  
VDPV1: Vaccine-Derived Poliovirus type 1.

## Outbreak response cVDPV2-n and VDPV2-n

Mimika and Nduga, Central Papua and Sidoarjo, East Java

### Coordination and planning

In response to the ongoing polio outbreak, the Ministry of Health (MOH), Papua provincial and district health offices, and partners coordinated to setup an outbreak response plan. The outbreak was declared on 22 April 2024. In Sorong and Jayapura, MOH held advocacy meetings with key stakeholders to support the polio national immunization day (NID) 13 May 2024. Nationally, MOH's comprehensive NID action plan focuses on vaccine availability, orientation, information dissemination, technical guidance and advocacy to high level. The Coordinating Ministry for Human Development and Cultural Affairs also secured support from key health officials to stop the polio transmission. International partners, such as WHO, UNDP, and UNICEF, facilitated sessions to improve health workers' capacity to implement polio NID.

### Surveillance

To support vaccine-preventable disease (VPD) surveillance, WHO and East Java's provincial health office (PHO) conducted awareness raising campaigns and desk reviews. Hospital surveillance and coordination with district health offices (DHOs) were found to be suboptimal, resulting in low specimen adequacy. Strategies to address these issues include activating defaulter tracking systems, improving local government and community engagement, and increasing awareness regarding VPDs. National and local health officials organized a coordination meeting, aimed at strengthening routine immunization programmes and VPD surveillance in the province.

### Key issues

- **Limited vaccine storage:** Remote puskesmas lack freezers, which makes it difficult to procure ice packs for vaccination services
- **Tight deadline:** Puskesmas face time constraints in implementing the NID, especially in hard-to-reach areas due to geographical challenges and infrastructure limitations.
- **Incomplete data:** Data completeness issues, particularly regarding the national identification number (NIK), affecting the electronic recording of NID.
- **Limited information channels:** Limited socialization to communities about NID requirements faces obstacles, with coordination constraints adding to the challenge.

### Next steps

- DHO will identify which Puskesmas require support for vaccine storage.
- Puskesmas will develop and finalize their micro plans.
- Through its digital transformation office (DTO), MOH will improve the reporting system.
- UNICEF will disseminate information about PIN through various media channels. WHO will support the creation of videos. The MOH health promotion unit will disseminate IEC materials.

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## Situation Update

- To help track the development of polio case management, details on reported polio cases are presented below.

Type of Virus	Sequencing Result	Onset	District	Province	IHR notification	Immunization response
cVDPV2	25 nt changes	09 October 2022	Pidie	Aceh	✓	Done
cVDPV2	25–26 nt changes	No symptoms	Pidie	Aceh	✓	Done
cVDPV2	27 nt changes	03 January 2023	Aceh Utara	Aceh	✓	Done
cVDPV2	34 nt changes	13 January 2023	Bireuen	Aceh	✓	Done
cVDPV2	30–31 nt changes	16 February 2023	Purwakarta	West Java	✓	Done
cVDPV2	31–34 nt changes	No symptoms	Purwakarta	West Java	✓	Done
cVDPV2	36 nt changes	20 November 2023	Klaten	Central Java	✓	Done
cVDPV2	35–42 nt changes	No symptoms	Sampang	East Java	✓	Done
cVDPV2	43 nt changes	22 November 2023	Pamekasan	East Java	✓	Done
cVDPV2	43 nt changes	6 December 2023	Sampang	East Java	✓	Done
VDPV1	19 nt changes	20 December 2023	Mimika	Central Papua	✓	Start: 27 May 2024
cVDPV2-n	7 & 10 nt changes	No symptoms	Mimika	Central Papua	✓	Start: 27 May 2024
cVDPV2-n	8 nt changes	20 February 2024	Nduga	Highland Papua	✓	Start: 27 May 2024
cVDPV2-n	9 & 11 nt changes	No symptoms	Nduga	Highland Papua	✓	Start: 27 May 2024
VDPV2-n	8 nt changes	29 February 2024	Sidoarjo	East Java	✓	Start: 27 May 2024
VDPV2-n	11 nt changes	25 February 2024	Asmat	South Papua	✓	Start: 27 May 2024

- The MOH has established two phases for the implementation of the NID. The first phase will be conducted in Papua, and the second phase will be carried out in 27 provinces. Details regarding the names of the provinces and the number of targets for immunization can be found in the table below.

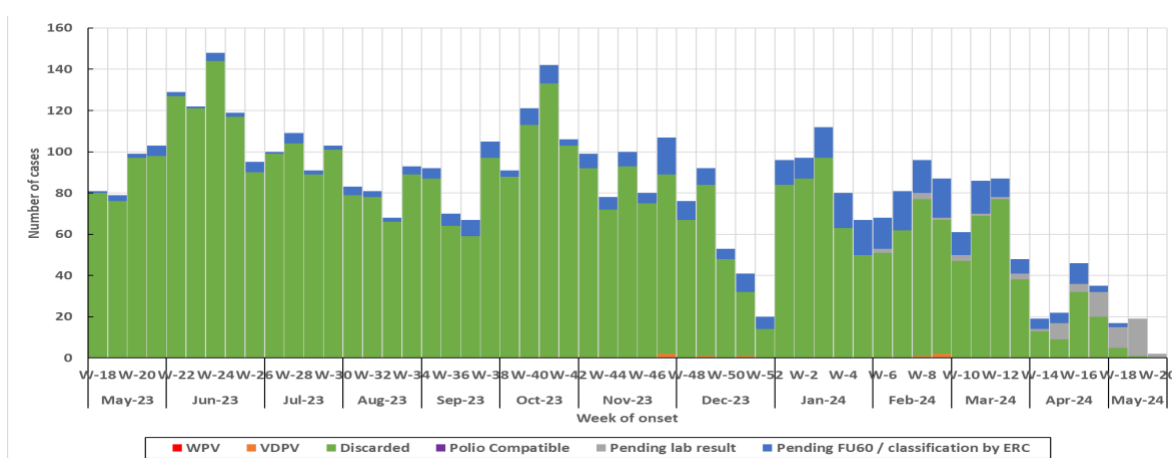
Provinces	0-59 months	5-6 years old	7 years old	Total (0-7 years old) or under 8 years old	Number of nOPV2 doses requested for 1 rounds (westage 1.25)	Number of nOPV2 doses requested for 2 rounds (westage 1.25)
Sumatera Barat	506,191	184,469	90,807	781,467	977,250	1,954,500
Riau	592,975	242,669	121,431	957,075	1,196,600	2,393,200
Jambi	321,538	125,495	62,258	509,291	636,850	1,273,700
Sumatera Selatan	741,627	307,633	154,314	1,203,574	1,504,900	3,009,800
Bengkulu	182,319	70,385	34,837	287,541	359,700	719,400
Lampung	792,829	311,901	154,809	1,259,539	1,574,700	3,149,400
Kepulauan Bangka Belitung	132,285	40,168	19,844	192,297	240,600	481,200
Kepulauan Riau	192,968	76,393	37,809	307,170	384,150	768,300
DKI Jakarta	740,821	310,979	157,503	1,209,303	1,511,750	3,023,500
D I Yogyakarta (excluded Sleman)	240,881	97,388	48,983	263,825	329,850	659,700
Banten	990,199	414,217	208,415	1,612,831	2,016,250	4,032,500
Bali	315,295	118,736	58,927	492,958	616,400	1,232,800
Nusa Tenggara Barat	514,800	204,335	101,352	820,487	1,025,900	2,051,800
Nusa Tenggara Timur	577,329	223,006	109,752	910,087	1,138,200	2,276,400
Kalimantan Barat	494,452	188,890	93,357	776,699	971,300	1,942,600
Kalimantan Tengah	243,868	88,763	43,534	376,165	470,500	941,000
Kalimantan Selatan	365,903	148,676	74,452	589,031	736,650	1,473,300
Kalimantan Timur	329,843	128,219	63,861	521,923	652,700	1,305,400
Kalimantan Utara	64,151	23,419	11,518	99,088	124,000	248,000
Sulawesi Utara	200,896	79,548	39,818	320,262	400,650	801,300
Sulawesi Tengah	270,388	109,511	54,688	434,587	543,500	1,087,000
Sulawesi Selatan	782,195	289,597	143,187	1,214,979	1,519,150	3,038,300
Sulawesi Tenggara	267,516	101,920	50,326	419,762	525,150	1,050,300
Gorontalo	105,444	38,423	18,885	162,752	203,550	407,100
Sulawesi Barat	145,181	55,226	27,284	227,691	284,750	569,500
Maluku	180,162	63,416	30,986	274,564	343,450	686,900
Maluku Utara	123,229	48,272	24,011	195,512	244,650	489,300
Papua	109,232	52,511	26,916	188,659	236,050	472,100
Papua Barat	55,989	20,005	9,724	85,718	107,350	214,700
Papua Selatan	67,531	34,688	17,703	119,922	149,950	299,900
Papua Tengah	138,006	45,180	21,935	205,121	256,650	513,300
Papua Pegunungan	126,755	33,210	15,262	175,227	219,200	438,400
Papua Barat Daya	61,363	20,102	9,578	91,043	113,950	227,900
<b>INDONESIA</b>	<b>10,974,161</b>	<b>4,297,350</b>	<b>2,138,066</b>	<b>17,286,150</b>	<b>21,616,250</b>	<b>43,232,500</b>

- The non-polio acute flaccid paralysis (NPAFP) rate – an indication for polio occurrence – should be above 3/100 000 population under 15 years of age during an outbreak. The NPAFP rate indicates high surveillance sensitivity and reduced risk of missing polio transmission. Indonesia achieved a NPAFP rate of 6.44/100 000 in 2023. In 2024, MOH set targets for finding and reporting AFP cases, which are mandatory for targeted provinces. The following table shows progress made for targeted provinces experiencing outbreaks and event response in Q2 2024.

Province	Target for AFP Case Finding 2024	Q2 Target for AFP Case Finding (2024)	AFP Case Reported	Annual NPAFP rate per 100 000 population under 15 years old (target $\geq 3$ )
Central Java	488	244	176	4.17
DIY	54	27	16	3.83
East Java	530	265	200	3.22
Central Papua	22	11	6	1.30
Highland Papua	26	13	1	0.00
South Papua	14	7	4	2.53
Papua	22	11	4	1.79
West Papua	16	8	6	2.45
Southwest Papua	16	8	1	0.00
Indonesia	4 448	2 224	1 229	2.83

Major challenges
  Challenges remains
  NP-AFP rate achieved

- Compared to previous months, the number of cases detected this May has seen a decline as illustrated in Figure 1. To date, 1 229 cases have been reported in Q2, against the expected 2 224 cases. To tackle this issue, strategies are being put to work: thorough desk reviews, continuous feedback to health facility administrators to ensure active reporting and encouraging active participation from the community in reporting AFP cases.



WPV: Wild Poliovirus; VDPV: Vaccine-Derived Poliovirus;

Discarded:

- Cases adequately investigated with no laboratory evidence of WPV or VDPV infection, OR
- Cases with inadequate specimens resolved within 60 days of paralysis onset or deemed not compatible with poliomyelitis by the national ERC.

Compatible: A suspected case lacking adequate specimens with no WPV or VDPV isolation in stool, with residual paralysis after 60 days, deemed compatible with poliomyelitis by the national ERC.

Pending Lab Result: A suspected case with collected specimens awaiting lab results.

Pending FU60: A suspected case with inadequate specimens awaiting a follow-up visit 60 days after paralysis onset.

Pending Classification by ERC: A suspected case with inadequate stool samples, residual paralysis, lost to follow-up, or deceased, requiring ERC classification.

**Figure 1.** Final classification of AFP cases in Indonesia over the last 12 months, data as of 23 May 2024

## Outbreak response

### Planning and coordination

NATIONAL SUPPORT		
Date	Place	Activity
7 May 2024	Jakarta	South Papua PHO issued a public health emergency notice ( <i>surat pemberitahuan KLB</i> ), following the coordination meeting with MOH, WHO, and Asmat DHO. The meeting, which recommended local authorities to declare an outbreak, was held after detection of a polio case in Asmat. The declaration will facilitate prompt response, including funding and human resources allocation, to stop the polio virus transmission.
13 May 2024	Jayapura and Sorong	MOH held advocacy meetings in Sorong and Jayapura, attended by key stakeholders including the director general of disease prevention and control, director of immunisation unit, national immunisation technical advisory group (NITAG), national committee for AEFI, international partners (WHO, UNICEF, and UNDP), and provincial representatives (governor, health, education, religious affairs, and village community development and empowerment offices). A total of 165 participants attended the event. Representatives from each institution pledged their support for the national immunization day (NID) <sup>2</sup> against polio. MOH has developed an NID comprehensive action plan, focusing on vaccine availability, information dissemination, and technical guidance for NID. It covers increased advocacy and support for affected individuals, regular monitoring, and collaboration with health professional organizations at the sub-national level. Local authorities are encouraged to create its own plans, establish early warning systems, and enhance polio surveillance. In aiming for 95% immunization coverage, these plans should emphasize community mobilization and awareness-raising, fostering cooperation among stakeholders to effectively combat the polio outbreak.
14–15 May 2024	Jayapura and Sorong	MOH, WHO, and UNICEF organized an orientation session on NID implementation, attended by 197 health workers from all provinces in Papua. The session covered key areas, including surveillance, immunization, pharmacy, and environmental aspects. Health workers were trained in comprehensive vaccine management, encompassing scheduling, storing, labelling, and disposing vials. Additionally, existing applications such as ASIK and SMILE <sup>3</sup> were reintroduced to facilitate daily and weekly reporting, and to support monitoring and evaluation. Following the session, participants are encouraged to foster multisectoral collaboration, improve community participation, establish microplan and set recording targets for individual data at their respective institutions. Then, rapid convenience assessment (RCA) and regular reviews are expected to evaluate and refine the NID plan.
17 May 2024	Jakarta	The Coordinating Ministry for Human Development and Cultural Affairs invited key health officials to secure their support for NID including the secretary deputy for health quality improvement and population development, assistant deputies, directors overseeing immunization, health surveillance and quarantine, health promotion and community empowerment, primary health services, and public health laboratory. As a result, there is strong commitment from all participants and their respective institutions to support the upcoming polio NID in Indonesia.

<sup>2</sup> National immunization day (NID) is a week of polio vaccination (nOPV2) followed by two rounds of bOPV to all children aged 0-7 years old in all provinces, regardless of previous immunization status.

<sup>3</sup> ASIK: national health registry system for immunization, SMILE: logistic information system for vaccine



<b>23 May 2024</b>	Jakarta	The Indonesian Paediatrics Association (IDAI) organized a national webinar, focusing on polio NID activities in Greater Papua. The conference aims to strengthen understanding, coordination and implementation of the critical interventions needed to stop the spread of polio effectively. Eminent paediatricians from across the country were invited to the conference, which served as a platform to identify challenges and formulate effective strategies to implement polio NID.
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**Figure 2.** Representatives of institutions sign a commitment during an advocacy meeting in Jayapura (left) and Sorong (right). Credit: Afdhal/WHO (left) and Endang Sri Utami (right)/WHO.



**Figure 3.** In Jayapura (left) and Sorong (right), WHO presented effective strategies to reach high and uniform coverage as well as best practices during polio NID 2019 in Papua region. Credit: Kornelius Langga Son/WHO.

GREATER PAPUA		
Date	Place	Activity
<b>6–8 May 2024</b>	Jayapura City	UNICEF organized awareness raising activities for all PHOs and DHOs in optimizing digital platforms for microplanning and the Cold Chain Equipment Inventory and Gap Analysis Tool (CIGAT). During the session, participants were trained in microplanning techniques for efficient resource allocation and effective implementation at the district level. By using CIGAT, DHOs can monitor the vaccine storage capacity and identify gaps in cold chain inventory to provide strategies in supporting NID.
<b>8 Mei 2024</b>	Sorong City	Southwest Papua PHO organized a preparatory meeting to ensure high-level stakeholders were ready for the upcoming advocacy and orientation session for polio NID. During the advocacy meeting, Sorong DHO, puskesmas, and immunization officers discussed policy formulation, budget planning, and proposal development for the polio NID implementation. This collaborative effort resulted in a comprehensive and strategic approach aimed at presenting a well-coordinated proposal to the mayor of Sorong City, highlighting the importance of polio vaccination.

<b>17 May 2024</b>	Jayapura City	Jayapura DHO and WHO organized a training session to improve overall capacity of 15 puskesmas in the area for polio NID. The training involved 20 participants from puskesmas and the DHO, focusing on microplanning, vaccine management, and recording and reporting system. The session aimed to refine NID strategies, address challenges, and enhance operational efficiency. By empowering healthcare workers, it will help ensure smooth and effective polio vaccination.
<b>17 May 2024</b>	Jayapura City	Papua PHO, provincial Disaster Management Department ( <i>Badan Penanggulangan Bencana Daerah/BPBD</i> ), and UNICEF conducted an interactive dialogue with RRI Jayapura to promote polio NID. Key messages were addressed during this event, such as the importance of vaccination, vaccination schedule, immunization targets, benefit, and safety measures for vaccination. These messages are important to increase understanding and trust towards polio vaccination. This activity demonstrated one of multiple efforts in ensuring successful polio NID.
<b>17 May 2024</b>	Nabire	Responding to the advocacy meeting on 13 May, the Central Papua governor issued the polio outbreak declaration letter. Following the declaration, an outbreak response team was formed, including the governor office, regional planning and development agency, health office, education office, religious affairs office, family empowerment and welfare agency (PKK), and BPBD. The team will be responsible to ensure multisectoral collaboration to support polio NID implementation. These progresses demonstrated a strong commitment from local authorities in preventing the transmission of polio.
<b>17 May 2024</b>	Manokwari	WHO and West Papua PHO organized raising awareness activity to Pegunungan Arfak puskesmas and DHO, attended by 25 participants. Pegunungan Arfak sits on a challenging area, with a limited internet connection. Hence, the activity was arranged at the PHO office. The event focused on polio NID preparation, microplanning, and arrange schedule and source to avoid high vaccine wastage rate.
<b>20 May 2024</b>	Jayapura City	Papua PHO, UNICEF, GAPAI, YP2KP ( <i>Yayasan Pembangunan Pendidikan dan Kesehatan Papua</i> ) and the leaders of the religion ( <i>Forum Kerukunan Umat Beragama/FKUB</i> ) convened a meeting on the polio NID implementation. The meeting resulted a strong support from FKUB by issuing a letter of support from FKUB members, which would mobilize the members to circulate the polio information to their respective areas. This collaborative effort signifies the importance of partnership between public health organizations and religious institutions in influencing community attitudes and behaviours. By engaging FKUB and leveraging their networks, the engagement aims to amplify awareness and acceptance of polio NID among the community.
<b>20 May 2024</b>	Sorong City	As a result of WHO advocacy meeting, the governor of Southwest Papua issued an instruction letter to support polio NID on 22 May. The meeting discussed the coverage target, challenges, and action plan. Additionally, the governor encouraged the public through social media video to amplify polio NID campaign.
<b>21 May 24</b>	Manokwari	West Papua PHO with WHO and UNICEF disseminated polio NID information to all puskesmas in West Papua in an event in Manokwari attended by 150 participants. The local DHO was also encouraged to estimate the vaccine demand from each puskesmas and assist in finalising the microplans.

<b>21 May 2024</b>	Jayapura City	Papua PHO, the Indonesian Paediatrician Association, and UNICEF conducted interactive dialogue on Radio Bahana Sangkakala (RBS) Jayapura. The dialogue featured important messages, such as awareness on polio situation and the plan to commence polio NID on 27 May 2024. Radio is one of the key sources of information for public, particularly radio station with spirituality-themed contents. Thus, the RBS was chosen to disseminate information about polio. It was therefore expected to promote public understanding and improve vaccination acceptance.
<b>21 May 2024</b>	Merauke	UNICEF and the local Merauke immunization team, called Tim Imunisasi Papua Juara, facilitate technical aid for the preparation of the polio NID in South Papua Province and Merauke. The technical assistance included on-the-job training offered to puskesmas to boost preparedness and capacity for vaccination programme. Additionally, the team installed a refrigerator in Merauke for storing the nOPV2 vaccine.
<b>21 May 2024</b>	Deiyai	WHO conducted an orientation session for the upcoming polio NID. The meeting convened a total of 15 participants representing all puskesmas and the local DHO. During the orientation, participants were provided with information and guidelines, such as orientation material, microplanning tools, recording and reporting tools, and IEC materials, to ensure a successful polio NID.
<b>21 May 2024</b>	Nabire	WHO organized dissemination event to puskesmas in Nabire district regarding the polio NID. The event was attended by 56 participants. Additionally, WHO conducted desk review to provide inputs for microplanning. The desk review revealed that many puskesmas have not produced clear action plans and strategies to achieve coverage target. WHO provided input to ensure puskesmas can achieve a daily target and optimize vaccine usage. Following the dissemination, the DHO head would monitor all puskesmas to initiate multisectoral teams consisting of the members of the local military and police, district government offices, and public figures in their respective areas to support the implementation of the polio NID.
<b>22 May 2024</b>	Manokwari	WHO and Manokwari DHO organized a polio NID preparatory meeting. The meeting was attended by representatives of all puskesmas in Manokwari. The participants committed to finalizing their micro plans, determining the number of vaccines and funding required, and scheduling vaccination to avoid high vaccine wastage. As a follow-up, the DHO would ensure the final micro plans to be ready by 22 May 2024.
<b>22 May 2024</b>	Dogiyai	WHO organized an orientation session for the polio NID, attended by 13 participants representing 11 puskesmas and DHO. The discussions provided the participants with a clear understanding of their roles and responsibilities for in upcoming the polio NID campaign. With strong coordination, officers in the field are now ready to implement the polio NID.
<b>22 May 2024</b>	Jayapura	The DHO held an orientation session on the polio NID, attended by 42 participants from DHOs and puskesmas, including immunization officers from 21 puskesmas. The meeting shared crucial information and established strategies for the upcoming polio NID campaign. The DHO demonstrated their strong commitment by allocating resources and budget, conducting training and orientation, and monitoring and reviewing NID preparedness. Additionally, the session discussed and addressed challenges, improving readiness and capacity to implement the polio NID. The output of this orientation was that the puskesmas have prepared their microplanning, several puskesmas have initiated to allocate their budget for Polio NID, and established strategies to reach all targets in the first round of polio NID.



<b>22 May 2024</b>	Jayapura City	UNICEF and Papua PHO conducted a meeting with journalists to disseminate information about polio NID activities and gain their support in sharing this information through print and electronic media. After the meeting, publication covering polio NID activities were issued in several media outlets such as TVRI Papua, Tribun, Fajar Papua, Pikiran Rakyat, Jubi newspaper, etc.
<b>22, 24 May 2024</b>	Manokwari	UNICEF facilitated two webinars for field communicators to support the polio NID, attended by 254 participants. The participants were posyandu cadres, health workers, field facilitators of the Program Keluarga Harapan programme, education department officials, elementary school teachers, Indonesian Red Cross volunteers, and university students in health. These webinar sessions provided participants with interpersonal communication approaches to share messages about polio and immunization in their communities and networks.
<b>23 May 2024</b>	Manokwari	WHO, UNICEF, and Manokwari DHO held coordination meeting about the polio NID with key stakeholders, such as the education and religious affair offices, community leaders, village officials, and international partners. As a result, the stakeholders committed to support the polio NID in Manokwari by socialized the polio NID and involved in monitoring of NID. The education and religion affairs office would disseminate information and facilitate the polio NID in schools. The Program Keluarga Harapan team would also mobilize the community and disseminate information.
<b>23 May 2024</b>	Keerom	WHO, UNDP and Papua PHO conducted a virtual meeting to raise awareness and understanding of the upcoming polio NID, attended by 31 participants from 12 puskesmas and DHOs. The meeting shared essential information and formulated strategies for effective polio NID implementation. The strategies covered outreach activities to remote areas, optimization of recording and reporting procedures, and improvement logistics management. Participants gained increased awareness, readiness, and understanding of their roles as well as identifying challenges in and leveraging opportunities for the campaign. UNDP also recommended to strengthen coordination and preparedness through refresher training in SMILE and other resources.
<b>24 May 2024</b>	Manokwari Selatan	WHO assisted Manokwari Selatan DHO for polio NID preparation and vaccination schedule finalization for the NID. To reach the coverage target, the DHO would instruct each puskesmas to create microplanning and arrange daily visits by immunization teams to immunization posts for maximizing vaccine effective used (50 children per vials). With competing priorities within the district, DHO will allocate funds for polio NID implementation.
<b>24 May 2024</b>	Yapen and Biak Numfor	Papua PHO, WHO, UNICEF and UNDP organized orientation meeting for the polio NID, attended by 46 participants from 23 puskesmas and the DHOs, including their leadership and representatives. The meeting discussed challenges and strategies, such as reaching remote areas, optimizing procedures, and improving logistics management. As the result, participants solidified their strategies and strengthened coordination for a successful polio NID.
<b>24 May 2024</b>	Jayapura City	UNICEF organized a webinar in collaboration with Papua PHO, IDAI, and the Papua education office, with the theme "Is it true there is already polio in Papua?". A total of 141 participants including parents, caregivers, health workers, students, and community members attended the event. The webinar aimed to debunk false beliefs

		about polio in Papua. The webinar also addressed myths and concerns related to polio transmission, prevention, and vaccination. Overall, it served as a platform in raising awareness to mobilize the community in preventing polio transmission.
<b>25 May 2024</b>	Jayapura City	Papua PHO, WHO, and UNICEF organized an online technical meeting involving all puskesmas in Papua, South Papua, Highland Papua, and Central Papua. The meeting included 140 participants from these four provinces. The outcome of the meeting revealed that three of the provinces—Papua, South Papua, and Central Papua—were prepared in technical terms for the NID implementation. However, Highland Papua was facing significant challenges, including geographical and security issues, which were obstructing their ability to effectively carry out the NID soon.
<b>25 May 2024</b>	Biak Numfor, Jayapura City, Paniai,	Papua PHO and Mimika DHO launched Papua polio NID, attended by high-level officials, such as the acting governor of Papua and acting mayors of Biak Numfor and Jayapura. This event also highlighted the partnership between government officials, healthcare professionals, and community leaders. Following the launching event, the acting mayor of Paniai also led a sub-event that drew attention to the strong commitment to and grassroots leadership in the polio NID.



**Figure 4.** Advocacy meeting with the governor of Southwest Papua (left) and the video shoot of the governor encouraging polio vaccination for the community (right). Credit: Rena/Southwest Papua PHO.



**Figure 5.** Refresher session regarding the polio NID in Jayapura City and Jayapura district. Credit: Jayapura City DHO



**Figure 6.** Dialogue interactive in Radio Bahana Sangkakala (RBS) Jayapura with by head of disease control of Papua PHO, head of IDAI Papua, and a UNICEF health officer (left) and Interactive dialogue in RRI Jayapura (right). Credit: Windy/YGHP



**Figure 7.** Polio NID in Papua Province launched by acting governor of Papua and acting head of Papua PKK in Biak Numfor District (left) and audience meeting with FKUB (right). Credit: Efi/Biak DHO and Yoshua/YP2KP

## Surveillance

EAST JAVA		
<b>6 May 2024</b>	Gresik	WHO and East Java PHO organized a meeting to improve VPD surveillance and hospital record review at Petrokimia and Muhammadiyah Hospitals in Gresik. The meeting was attended by doctors, paediatricians, neurologists, nurses, and the secretary to the directors of the hospitals. Hospital record review at Petrokimia Hospital was found to be poor, potentially leading to no AFP cases being detected. This finding called for focused support of DHO surveillance officers.
<b>8 May 2024</b>	Sidoarjo	East Java PHO and WHO organized an awareness-raising on VPD surveillance, attended by 35 private hospitals and clinics. The session highlighted key aspects such as disease outbreak reporting protocols, case finding strategies, and the importance of establishing hospital active surveillance teams. By bringing together healthcare professionals from various private healthcare facilities, the event aimed to enhance awareness and collaboration in effectively monitoring and responding to VPDs.
<b>13 May 2024</b>	38 districts in East Java	MOH and WHO arranged an online desk review of VPD surveillance, attended by 38 districts in East Java. The desk review found that hospital surveillance team performance was not optimal in several districts. Many districts only performed passive surveillance, which is rooted in a lack of coordination between DHOs and hospitals. This low reporting level has led to low specimen adequacy, with most AFP cases found only during hospital record



		reviews and with onset more than 14 days prior. To address this issue, DHOs were requested to be more active in coordinating and disseminating information to hospitals on case finding, forming teams to report VPD cases, and regularly monitoring VPD case reporting.
<b>15 May 2024</b>	Sampang	The national VPD expert committee, MOH, PHO, WHO, and Sampang DHO held a coordination meeting to enhance VPD surveillance and resource distribution. The meeting also addressed challenges, such as inadequate local government support and insufficient community engagement. Measures to counter these issues would be to activate defaulter tracking systems, using My Village My Home (MVMH) tool, improve engagement with government bodies and community organisations, and raise awareness on VPD. These efforts would bolster collaboration, advocacy, and awareness, resulting in improved routine immunization programme and strengthened VPD surveillance in Sampang.

## Key Issues

- **Limited vaccine storage:** Remote puskesmas lack freezers, making temperature control during vaccination sessions challenging. Additionally, solar direct drive/SDD refrigerators are inadequate for ice pack storage.
- **Tight deadline:** Puskesmas face difficulties meeting the 2-week deadline for identification with the national identification numbers (*nomor induk kependudukan*/NIK) due to geographical and infrastructural challenges in Papua.
- **Data Scarcity:** The scarcity of comprehensive data, particularly the national identification number (NIK), hampers the NID process.
- **Limited information channels:** Informing communities about NID requirements faces obstacles, with coordination constraints adding to the challenge.

## Next Steps

- The DHO will identify which puskesmas require support for vaccine storage. Vaccine storages should be made available in nearby puskesmas or at the DHO.
- Puskesmas will develop and finalize their micro plans, by utilizing resources from in-house staff and external resources from health organizations and educational institutions.
- MOH, through digital transformation office (DTO), will improve reporting system by enabling data submitted by puskesmas to be edited DHO before submitting to health information system (ASIK).
- UNICEF will disseminate information through various media channels. WHO will support the creation of videos. The unit of health promotion at PHO and DHO level will print the IEC materials.

## Surge Support

### MOH

- **Coordinated and advocated** partners to mobilize support for the polio NID in target areas.
- **Created a comprehensive plan** including vaccine supply, education, technical assistance, and monitoring in collaboration with health partners at sub-national level.
- **Organized training sessions** for healthcare workers to improve their skills in implementing polio NID effectively.
- **Distributed resources and logistics** for vaccination in priority areas for the polio NID, which require extensive vaccination.
- **Engaged with multisectoral government bodies** through CMHDA, securing their commitment and support for polio response.
- **Partnered with professional organization** such as IDAI, to host national webinars organizing cooperation in polio response efforts.

## WHO

- **Organized advocacy and orientation sessions** with PHO to prepare the polio NID by ensuring logistics and resources availability and creating community engagement plan.
- **Facilitated coordination meetings** with Sorong DHO to map human resource adjusted with vaccination post, population target, and number of sessions required to complete the polio NID round and formulate proposal for polio NID implementation.
- **Facilitated training sessions** with UNICEF to boost polio preparedness and capacity of DHOs.
- **Followed up** the declaration letter by the governor of Central Papua, with PHO.

## UNICEF

- **Conducted online sessions** for microplanning and introduction of CIGAT tool to improve district readiness and capacity for the polio NID.
- **Supported the national immunization team** (Tim Imunisasi Papua Juara) facilitators and installed refrigerators for storing the vaccine.
- **Raised awareness** through interactive dialogue on RRI Jayapura to promote the polio NID, disseminating information and addressing community concerns.

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