

Vaccine-Derived Poliovirus Response in Indonesia

Situation report no. 26
24 July–17 August 2024



[Access the Indonesian version](#)

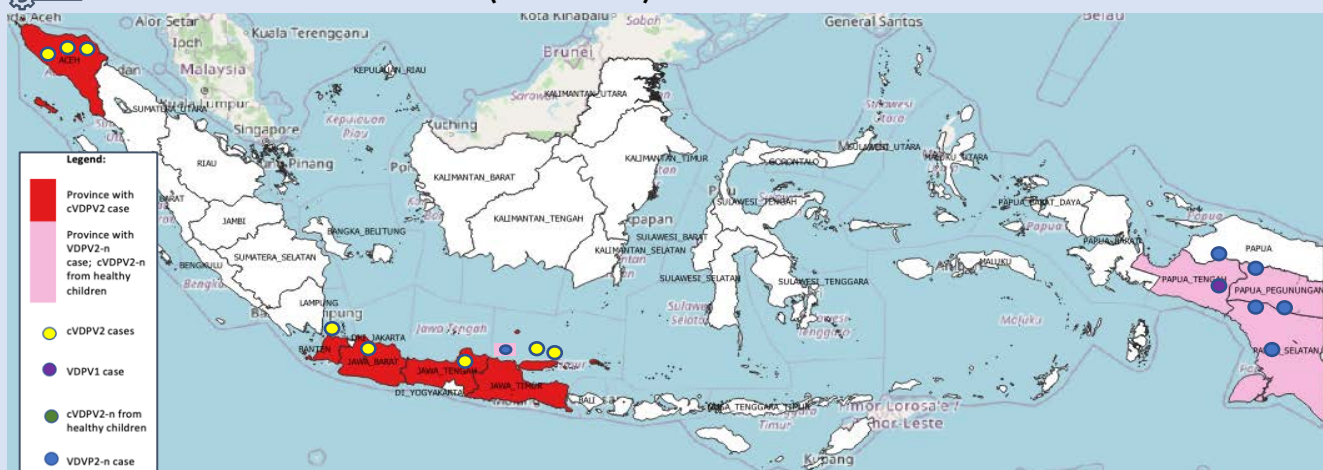


Page directory:

- [Situation update](#)
- [Planning and coordination](#)
- [NID implementation](#)
- [Surveillance](#)
- [Key issues and next steps](#)



Confirmed cases in Indonesia (2022–2024)¹



Aceh (3 cVDPV2)

- 1 case with paralysis in Pidie
- 1 case with paralysis in Aceh Utara
- 1 case with paralysis in Bireuen
- 4 healthy children positive VDPV2

Central Java (1 cVDPV2)

- 1 case with paralysis in Klaten

Central Papua (1 VDPV1 & 1 cVDPV2-n)

- 2 cases with paralysis in Mimika
- 8 healthy children positive cVDPV2-n

Banten (1 cVDPV2)

- 1 case with paralysis in Pandeglang
- 1 healthy child positive VDPV2

Highland Papua (1 cVDPV2-n)

- 1 case with paralysis in Nduga
- 3 healthy children positive cVDPV2-n

East Java (2 cVDPV2 & 1 cVDPV2-n)

- 1 case with paralysis in Pamekasan
- 1 case with paralysis in Sampang
- 1 case with paralysis in Sidoarjo
- 9 healthy children positive VDPV2

West Java (1 cVDPV2)

- 1 case with paralysis in Purwakarta
- 7 healthy children positive VDPV2

South Papua (3 cVDPV2-n)

- 2 cases with paralysis in Mappi
- 1 case with paralysis in Asmat
- 2 healthy children positive VDPV2-n

Polio NID coverage (28 November 2022 - 17 August 2024)

Province	Period	Age	Number of targets	Round 1		Round 2	
				Number vaccinated	%	Number vaccinated	%
Aceh	28 Nov 2022 – 12 March 2023	0–12 years	1,217,939	1,180,322	96.9%	1,153,310	94.7%
North Sumatra	13 Feb – 30 May 2023	0–59 months	1,346,655	1,294,171	96.1%	1,276,852	94.8%
West Java	3 April – 22 June 2023	0–59 months	3,984,797	3,834,634	96.2%	3,676,799	92.3%
East Java	15 Jan – 09 April 2024	0–7 years	4,437,679	4,735,572	106.7%	4,696,688	105.8%
Central Java	15 Jan – 09 April 2024	0–7 years	3,903,678	3,991,363	102.2%	3,899,509	99.9%
Sleman (DIY)	15 Jan – 09 April 2024	0–7 years	149,821	115,659	77.2%	111,407	74.4%
Papua Region	Ongoing, started on 27 May 2024	0–7 years	865,690	463 927	53.6	297 186	34.3%
27 Province	Ongoing, started 23 July 2024	0–7 years	16,420,460	14 536 058	88.7%	7 735 024	47.1%

¹ 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.

Polio Outbreak Response

Polio NID in 6 provinces in Greater Papua and 27 others (all except Aceh, North Sumatra, West Java, East Java, and Central Java)

Planning and coordination

Several provincial health offices (PHOs) and district health offices (DHOs), WHO, and UNICEF, held evaluation and coordination meetings to address challenges in the polio National Immunization Day (NID). These meetings focused on identifying gaps, improving coordination among stakeholders, and developing strategies to increase immunization coverage, particularly in hard-to-reach areas and regions with low initial participation. Key strategies included re-scheduling vaccinations, enhancing communication efforts, and reallocating resources. As a result, several regions showed coverage improvement.

Social mobilization

Attempts to improve polio NID coverage were made by asking the media in South Sulawesi to share information about the campaign and conduct public messaging. WHO and the Indonesian Red Cross in South Kalimantan intensified community outreach through home visits. The Pekanbaru DHO, WHO, and UNICEF worked with the Indonesian Ulama Council (MUI) to engage religious leaders in promoting vaccination during religious events in the hope to boost uptake.

NID implementation

PHO, DHO, WHO, and UNICEF conducted evaluation meetings and monitored activities to address challenges and improve vaccination coverage. Key issues were identified, including poor scheduling, inadequate vaccine management, lack of cross-sectoral coordination, and limited community awareness. WHO provided on-the-job training and targeted communication efforts to enhance vaccination efforts. UNICEF also held awareness sessions in a regional leadership communication forum to secure local commitment.



A child receiving a polio vaccine at Puskesmas Harapan Raya, Pekanbaru. Credit: WHO/Dewi Ayu

Surveillance

MoH continues to closely monitor potential polio cases. Strategies for detection include review meetings, feedback on reports, case analysis, capacity building, and targeted support for silent districts. In addition to VPD surveillance, close attention is being given to monitoring AEFI surveillance.

Key issues

- Profound resistance to the polio immunization campaign in hard-to-reach areas.
- Lack of support from local leaders, community organisations, and educational institutions.
- Cold chain management issues, particularly in remote areas.
- Data discrepancies between actual and target estimates.

Next steps

- MoH to conduct weekly or biweekly evaluations in discussion with local governments.
- Health offices to engage religious and community figures in disseminating information.
- Puskesmas to improve cross-sectoral coordination.
- PHO, WHO and UNICEF conduct advocacy, on-the-job-training and build capacities in vaccine management.
- Sweeping activities must be prioritized as a critical strategy to reach any remaining unvaccinated children.

Situation update

- Since 27 May 2024, Polio National Immunization Day (NID) with the nOPV2 vaccine has been rolling out, targeting 865 690 children in two rounds. As of 17 August, it reached 53.6% coverage in the first round and 34.3% in the second (see table below). These figures indicate low coverage over more than three months of implementation. However, five districts attained the minimum national target of 95%: Kaimana and Teluk Bintuni in West Papua for both round 1 and round 2; Sorong in Southwest Papua; Teluk Wondama in West Papua; and Mappi in South Papua for round 1.

Province	Targets aged 0–7 years	nOPV2 immunization round 1	%	nOPV2 immunization round 2	%	bOPV immunization round 1	%
West Papua	85 718	79 980	93.3	68 186	79.5	6 093	7.1
Southwest Papua	91 043	70 483	77.4	37 878	41.6	1 667	1.8
South Papua	119 922	88 496	73.8	51 682	43.1	1 315	1.1
Papua	188 659	110 796	58.7	70 339	37.3	12 425	6.6
Central Papua	205 121	91 202	44.5	60 577	29.5	10 824	5.3
Highland Papua	175 227	22 970	13.1	8 524	4.9	419	0.2
Total	865 690	463 927	53.6	297 186	34.3	32 743	3.8

*Data source for targets aged 0-7 years: Centre for Data and Information, MOH

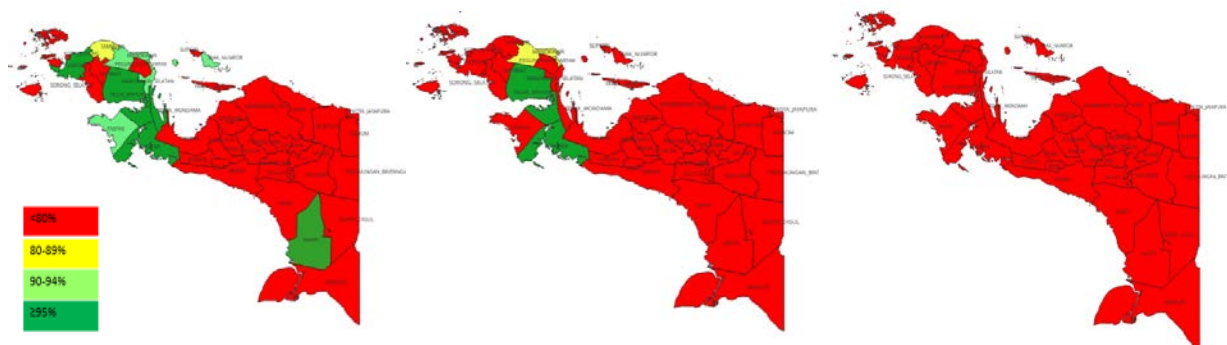


Figure 1. Coverage of nOPV2 round (left), nOPV2 round 2 (center), and bOPV round 1 (right) polio NID in Greater Papua

- Starting on 23 July 2024, the second phase of polio NID is currently implemented in 27 provinces, targeting 16 420 460 children aged 0–7 years. As of 17 August, it reached 88.6% of coverage in the round 1 and 47.1% in the second (see table below). Ninety-two (29.2%) out of 315 districts attained the minimum national target of 95% for round 1. Provinces where all districts (100%) achieved target for round 1 are Banten and DKI Jakarta. Round 2 started on 12 August 2024.

No	Province	Total Population	nOPV2 immunization round 1	nOPV2 immunization (%)	Total Districts	Total Districts Achieved at Least 95% Coverage		nOPV2 immunization round 2	nOPV2 immunization (%)
						Round 1	%		
1	Banten	1 612 831	1 644 521	102.0	8	8	100.0	1 167 483	72.4
2	Jakarta	1 209 303	1 192 086	98.6	6	6	100.0	880 715	72.8
3	South Sumatra	1 203 574	1 167 710	97.0	17	13	76.5	624 590	51.9
4	Gorontalo	162 752	157 224	96.6	6	4	66.7	70 887	43.6
5	South Sulawesi	1 214 979	1 157 846	95.3	24	15	62.5	698 379	57.5
6	Central Sulawesi	434 587	404 382	93.0	13	4	30.8	182 382	42.0
7	West Nusa Tenggara	820 487	757 496	92.3	10	5	50.0	583 691	71.1

No	Province	Total Population	nOPV2 immunization round 1	(%)	Total Districts	Total Districts Achieved at Least 95% Coverage		nOPV2 immunization round 2	(%)
						Round 1	%		
8	Southeast Sulawesi	419 762	380 861	90.7	17	7	41.2	194 594	46.4
9	South Kalimantan	589 031	530 168	90.0	13	5	38.5	247 712	42.1
10	Central Kalimantan	376 165	335 760	89.3	14	4	28.6	94 466	25.1
11	Jambi	509 291	452 186	88.8	11	6	54.5	219 611	43.1
12	Bali	492 958	436 290	88.5	9	2	22.2	294 978	59.8
13	Bangka Belitung Islands	192 297	167 980	87.4	7	0	0.0	108 064	56.2
14	Riau	957 075	815 231	85.2	12	4	33.3	382 455	40.0
15	North Kalimantan	99 088	84 166	84.9	5	0	0.0	17 944	18.1
16	Lampung	1 259 539	1 059 433	84.1	15	2	13.3	612 185	48.6
17	Maluku	274 564	227 496	82.9	11	0	0.0	45 635	16.6
18	DI Yogyakarta	263 825	216 149	81.9	4	0	0.0	134 591	51.0
19	West Kalimantan	776 699	632 909	81.5	14	1	7.1	270 100	34.8
20	East Nusa Tenggara	910 087	718 684	79.0	22	2	9.1	202 812	22.3
21	West Sumatra	781 467	616 445	78.9	19	1	5.3	306 802	39.3
22	North Maluku	195 512	150 043	76.7	10	2	20.0	16 182	8.3
23	East Kalimantan	521 923	399 187	76.5	10	0	0.0	96 555	18.5
24	Riau Islands	307 170	229 366	74.7	7	0	0.0	83 252	27.1
25	West Sulawesi	227 691	168 817	74.1	6	0	0.0	54 843	24.1
26	North Sulawesi	320 262	230 435	72.0	15	0	0.0	57 868	18.1
27	Bengkulu	287 541	203 187	70.7	10	1	10.0	86 248	30.0
Total		16 420 460	14 536 058	88.5	315	92	29.2	7 735 024	47.1

*Data source for targets aged 0-7 years: Centre for Data and Information, MOH

- When an outbreak occurs in a region, that region must achieve a non-polio AFP rate (NPAFP) of >3 per 100 000 population under 15 years of age during an outbreak. Of the regions reporting or impacting an outbreak listed below, only 6 reached the NPAFP rate in the third quarter, namely Central Java, DI Yogyakarta, East Java, South Papua, Papua, and West Papua.

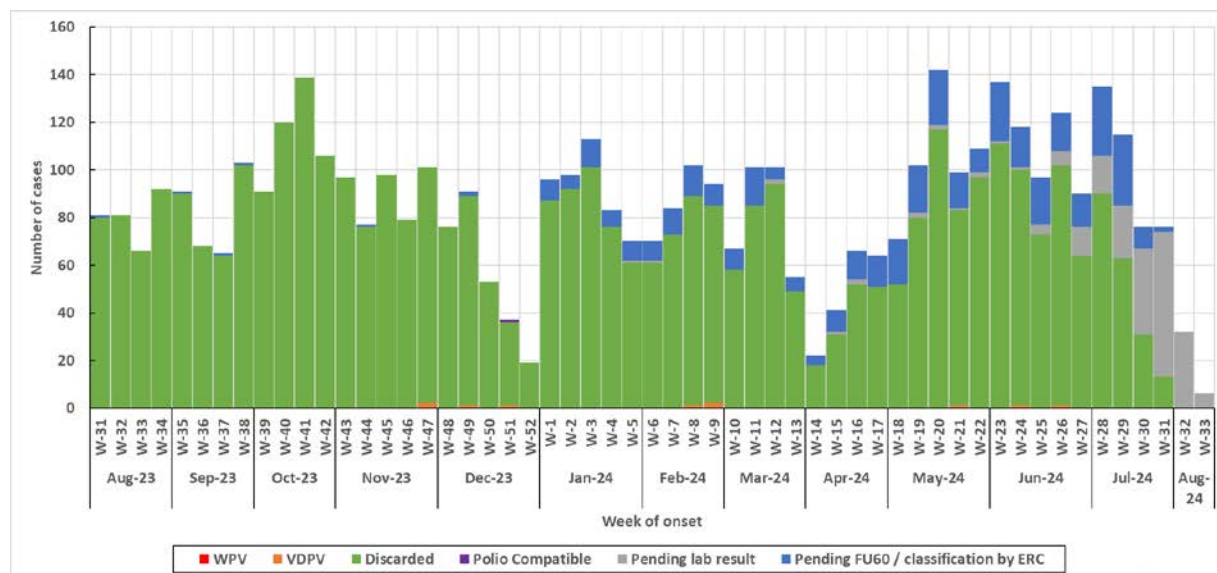
Province	2024 AFP case finding target	2024 Q3 AFP case finding target	AFP cases reported	NPAFP rate per 100 000 under 15 (target: ≥3)
Central Java	488	366	517	7.79
DI Yogyakarta	54	41	23	3.19
East Java	530	398	361	4.41
Banten	204	153	113	2.75
Central Papua	22	17	9	1.30
Highland Papua	26	20	1	0.00
South Papua	14	11	14	5.90
Papua	22	17	14	5.18
West Papua	16	12	11	3.26
Southwest Papua	16	12	3	0.55
Indonesia	4 448	3 346	2 879	4.45

Major challenges

Remaining challenges

NPAFP rate achieved

- The target of AFP case finding in 2024 is 4 448 and in Q3 is 3 346. The total reported cases were 2 879, this number was improving from the last report (1 703). Several measures for case finding remain in operation, including routine surveillance desk review by MoH, AFP surveillance capacity building, initiation of hospital-based surveillance, and reviewing records of silent districts.



Outbreak response

Planning and coordination

Date	Place	Activity
18 July 2024	Nabire	Central Papua PHO held a multisectoral evaluation meeting with the governor, WHO, and representatives from various sectors, to review the implementation of polio NID. The meeting focused on support needed from other sectors, gaps identification, and recommendation. WHO provided technical inputs and suggested strategies to address gaps, such as improving commitment of stakeholders (heads of eight DHOs, heads of puskesmas, and village heads), prioritizing urban areas with low coverage, achieving daily targets with support from optimal resources (health workers, and budget), and rescheduling polio NID in low coverage areas within 14 days. The governor consequently instructed agencies to provide resource support, particularly to reach remote, mountainous areas.
22–23 July 2024	Mimika	Mimika DHO, WHO, and an immunization team discussed a new strategy for polio supplementary immunization activities (SIAs). This meeting produced several strategies, including providing financial incentives for community health workers, setting vaccination targets, and door-to-door surveys in areas where puskesmas have achieved their targets. These were expected to accelerate the completion of two rounds of vaccination. WHO's ongoing advocacy prompted Mimika DHO to integrate SIA with school-age immunization. WHO also continued to promote immunization to prevent rejection, provided support for health workers, and facilitated discussions with village heads and local organizations.
24–25 July 2024	Kupang and Timor Tengah Selatan	UNICEF conducted a coordination meeting with the government in Kupang to expedite the polio SIA implementation. The meeting emphasized the urgency for Kupang DHO to encourage puskesmas to start nOPV2 vaccinations before the official launch on 27 July 2024. Additionally, the remaining vaccines in the pharmacy warehouse would be immediately distributed to five hard-to-reach puskesmas to prevent delays in the polio campaign. Afterwards, the government launched polio NID as scheduled.
24–26 July 2024	Teluk Wondana	West Papua PHO held a regional health work plan meeting with DHOs, hospitals, stakeholders, and development partners, where SIA implementation was also evaluated. The work plan focused on accelerating SIA implementation, particularly for DHOs demonstrating strong commitment to achieving 95% coverage.
24–25 July and 7 August 2024	Palu	WHO and Central Sulawesi PHO conducted a series of multisectoral meetings with Palu DHO and three puskesmas—Birobuli, Sangurara, and Nosarara—each serving significant target populations. The coordination meetings aimed to address the low daily coverage of nOPV2 immunization at puskesmas and district levels, attended by puskesmas staff, community workers, members of the women empowerment organization, and subdistrict heads. In one of the meetings, it was found that puskesmas had not been visiting integrated health posts (Posyandu) for nOPV2 immunization and were primarily administering vaccines in schools. Additionally, it recognized the need for more vaccinators to meet the daily target. The meetings concluded with an actionable plan that included scheduling back-to-back posyandu and school visits and deploying additional teams and cadres to expand coverage. As a result, Puskesmas Birobuli and Sangurara achieved 97.6% and 92.9% coverage in the first round.

Date	Place	Activity
29 July and 1 August 2024	Nabire	Nabire DHO and WHO had a coordination meeting with the head of the community empowerment agency to advocate for securing the commitment of village leaders. WHO also assisted the agency during an evaluation meeting with all 81 villages leaders in Nabire. They agreed to optimize 20 village funds for health sectors to strengthen routine immunization and polio SIA, mobilise the working group with puskesmas and other sectors, and engage religious leaders and community health workers to support the SIA.
31 July 2024	East Nusa Tenggara	UNICEF facilitated an offline review of polio SIA implementation in East Nusa Tenggara together with 22 districts. The review was attended by district secretaries, DHO leaders, and WHO. During the meeting, several districts discussed the challenges they faced, including discrepancies between MOH-set targets and the registered children population size at posyandu. This was compounded by a lack of multisectoral support and coordination for the SIA.
1 August 2024	Poso	WHO held an advocacy meeting with the PHO and the immunization team. It was revealed that the DHO disagreed with the national target, citing a discrepancy of 12 000 in the target population. This had led to insufficient enforcement and advocacy efforts towards puskesmas, which in turn hindered the polio SIA. WHO recommended comparing five years of immunization data with the polio SIA targets to address these issues. The findings highlighted poor microplanning and inadequate mop-up efforts. The DHO agreed to coordinate and advocate for continued efforts, aiming to achieve at least 90% coverage in the first round.
3 and 5 August 2024	Central Sulawesi	Banggai DHO met with Kampung Baru Puskesmas, which served the largest target population, of 4 489 children. Daily reports indicated the puskesmas had not implemented the Polio SIA since 29 July 2024, dragging down the overall SIA coverage. The meeting resulted in plans for rapid convenience assessment and mop-up activities. Kampung Baru Puskesmas had since resumed SIA implementation and reported its progress, reaching 89.9% coverage in the first round. Subsequently, WHO and UNICEF assisted Central Sulawesi PHO in an SIA evaluation meeting involving disease prevention and control managers and immunization coordinators from 13 districts. This meeting reviewed daily coverage reports and highlighted best practices in on-target DHOs (Donggala and Banggai Kepulauan). UNICEF also shared information about supportive supervision and cold-chain management, while WHO presented about mop-up activities. Districts with low coverage created action plans to achieve their targets in the first round.
5 August 2024	West Sumatra	WHO and West Sumatra PHO had an evaluation meeting of polio NID implementation, attended by 260 participants from puskesmas, disease prevention and control managers, immunization, health promotion, and health environment officers. WHO provided feedback based on supportive supervision and shared best practices from other provinces such as Aceh, North Sumatra, West Java and East Java. These include involving high-level stakeholders such as mayor or regents, offering immunization services in public spaces, and engaging with key opinion leaders to disseminate information about polio NID. As a result, West Sumatra PHO planned to enhance multisectoral coordination, increase home visits and coverage, and address misinformation. Additionally, the PHO would provide daily feedback to DHOs and puskesmas through a WhatsApp group to monitor and evaluate the NID implementation.
5 August 2024	Manokwari	West Papua PHO conducted an evaluation meeting on the implementation of the polio NID, attended by representatives from DHOs and puskesmas. The evaluation prompted DHOs to achieve first and second dose targets by 23 August 2024. To this end, the PHO recommended that DHO and Puskesmas carry out a catch-up of NID activities to

Date	Place	Activity
		achieve the nOPV2 target (dose 1 and dose 2). Additionally, another pair of rounds, using the nOPV2 vaccine, would be held in puskesmas that achieved coverage targets for the first and second doses, by 23 September. The fourth round is scheduled to conclude by 24 October 2024.
9 August 2024	Sorong	UNICEF and Sorong DHO discussed efforts to accelerate the polio NID. The DHO would reallocate its current budget to enable more effective puskesmas immunization specifically through home visits or mop-up activities and community mobilization. UNICEF and DHO also coordinated with the secretary of the family welfare organization to integrate polio NID activities into the stunting intervention programme. The programme would monitor polio vaccination for children.
5 and 16 August 2024	Pekanbaru City	Pekanbaru DHO and WHO conducted a cross-sectoral coordination meeting about polio NID. The 170 participants consisted of representatives from the office of religious affairs, religious organizations, subdistricts, and schools. These meetings aimed to identify gaps and challenges during the polio NID and develop strategies to address them. As of 14 August, Pekanbaru's coverage stood relatively low at 56.3%. Pekanbaru DHO received suggestions and action plans, which included engagement with religious leaders to spread information about the polio NID, community surveys to identify vaccine hesitancy, improved cross-sectoral coordination, and routine feedback.



Figure 3. Polio immunization campaign in a private hospital in Padang, West Sumatra (Credit: WHO/Novi) and UNICEF monitored polio vaccination at Maimou post service, Kenarilang Puskesmas, Alor District (Credit: UNICEF/Arte)

NID implementation

Date	Place	Activity
24–27 July 2024	Sijunjung, Padang, Padang Panjang and Bukit Tinggi,	West Sumatra PHO prioritized four districts for supervision based on polio NID coverage: Sijunjung, Padang City, Padang Panjang, and Bukit Tinggi. The evaluation showed that while puskesmas had microplans, data was not updated. Additionally, there was a need for better vaccine storage management, and adverse events following immunization (AEFI) kits during immunization sessions. WHO conducted on-the-job training to strengthen vaccine management and reporting system during supervision
25 July 2024	Pekanbaru City	Pekanbaru DHO monitored several immunization posts, identifying challenges such as poor NID scheduling that caused long waiting time. It led some parents to leave before health workers arrived. Vaccine management issues were noted, including improper handling of vials and droppers. Most parents received information about the polio NID through Facebook but not from local authorities. Feedback by the DHO to puskesmas was lacking.

Date	Place	Activity
27 July 2024	Banjarmasin City	Banjarmasin DHO conducted the polio NID in public venues, such as shopping malls, popular leisure spots among locals. This was part of coverage acceleration efforts in this large target area.
28 July 2024	Palu City	Palu DHO assisted by WHO conducted polio SIA supportive supervision at additional immunization posts. The posts were located at a water park and a church in the Birobuli Puskesmas area. Two hundred children were immunized from the additional immunization posts.
29 July 2024	Pekanbaru City	Riau PHO and WHO conducted polio NID evaluation meeting with representatives from all districts and puskesmas. The 167 participants were village midwives, immunization coordinators, and heads of DHOs and puskesmas. They discussed barriers, enablers, and best practices to improve polio NID performance, which covered just 62.7% against a target of 81.4% by its sixth day. Key challenges included insufficient information for parents, lack of cross-sectoral coordination, incorrect vaccine and waste management, and issues with informed consent for students receiving nOPV2. Some districts employed effective strategies, such as WhatsApp messaging, collaboration with the private sector, talk shows with the pediatrician association, and regular district-level evaluations. They intended to address the challenges and to continue these best practices to reach unvaccinated children.
2–3 and 14 August 2024	Tojo Una-Una, Banggai, Donggala	WHO conducted intra-campaign rapid convenience assessment (RCA) and mop-up activities in Bailo, Bailo Baru, and Tontoan villages to address low coverage in Ampana Barat and Kampung Baru puskesmas areas. RCA findings suggested additional immunization rounds and more vaccinators. As a result, both achieved 95.1% and 89.9% first round coverages respectively. In Mekar Baru village, an RCA showed 96% of children had received their first nOPV2 dose.
9 and 13 August 2024	Padang City	WHO, Padang DHO, and West Sumatra PHO monitored the polio NID in public and private hospitals. Many parents accessed immunization services in private facilities including hospitals, clinics, and private midwife practices, with whom Padang DHO collaborated. These services were offered to both visitors and eligible children of employees. The team assessed NID activities at RSUP M. Djamil, a public hospital, and Yos Sudarso Hospital, a private one. The NID implementation at both benefited from collaboration with local health centers on planning, execution, and reporting. While this was a positive step to increase coverage, immunization observed limited uptake, particularly at RSUP M. Djamil, where only 32 children were immunized on the day of the visit. Yos Sudarso Hospital had a higher turnout, with 76 children vaccinated. The supervision also noted shortfalls in waste management. On-the-job training was delivered to immunization officers, and the findings were reported to the department head and puskesmas heads for follow-up.
25 July 2024	Pekanbaru City	WHO and Pekanbaru DHO monitored polio NID activities at immunization posts under Harapan Raya Puskesmas. This puskesmas had one of the largest target populations in Pekanbaru City. Still, coverage was less than 6% on the first day. The monitoring identified several challenges: incomplete microplanning, poor scheduling, poor vaccine management, and insufficient cross-sectoral communication. The findings were valued by supervision's tool, and feedback was provided to the puskesmas and DHO. The Pekanbaru DHO planned further coordination with partners from other sectors to better mobilize the community during the campaign.
15–16 August 2024	Alor	UNICEF monitored the implementation of the second round of polio vaccination at Maimou Posyandu, Kenarilang Puskesmas and Garuda 2 Posyandu, Lembur Puskesmas. There were gaps between the first and second round, because some

Date	Place	Activity
		parents did not know the schedule. To enhance cross-sectoral support, UNICEF held a coordination meeting with the head of Alor DHO, the disease prevention and control manager, and the immunization coordinator. A circular letter on the administration of the second dose was to be issued to other sectors and the local leadership communication forum. A radio talk show on RRI for further dissemination will be organized.



Figure 4. Supervision supportive and vaccine monitoring in West Sumatra. Credit: WHO/Novi

Surveillance

Date	Place	Activity
25–26 July 2024	Mimika	As part of outbreak response, a detailed investigation into a child who tested positive for VDPV2-n was launched. It focused on tracing the infection source, assessing risks, and understanding the virus's spread. The team administered a survey concurrently with mop-up immunization activities, thereby ensuring polio vaccination for all eligible children. Additionally, the team coordinated with the village head to secure support for the puskesmas, particularly in areas where resistance to the polio NID was found. The village head would be key to encouraging community participation in the campaign.
27 July and 15–16 August 2024	East Nusa Tenggara	East Nusa Tenggara PHO; Rote Ndao, Kupang City, and Malaka DHOs; the national Adverse Events Following Immunization (AEFIs) committee; and WHO discussed the investigation findings on serious AEFIs in the province. The investigation indicated that the reported adverse events were not related to the nOPV2 vaccination.

Social mobilization

Date	Place	Activity
24 July 2024	South Sulawesi	South Sulawesi PHO, the family welfare organization (<i>tim penggerak pemberdayaan kesejahteraan keluarga/TP PKK</i>), and the Indonesian pediatrician association met the media to provide information about polio NID. Over 22 media outlets were there. The briefing covered the preparation and implementation of the polio NID.
24 July 2024	Pekanbaru City	Local authorities disseminated polio NID information on billboards and outdoor screens in key locations throughout the city. Through this billboard, the government encourages schools to not require the informed consent of parents for their children to receive the nOPV2 vaccine. In some areas, other sectors did not sufficiently provide support at the

Date	Place	Activity
		subdistrict and village levels, and immunization activities in several schools had not been scheduled. Additionally, misinformation about nOPV2 on social media contributed to vaccine hesitancy. Some parents also feared puskesmas might misuse personal data such as national identity numbers or other identification details.
27 July 2024	Banjarmasin City	WHO met with the Indonesian Red Cross chapter of South Kalimantan. The humanitarian organization would work with the puskesmas in-home visits or mop-up activities and social mobilization in all districts.
15 August 2024	Pekanbaru City	Pekanbaru DHO, WHO, and UNICEF advocated the polio NID to the Indonesian Ulema Council. This meeting produced an agreement between Pekanbaru DHO and MUI to schedule awareness sessions about polio NID in religious activities. These would be attended by religious leaders in 15 subdistricts. Key messages would similarly be conveyed to parents in religious activities such as the Friday prayers and communal Qur'an reading. These efforts would help encourage parents to bring their children for vaccination.

Key issues

- Resistance to the polio immunization campaign persists in some communities and areas, particularly in mountainous regions.
- Despite coordination efforts, challenges remain in securing full support from all sectors, including village leaders, community organizations, and education institutions.
- Logistics management, including cold chain management for vaccines, continues to be problematic, especially in remote areas.
- Several puskesmas are struggling to meet immunization coverage targets, perceived to be mismatched due to suspected discrepancies with actual population sizes.
- Inadequate coordination among sectors affects the effectiveness of scheduling of and mobilization for immunization activities.
- Numerous puskesmas fail to follow standard operating procedures for waste management during immunization activities.
- Mis- and disinformation about the nOPV2 vaccine circulating on social media have caused fear and confusion, leading to increased vaccine hesitancy among parents.

Next steps

- MoH to conduct weekly or biweekly evaluations with local governments.
- Local health offices to engage religious and community leaders in disseminating information.
- Puskesmas to improve coordination to ensure that all targeted children receive the immunization.
- PHO and DHO hold coordination meetings and advocacy for personnel mobilization.
- WHO and UNICEF conduct on-the-job training and build capacities in vaccine management.
- Promote active supervision of sweeping activities by each Puskesmas to ensure all unreached children in identified priority areas receive the PIN Polio vaccine.
- The message that "All eligible children must receive the NID Polio doses, regardless of targets or coverage percentages" should be communicated clearly to all stakeholders, health staff, and the community. Every child should be vaccinated.

- Sweeping activities must be prioritized as a critical strategy to reach any remaining unvaccinated children.
- Therefore, door-to-door visits to each household with the Polio vaccine must be treated as a priority.
- To give a necessary push to the campaign and improve the messaging through various communication mechanisms (both national and local).
- Monitor the NID vaccination status of the children visiting health facilities
- Establish mechanisms to counteract infodemic and misinformation (KIPI & hoax), using social media and engagement of religious leaders & other trusted community figures. Enhance the skills of the cadres and puskesmas staff for the same.
- PHO and DHO conduct a facility survey and logistic supply

Surge support

MoH

- Monitoring and evaluating polio NID implementation in the Papua Region and 27 other provinces.
- Ensuring commitment of local governments to polio NID implementation.

WHO

- Holding advocacy, awareness, and orientation sessions on polio NID implementation to support local health offices.
- Assisting health offices and puskesmas in microplanning polio NID.
- Assisting in coverage data validation and providing technical support.
- Supervising polio NID implementation.
- Holding repeat polio NID orientation sessions for puskesmas and DHOs.

UNICEF

- Assisting in advocacy for support of polio NID to government programmes.
- Raising awareness, including developing information, education, and communication materials and interactive radio talk shows.

Indonesian Red Cross

- Mobilizing the community to access polio immunization.

Ministry of Health: Directorate of Immunization

imunisasi.tamsus@gmail.com
survdpd3i.kipi@gmail.com

WHO:

Dr Stephen Chacko
chackos@who.int

Dr Sudhir Joshi
joshisu@who.int

UNICEF:

Dr Gopinath Durairajan
gdurairajan@unicef.org

Dr Kenny Peetosutan
kpeetosutan@unicef.org