Second Meeting of the South-East Asia Regional Verification Commission for Measles Elimination and Rubella/Congenital Rubella Syndrome Control

Colombo, Sri Lanka, 18–20 April 2017
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<th>Acronym</th>
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<tr>
<td>CRS</td>
<td>congenital rubella syndrome</td>
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<tr>
<td>DQA</td>
<td>data quality assessment</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>FGL</td>
<td>Family Health, Gender and Life Course</td>
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<td>IVD</td>
<td>Immunization and Vaccines Development</td>
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<td>HQ</td>
<td>headquarters</td>
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<td>MCV</td>
<td>measles containing vaccine</td>
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<td>MeaNS</td>
<td>measles nucleotide surveillance</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MR</td>
<td>measles rubella</td>
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<tr>
<td>MRCV</td>
<td>measles rubella containing vaccine</td>
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<tr>
<td>NVC</td>
<td>National Verification Committee</td>
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<td>ROSA</td>
<td>Regional Office for South Asia</td>
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<tr>
<td>RubeNS</td>
<td>rubella nucleotide surveillance</td>
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<tr>
<td>RVC</td>
<td>Regional Verification Commission</td>
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<td>SAGE</td>
<td>Strategic Advisory Group of Experts</td>
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<td>SEARO</td>
<td>Regional Office for South-East Asia</td>
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<td>SEA-RVC</td>
<td>South-East Asia Regional Verification Commission</td>
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<td>SIA</td>
<td>supplementary immunization activities</td>
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<td>US CDC</td>
<td>United States Centers for Disease Control and Prevention</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children Fund</td>
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<tr>
<td>VPD</td>
<td>vaccine preventable disease</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive summary

The Regional Verification Commission for Measles Elimination and Rubella/Congenital Rubella Syndrome Control for South-East Asia Region (SEA-RVC) was established by the Regional Director for WHO South-East Asia in March 2016 to verify progress towards measles elimination and rubella/congenital rubella syndrome (CRS) control in the Region. The second meeting of the SEA-RVC was held in Colombo, Sri Lanka, from 18 to 20 April 2017.

The key objective of the meeting was to review the country progress reports on measles elimination and rubella/CRS control submitted by the national verification committees (NVCs) and provide recommendations.

The methodology for review of individual country progress reports was based on the guidelines for verification of measles elimination and rubella/CRS in the WHO South-East Asia Region endorsed by the SEA-RVC during its first meeting in 2016.

Following an extensive review of evidence, the SEA-RVC verified Maldives as having eliminated endemic measles. The SEA-RVC also verified Bhutan as having eliminated endemic measles based on current evidence provided. The SEA-RVC recommended that the NVC for Bhutan submit a report on the upcoming supplementary immunization activity (SIA) within one month of completion of the activity. The SEA-RVC requested that the NVC for Bhutan produce a summary of the lines of evidence demonstrating interruption of endemic measles transmission by July 2017; this summary should incorporate the comments made during the second SEA-RVC meeting. The SEA-RVC categorized the remaining countries of the region as endemic for measles transmission.

The focus of the second meeting was on evaluation of the progress towards measles elimination in countries of the Region. However, significant information was also provided by countries during the meeting on progress
towards rubella/CRS control. The SEA-RVC decided to review and discuss rubella/CRS information during the third SEA-RVC meeting in 2018.

The SEA-RVC acknowledged the countries for the high-level of commitment shown by the governments, in particular national Expanded Programmes on Immunization (EPIs) and surveillance programmes, and the measles-rubella laboratory network. The SEA-RVC also acknowledged the important role played by all stakeholders concerned with measles elimination and rubella/CRS control in the Region. The SEA-RVC identified government commitment and stakeholder engagement as key to achieving the Regional measles elimination and rubella/CRS control goal of 2020.

The SEA-RVC made a number of recommendations to WHO, NVCs and countries to ensure that significant progress is made towards achieving the 2020 goal of measles elimination and rubella/CRS control for the South-East Asia Region.
1. Background

In September 2013, the Sixty-sixth session of the Regional Committee for South-East Asia (SEA/RC66/R5), adopted the goal of measles elimination and rubella/congenital rubella syndrome (CRS) control in the South-East Asia Region by 2020. The Regional Director established an independent Regional Verification Commission for Measles Elimination and Rubella/Congenital Rubella Syndrome Control for South-East Asia Region (SEA-RVC) in March 2016, to monitor progress towards measles elimination and rubella/CRS control as well as to verify countries that have stopped transmission of measles and/or have controlled rubella/CRS. The first meeting held in August 2015 developed the framework for verification of measles elimination and rubella/CRS control and templates for national verification committees (NVCs) of countries in the World Health Organization’s (WHO’s) South-East Asia Region to report on annual progress made towards achieving the goal of measles elimination and rubella/CRS control.

2. Objectives of the meeting

The objectives of the second meeting of the SEA-RVC were to:

(1) Review and provide feedback and recommendations on progress report submitted by NVCs from all countries as per the template provided on progress made towards measles elimination and rubella/CRS control;

(2) Conduct in-depth reviews of progress reports submitted by the NVCs of Bhutan and Maldives to consider the verification of measles elimination and rubella/CRS control in these countries;

(3) Review the implementation status of the recommendations made at the first meeting of the SEA-RVC; and

(4) Plan for the activities for 2017-18 for SEA-RVC and NVCs.
3. Organization of the meeting

The first half of day 1 of the meeting was exclusively for the SEA-RVC members. During this time, the members discussed and agreed on the methodology to be adopted during the meeting to review the progress reports and provide feedback and recommendations. The meeting was chaired by the Chair of SEA-RVC and attended by nine of the 12 members of SEA-RVC.

The second half of day 1 and the remaining days were a joint meeting of SEA-RVC members and representatives of the NVCs. The Deputy Director General of the Public Health Services of the Ministry of Health, Nutrition and Indigenous Medicine of Sri Lanka inaugurated the meeting. The opening remarks of the Regional Director were delivered by the Director of the Department of Family Health, Gender and Life Course (FGL) of WHO’s Regional Office for South-East Asia (SEARO). The chairs or representatives of all 11 NVCs of the Region and representatives from the United Nations Children’s Fund (UNICEF) Regional Office for South Asia (ROSA) and the United States Centers for Disease Control and Prevention (US CDC) participated in the meeting. The agenda for the meeting is available as Annex 1 and the list of participants as Annex 3.

Secretarial support was provided by WHO-SEARO. Dr Sudhir Khanal, WHO-SEARO, recorded the proceedings of the meeting. All the sessions of the meeting were web-cast live through WebEx; the links had been shared with all relevant partners and stakeholders in advance of the meeting.

4. Methodology of the review of country progress

The review methodology for country progress was based on the guidelines on verification of measles elimination and rubella/CRS control endorsed by the SEA-RVC in 2016.
Prior to the meeting

(1) Prior to the second meeting of the SEA-RVC, the annual reporting template on progress towards measles elimination and rubella/CRS control that had been finalized in the first SEA-RVC meeting, held in 2016 was shared by the SEA-RVC Secretariat at WHO-SEARO with all the NVCs through WHO country offices on 10 February 2017.

(2) The duly filled-in and signed annual reports were submitted by all eleven NVCs to the SEA-RVC Secretariat at WHO-SEARO by March 2017. The Secretariat provided technical support during the process to all the NVCs as and when required.

(3) Two SEA-RVC members were assigned as reviewers for each country report, with the exceptions of Bhutan and Maldives for which three SEA-RVC members were assigned. This was done on 17 March 2017.

(4) All SEA-RVC members were provided with a review checklist template to independently review the country-in-question’s progress on measles elimination and rubella/CRS control against the five lines of evidence outlined in the guidelines on verification of measles elimination and rubella/CRS control for the WHO South-East Asia Region. Considering that the NVCs of Bhutan and Maldives had made strong cases claiming cessation of transmission of endemic measles in their countries in their annual progress reports, field visits were conducted by SEA-RVC members to these two countries during March and early April 2017, prior to the second SEA-RVC meeting. The field trip reports to these countries are available as archived documents from the SEA-RVC Secretariat.
During the meeting

(1) Nine of 12 SEA-RVC members attended the meeting. The SEA-RVC chair acknowledged the countries for the high level of commitment of the national surveillance programmes and EPIs to measles elimination and rubella/CRS control in the Region and was echoed by the members.

(2) The reviews of the country reports written by the SEA-RVC members who were not present were read by the SEA-RVC Secretariat.

(3) Hard copies of the country progress reports and the reviewers’ review reports were provided to all the SEA-RVC members present at the meeting. Electronic versions were made available on the web and by email through the link provided in Annex 2.

(4) Each NVC representative presented the country’s progress towards measles elimination and rubella/CRS control based on a template that had been provided to each NVC representative prior to the meeting by the SEA-RVC Secretariat. All presentations are available and uploaded to the website listed in Annex 2.

(5) Each country presentation was provided a time slot of 45 minutes – 20 minutes for presentation and 25 minutes for discussion and comments. The comments were provided in the following order:
   - the dedicated reviewers of the country report,
   - other RVC members,
   - partner agencies.

(6) After the comments, the NVC Chairs responded with additional information and clarifications.

(7) Dedicated closed-door sessions were conducted exclusively by SEA-RVC members on days 2 and 3 after all the presentations of the NVCs had been made. These sessions were to discuss and finalize the conclusions and recommendations of the meeting.
(8) The following table details the SEA-RVC members and the corresponding allocation of countries for review of the annual progress reports submitted by NVCs.

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<thead>
<tr>
<th>Country</th>
<th>Reviewer – 1</th>
<th>Reviewer – 2</th>
<th>Reviewer – 3</th>
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<tbody>
<tr>
<td>Bangladesh</td>
<td>Dr Kinzang P. Tshering</td>
<td>Dr B.J.C. Perera</td>
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<tr>
<td>Bhutan</td>
<td>Dr Shahina Tabassum</td>
<td>Dr Rupa Singh</td>
<td>Dr Jon Kim Andrus</td>
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<td>DPR Korea</td>
<td>Dr Rupa Rajbhandari Singh</td>
<td>Dr Hiroshi Yoshikura</td>
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<tr>
<td>India</td>
<td>Dr Kumnuan Ungchusak</td>
<td>Dr Natasha Crowcroft</td>
<td></td>
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<tr>
<td>Indonesia</td>
<td>Professor A.P. Dubey</td>
<td>Dr B.J.C. Perera</td>
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<tr>
<td>Maldives</td>
<td>Dr Jon Kim Andrus</td>
<td>Dr Kyaw Kan Kaung</td>
<td>Dr Joseph P. Icenogle</td>
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<tr>
<td>Myanmar</td>
<td>Dr Natasha Crowcroft</td>
<td>Dr Hinky Hindra Irawan Satari</td>
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<td>Nepal</td>
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<td>Thailand</td>
<td>Dr Hiroshi Yoshikura</td>
<td>Dr Kinzang P. Tshering</td>
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<td>Timor-Leste</td>
<td>Dr Hinky Hindra Irawan Satari</td>
<td>Dr Shahina Tabassum</td>
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5. Conclusions and Recommendations

5.1 Conclusions
The SEA-RVC commended all NVCs of the Region for the timely submission of comprehensive progress reports on the measles elimination and rubella/CRS control programmes of the respective countries, as well as for high quality country presentations. The SEA-RVC acknowledged the countries for the high level of commitment of the national surveillance programmes and EPIs to measles elimination and rubella/CRS control in the Region and identified this as key to achieving the Regional Goal of 2020. Measles elimination was defined as “the absence of endemic measles transmission for > 12 months” and rubella/CRS control as “a 95% reduction of rubella and CRS as compared with the 2008 baseline.”

The SEA-RVC made a note that measles elimination has served as an additional platform for health system strengthening in the countries of the Region. This includes strengthening surveillance, immunization and laboratories. After careful review of the country reports, surveillance and laboratory data and discussions and interactions with the NVCs of all the eleven countries as well as field observations in Bhutan and Maldives, the SEA-RVC made the following conclusions on the country categorization:

**Measles transmission**
SEA-RVC verified that Maldives had eliminated endemic measles. The SEA-RVC verified that Bhutan had eliminated endemic measles, but recommended that the NVC of Bhutan submit a report on the upcoming measles-rubella (MR) supplementary immunization activity (SIA) within one month of completion of the SIA. The SEA-RVC requested that Bhutan submit a summary of 1-2 pages on the lines of evidence for interruption of endemic transmission, incorporating the comments of the SEA-RVC members during the current meeting, by July 2017.
SEA-RVC categorized the remaining nine countries of the Region as endemic for measles transmission.

**Rubella/CRS control**

The SEA-RVC focused on evaluation of the progress towards measles elimination during the meeting. Countries also provided significant information on rubella/CRS control. However, the SEA-RVC decided that rubella/CRS control would be the subject of discussion during the third meeting of the SEA-RVC in 2018.

### 5.2 Recommendations

After a careful review of the country progress reports submitted by the NVCs, the SEA-RVC made the following recommendations:

1. Maldives and Bhutan are verified as having eliminated endemic measles virus transmission;
2. A mid-term review of the South-East Asia Regional Strategy for Measles Elimination and Rubella/CRS Control for 2014–2020 should be completed by 2017. Appropriate changes in the strategies, if required, should be made based on the recommendations of the mid-term review;
3. Countries should ensure adequate laboratory capacity to conduct serology, virology and genotyping for measles and rubella diagnostics with well-defined mechanisms for quality assurance as well as reporting and coordination. Additional laboratories in countries of the Region, with capacity to undertake this work, should be considered for inclusion in the measles rubella laboratory network;
4. NVCs should continue to provide high quality reports annually on the progress made towards measles elimination and rubella/CRS control;
5. NVCs should review and monitor national plans and milestones for measles elimination and rubella/CRS control in their respective countries through a minimum of two meetings per year and field visits as and when required. The meetings of the NVCs should be
documented and the NVCs should review updated surveillance data during these meetings;

(6) NVCs should continue to emphasize with the national EPIs the need to conduct sub-national risk assessments and translate the findings of these assessments into action plans at the sub-national level. In several countries, the proportion of vaccinated children among confirmed measles cases was quite high relative to the proportion of unvaccinated children. Such countries should re-check the quality of data and also the cold chain;

(7) To the extent possible, countries should carefully plan polio transition to ensure that resources are available to reach the measles/rubella/CRS targets while maintaining preparedness against possible reintroduction of wild type poliovirus and/or outbreaks of vaccine-derived poliovirus. countries should continuously improve routine immunization programmes and surveillance for vaccine preventable diseases;

(8) WHO-SEARO should work with partners and donors to mobilize additional resources for measles elimination and rubella/CRS control programme activities in the Region;

(9) The third meeting of the SEA-RVC should be conducted in April 2018.

The SEA-RVC also made country-specific recommendations for individual countries.

**Bangladesh**

The SEA-RVC commended the progress made in the country and the commitment shown by the national government. The SEA-RVC recommended that:

(1) Efforts should be made to further improve coverage of vaccines administered through the routine immunization system. Pockets of high-risk immigrant populations, especially around Chittagong and Sylhet, should be well covered with SIAs reaching more than 95% coverage in these populations. Efforts should be made to strengthen surveillance in these areas;
(2) The national vaccine-preventable disease (VPD) surveillance programme should ensure that molecular epidemiology/virological surveillance be included as part of the case investigation for fever and rash;

(3) The national laboratory should be encouraged to perform high quality serology and virology and to regularly submit genotypes to the global nucleotide surveillance system;

(4) Data quality assessment (DQA) of immunization and surveillance measles and rubella data should be conducted periodically and recommendations from the DQA implemented as a priority.

**Bhutan**

The SEA-RVC verified that Bhutan had achieved elimination of endemic transmission of measles and applauded the country for the progress made. The SEA-RVC recommended that the NVC of Bhutan submit a report on the upcoming SIA within one month of completion of the SIA.

The SEA-RVC requested that Bhutan submit a summary on the lines of evidence for interruption of endemic transmission, incorporating the comments of the second SEA-RVC meeting, by July 2017.

The SEA-RVC requested that:

(1) A post-elimination plan be developed to ensure that:
   - the gains made by the country in measles elimination and rubella/CRS control and immunization are sustained;
   - The country continues to maintain adequate capacity to identify and respond to importations and outbreaks of measles and rubella;

(2) Routine immunization is strengthened, especially in pockets of low immunity, and micro plans are developed for coverage improvement in the urban areas;

(3) Data management and DQAs should be seen as an important element and adequate capacity should be built to ensure high quality surveillance data in the country;
(4) Laboratory supported case-based surveillance strengthening should be continued through training and orientation of health workers and periodic monitoring and feedback mechanisms with a focus on districts that have low discard rates for non-measles non-rubella cases.

Democratic People’s Republic of Korea

The SEA-RVC commended the country on the significant progress made towards interruption of measles and rubella/CRS in the country.

The SEA-RVC recommended that:

(1) Rubella-containing vaccine should be introduced in the routine immunization programme as a priority;
(2) A seroprevalence study should be conducted to evaluate the status of population immunity for measles and rubella;
(3) Joint field visits by SEA-RVC members and NVC members should be organized to various sub-national units to assess progress towards measles elimination and rubella control;
(4) The e-surveillance system should be expanded to the sub-national level to have maximum benefit in strengthening measles and rubella surveillance in the country. High quality measles and rubella immunization and surveillance data should be ensured by periodic DQAs.
(5) Clinically compatible measles cases should be reviewed rather than excluding these from analysis. Standard algorithms should be followed to classify these cases.

India

The SEA-RVC applauded the Government of India’s commitment to measles elimination and rubella/CRS control as well as the rapid progress made by the country despite its large size. The SEA-RVC agreed with the NVC assessment that the country can achieve the 2020 goal of measles elimination and rubella/CRS control. The SEA-RVC noted that India would
need to capitalize on the current political commitment in the country to generate more resources to fast-track progress.

The SEA RVC recommended that:

1. A sub-national plan, risk assessment and monitoring of progress in each state be undertaken along with efforts towards intensification of routine immunization through approaches like “Mission Indradhanush”;
2. The government endorse the draft national plan and budget lines outlined. Progress in the implementation of the plan should be tracked regularly;
3. The NVC encourage the programme to achieve high coverage during the upcoming SIA through pre-campaign readiness assessments and rigorous intra campaign monitoring;
4. The NVC advocate for technical and financial resources so that modified case-based surveillance can be rapidly rolled out and coordinated with the phased roll out of SIAs in the country.

**Indonesia**

The SEA-RVC acknowledged the Government of Indonesia’s commitment to achieve the goal of measles elimination and rubella/CRS control and the actions taken towards this.

The SEA-RVC, however, expressed concern on the decreasing coverage of routine immunization and the lack of high coverage during the SIA conducted in 2016.

The SEA-RVC recommended that:

1. High coverage be achieved during the August 2017 SIA in Indonesia through pre-campaign readiness assessments and rigorous intra campaign monitoring;
2. The NVC advocate for mobilization of additional resources to expand case-based surveillance for measles and rubella in the entire country by 2018;
(3) The NVC advocate that sub-national risk assessments be done and sub-national plans be developed and implemented based on these assessments.

**Maldives**

The SEA-RVC applauded the country for achieving the elimination of endemic measles virus from the country.

The SEA-RVC noted the country’s plan to require a certificate of measles rubella vaccination for expatriates at the time of entry into the country and, if the certificate is not available, to ensure that expatriates are provided measles rubella vaccination at entry.

The SEA-RVC noted the observation of the International Health Regulation Joint External Evaluation that the country had very strong surveillance and immunization programmes.

The SEA-RVC recommended that Maldives develop a post elimination plan to ensure that:

1. The gains made by the country towards measles elimination and rubella/CRS control are sustained;
2. The country remains free of endemic measles;
3. The country continues to maintain adequate capacity to identify and respond to possible importations and outbreaks of measles and rubella.

**Myanmar**

The SEA-RVC noted with appreciation the timely response to the 2016 measles outbreak in Nagaland with a comprehensive health package for hard-to-reach populations.

The SEA-RVC recommended that:

1. High coverage be achieved during the 2017 outbreak response in Yangon and planned SIAs with adequate pre-campaign readiness assessments conducted as per the global guidelines;
(2) The national EPI should support strengthening of the case-based surveillance system by ensuring reporting sites are fully functional and expanded to the entire country and that regular reporting of the data from the sub-national level is done with all the core variables as outlined in the surveillance guidelines;

(3) The national EPI should include other formal and non-formal health sectors to support MR surveillance;

(4) A root-cause analysis of the Nagaland outbreak that occurred in 2016 should be undertaken and lessons learnt be disseminated to every level in the country.

Nepal

The SEA-RVC acknowledged the impressive recovery of the immunization programme in the country after the massive earthquake in 2015 as well as the innovative “Fully Immunized Village” concept and the plan to have the entire country declared fully immunized by 2018.

The SEA-RVC noted the lack of clarity of the impact of upcoming federalization on the public health system, including the measles elimination and rubella/CRS control programme, in the country.

The SEA-RVC recommended that:

(1) The coverage evaluation survey be completed immediately and plans to close any immunity gaps, if found, be handled;

(2) The expansion of case-based surveillance reporting sites from the current acute flaccid paralysis sites to all health facilities in the country, as well as strengthening of mechanisms for sample collection for serology and virology;

(3) The exploration of possibilities of alternative sample collection methods such as dried blood spots in areas where there are difficulties with sample collection and transportation;

(4) Virology and genotyping are conducted and data are synchronized with the measles nucleotide surveillance (MeaNS) and rubella nucleotide surveillance (RubeNS) databases.
Sri Lanka

The SEA-RVC commended the tremendous progress made towards measles elimination and rubella/CRS control and recommended:

(1) Continued efforts to strengthen surveillance to ensure that the indicators meet recommended standards; and
(2) Adequate support to be made available to the laboratory to enhance the laboratory testing capacity and quality for both serology and virology.

Thailand

The SEA-RVC noted the good progress made towards measles elimination and rubella/CRS control, including the catch-up campaign done and efforts to optimize the schedule of measles rubella vaccine in the routine immunization schedule.

The SEA-RVC recommended that the country:

(1) Start zero reporting system for integrated measles and rubella surveillance all over the country and strengthen reporting and data flow mechanisms from sub-national to national level;
(2) Initiate CRS surveillance in the country;
(3) Strengthen routine immunization coverage and conduct SIAs in areas where measles vaccination coverage is low as well as in areas where outbreaks of measles were recently reported, notably in the southern provinces. Efforts should include capacity building, raising awareness among health personnel and aligning the national guidelines with regional guidelines to the extent possible;
(4) Develop and implement a communication strategy to address vaccine hesitancy in population groups where this is a problem;
(5) In view of the progress of measles elimination programme in this country, consider the use of the Guidelines’ definition of “measles outbreak”, which is “a single laboratory-confirmed case of measles”;
(6) As large measles outbreaks may occur in hospitals, training campus, prisons, schools, establish and implement appropriate guidelines/policies in such institutions.

**Timor-Leste**

The SEA-RVC appreciated the significant progress made towards measles elimination and rubella/CRS control in the country, with increased coverage for routine immunization.

The SEA RVC recommended that:

1. A nation-wide measles rubella SIA be conducted in 2018 to close any immunity gaps;
2. Fever and rash case-based surveillance reporting be expanded to all Sucos (Sub-district level);
3. Case investigations be complemented with molecular epidemiology to get information on the origin of the measles and rubella viruses being detected;
4. A detailed outbreak response plan be developed.
Annex 1–Agenda of the meeting

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<td>WHO-SEARO</td>
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<td>- Lighting of lamp</td>
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<td>- Remarks by Ministry of Health (MoH), Sri Lanka</td>
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<td>- Remarks by the Regional Director, WHO-SEARO</td>
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<td>- Objectives of meeting and housekeeping announcement by IVD team leader</td>
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<td>Presentations on the status of measles, rubella and congenital rubella syndrome</td>
<td>WHO-SEARO</td>
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<tr>
<td>- South-East Asia Region (20 min)</td>
<td>WHO-HQ</td>
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<td>- Global (20 min)</td>
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<td>Updates on the recommendations and way forward from the previous meeting (20 minutes)</td>
<td>WHO-SEARO</td>
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<td>Presentation on the <em>modus operandi</em> of the meeting</td>
<td>Chair RVC</td>
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<td>Presentation of country progress reports by NVC chairs:</td>
<td>NVC Chairs</td>
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<td>Bangladesh, DPR Korea, India and Indonesia</td>
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<td><strong>Day 2</strong></td>
<td>Remarks</td>
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<td>Presentation of country progress reports by NVC chairs :</td>
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<tr>
<td>Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste, Bhutan and Maldives</td>
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<td>DAY AND ACTIVITIES</td>
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<td>Closed door meeting of SEA-RVC members</td>
<td>RVC Chair</td>
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<td>Closed door meeting of SEA-RVC members</td>
<td>RVC Chair</td>
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<td><strong>Closing Session</strong></td>
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<td>- Conclusions and Recommendations from RVC Chair</td>
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<td>- Closing by RVC Chair</td>
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Annex 2–Presentations made in the SEA-RVC meeting

All presentations made in the meeting are available in the following link in the order of presentations made as per the agenda.

http://www.searo.who.int/entity/immunization/meetings/RVC2017/en/
Annex 3—List of participants

**RVC Members**

Professor Dr Shahina Tabassum  
Chairperson SEA-RVC  
Professor and Chairman  
Department of Virology  
Bangabandhu Sheikh Mujib Medical University (BSMMU)  
Dhaka, Bangladesh

Dr B.J.C. Perera  
Consultant Pediatrician  
Postgraduate Institute of Medicine  
University of Colombo  
Colombo, Sri Lanka

Dr Hinky Hindra Irawan Satari  
Division of Infectious Diseases and Tropical Pediatrics  
Department of Child Health  
Fakultas Kedokteran Universitas Indonesia  
Jakarta, Indonesia

Dr Kumnuan Ungchusak  
Advisor  
Department of Diseases Control  
Ministry of Public Health  
Nonthaburi, Thailand

Dr Kyaw Kan Kaung  
Director, Procurement and Supply  
Ministry of Health  
Nay Pyi Taw, Myanmar

Dr Hiroshi Yoshikura  
Emeritus Member  
Department of Food Safety  
Ministry of Health, Labour and Welfare  
Tokyo, Japan

Dr Rupa Rajbhandari Singh  
Professor and Chair  
Division of Neonatology  
Department of Pediatrics  
B.P. Koirala Institute of Health Sciences  
Dharan, Nepal

Dr B.J.C. Perera  
Consultant Pediatrician  
Postgraduate Institute of Medicine  
University of Colombo  
Colombo, Sri Lanka

Dr Jon Kim Andrus  
Adjunct Professor and Center for Global Health, University of Colorado, Washington DC, USA

Dr Joseph Parker Icenogle  
Virologist/Public Health Scientist  
Team Leader, Rubella Virus Laboratory  
Centers for Disease Control and Prevention (CDC)  
Atlanta, USA
Second Meeting of the South-East Asia Regional Verification Commission for Measles Elimination and Rubella/Congenital Rubella Syndrome Control

NVCs

**Bangladesh**
Professor Sawkat Hassan
Member, NVC
Dhaka, Bangladesh

**Indonesia**
Professor Elisabeth S. Herini
Chair, NVC
Yogyakarta, Indonesia

**Bhutan**
Dr Tandi Dorji
Chairperson, NVC
Thimpu, Bhutan

**Maldives**
Dr Abdul Azeez Yousuf
Chairperson, NVC
Male', Maldives

**DPR Korea**
Dr Hong Sun Gwang
Vice Director
State Hygiene and Inspection Board
Ministry of Public Health
Pyongyang, DPR Korea

**Myanmar**
Dr Htar Htar Lin
Deputy Director (EPI)
Department of Public Health
Ministry of Health and Sports
Nay Pyi Taw, Myanmar

**Nepal**
Professor Kedar Prasad Baral
Member, NVC
Lalitpur, Nepal

**Sri Lanka**
Professor Lalitha Mendis
Chairperson, NVC
Colombo, Sri Lanka

**Thailand**
Dr Supachai Rerks-Ngarm
Chairperson, NVC
Department of Disease Control
Ministry of Public Health
Nonthaburi, Thailand

**India**
Dr Narendra Arora
Chair, NVC
New Delhi, India
Second Meeting of the South-East Asia Regional Verification Commission for Measles Elimination and Rubella/Congenital Rubella Syndrome Control

Dr Sirisak Warintrawat  
Department of Diseases Control  
Ministry of Public Health  
Nonthaburi, Thailand

Timor-Leste  
Dr Joao Teodosio Amaral  
Member, NVC  
National Hospital Guido Valadares  
Dili  
Dili, Timor-Leste

MoH Bhutan  
Mr Sonam Wangchuk  
Chief Laboratory Officer  
Royal Centre for Disease Control  
Department of Public Health  
Ministry of Health  
Thimphu, Bhutan

Mr Tshewang Dorji Tamang  
Dy Chief Programme Officer  
Communicable Disease Division  
Department of Public Health  
Ministry of Health  
Thimphu, Bhutan

MoH Maldives  
Mr Ibrahim Nishan Ahmed  
Deputy Director General  
Health Protection Agency  
Ministry of Health  
Malé, Maldives

Ms Aishath Hassan  
Senior Public Health Programme Officer  
Health Protection Agency  
Ministry of Health  
Malé, Maldives

MoH Sri Lanka  
Dr Samitha Ginige  
Acting Chief Epidemiologist  
Epidemiology Unit  
Ministry of Health, Nutrition and Indigenous Medicine  
Colombo, Sri Lanka

Dr Deepa Gamage  
Consultant Epidemiologist  
Measles Rubella National Focal Point  
Epidemiology Unit  
Ministry of Health, Nutrition and Indigenous Medicine  
Colombo, Sri Lanka

Dr Sunethra Gunasena  
Consultant Virologist  
Medical Research Institute  
Dr Danister de Silva Mawatha  
Colombo, Sri Lanka
US CDC
Mr James Goodson
Senior Measles Scientist
Global Immunization Division
Centers for Disease Control and Prevention
Atlanta, USA

UNICEF ROSA
Dr Saadia Farrukh
Regional Immunization Specialist
UNICEF ROSA
Kathmandu, Nepal

WHO Headquarters
Dr Minal Patel
Surveillance Officer
Expanded Programme on Immunization Plus

WHO Regional Office for Africa
Dr Balcha Girma Masresha
Medical Officer
Immunization and Vaccine Development

WHO Country Office Sri Lanka
Dr Navaratnasingam Janakan
National Professional Officer
Communicable Disease Control

Dr Jagath Amarasekera
Consultant

Ms Sandra Diasz
Team Assistant

WHO-SEARO
Dr Pem Namgyal
Director
Department of Family Health, Gender and Life Course

Dr Sunil Kumar Bahl
Regional Adviser-Accelerated Disease Control Immunization and Vaccine Development

Dr Sudhir Khanal
Medical Officer- Measles Immunization and Vaccine Development

Ms Malu Adlakha
Immunization and Vaccine Development

Department of Family Health, Gender and Life Course

Department of Family Health, Gender and Life Course

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