A Double Victory

The story of how this young nation triumphed over measles and restrained rubella
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FOREWORD

I congratulate the people and Government of Timor-Leste on their outstanding achievement of eliminating measles and controlling rubella and congenital rubella syndrome two years ahead of the 2020 target.

Achieving these goals is massively significant for the health and wellbeing of your country.

Timor-Leste is among the first three countries in the Region to achieve both the elimination of measles and the control of rubella and congenital rubella syndrome.

In 2014 WHO announced these targets as core imperatives, with Timor-Leste making remarkable efforts to strengthen vaccination services, build laboratory networks, employ supplementary vaccination activities and leverage partnerships.

Those efforts paid off, with each successive government affirming the progressive realization of the right to health and the immediate strategic goals at hand. Your commitment is to be commended.

Indeed, I congratulate Timor-Leste and am confident that they will sustain these achievements by fully implementing the post-elimination sustainability plan they have committed to, and which will see them remain free of these diseases forever.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region
Everyone has the right to health and medical care, and the duty to protect and promote them.

The State shall promote the establishment of a national health service that is universal and general. The national health service shall be free of charge in accordance with the possibilities of the State and in conformity with the law.

The national health service shall have, as much as possible, a decentralized participatory management.

*Constitution of the Democratic Republic of Timor-Leste, Section 57*
Total population: 1,261,405

- Municipalities: 13
- Regional Referral Hospitals: 5
- Districts: 65
- Community Health Centres at the Sub-District Level: 68
- Villages (SU.CO): 442
- Health Posts at the Village Level: 317
INTRODUCTION

Measles

Measles is a highly contagious, serious disease caused by a virus in the paramyxovirus family. It is normally transmitted through direct contact and through the air when infected people cough and sneeze. The virus infects the respiratory tract, then spreads throughout the body. Measles is a human disease and is not known to occur in animals. It remains one of the leading causes of death among young children globally, despite the availability of a safe and effective vaccine. One in five people infected with measles develop complications, such as ear infections, pneumonia, encephalitis (an infection that causes brain swelling), blindness, severe diarrhoea and related dehydration. Serious complications are more common in children under the age of 5 years or adults over the age of 30. Severe measles is more likely among poorly nourished young children, especially those with insufficient vitamin A, or whose immune systems have been weakened by HIV/AIDS or other diseases. Approximately 89 780 people died from measles in 2016 globally – mostly children under the age of 5 years.

Legend says that Timor-Leste was formed out of a crocodile who remembered the kindness of a young boy who saved its life. As a token of gratitude, the crocodile fulfilled the boy’s wish of exploring the world as it carried him on its back. The crocodile and the boy travelled the oceans and followed the sun for years. After the crocodile’s death, its rigid back grew to form the mountains and its scales the hills of Timor, becoming the home of the kind boy and his children – the people of Timor-Leste.
Getting immunized with two doses of measles vaccine gives lifelong protection. Before the introduction of measles vaccine in 1963 and widespread vaccination, major epidemics occurred approximately every 2–3 years and measles caused an estimated 2.6 million deaths each year. Measles vaccination resulted in a 84% drop in measles deaths between 2000 and 2016 worldwide. During this period, it prevented an estimated 20.4 million deaths making measles vaccine one of the best buys in public health.

**Rubella**

Rubella is a contagious, generally mild viral infection that occurs most often in children and young adults. The rubella virus is transmitted by airborne droplets when infected people sneeze or cough. Humans are the only known host. While rubella virus infection usually causes a mild fever and rash in children and adults, infection during pregnancy, especially during the first trimester, can result in miscarriage, fetal death, stillbirth, or infants with congenital malformations, known as congenital rubella syndrome (CRS). Infants with CRS may excrete the virus for a year or more. Children with CRS can suffer hearing impairments, eye and heart defects and other lifelong disabilities, including, diabetes mellitus and thyroid dysfunction – many of which require costly therapy, surgeries and other expensive care.

Rubella is the leading vaccine-preventable cause of birth defects. There is no specific treatment for rubella but the disease is preventable by vaccination.
SIGNIFICANT EVENTS

1989
- MCV1 introduced

1998
- Limited immunization services re-established following disruption surrounding the struggle for restoration of independence

2000
- SIAs conducted for children aged 9 months to 5 years
- measles and rubella case surveillance started

2003
- SIA conducted for children aged 6 months to 15 years

2006
- SIA conducted for children aged 9 months to 5 years

2009
- Nationwide measles SIA conducted to provide measles vaccine, Vitamin A and de-worming tablets

2011
- MCV2 introduced; CRS surveillance started; 2 imported cases of measles reported

2014
- Mandatory reporting of measles and rubella cases begun

2015
- National Measles Elimination Verification Committee formed; rubella vaccine introduced; MR/OPV catch-up immunization campaign conducted

2016
- MCV2 introduced; CRS surveillance started; 2 imported cases of measles reported

2018
- Verification that Timor-Leste has met both goals: endemic measles eliminated and rubella controlled

MCI: Measles-containing vaccine
SIA: Supplementary immunization activity
MR: Measles–rubella
CRS: Congenital rubella syndrome
Eliminating measles is within the reach of Timor-Leste, but this can translate into reality only when all parents commit to vaccinate their children below-5 during the national immunization campaign for #Measles #Rubella & #Polio from 2 to 14 July 2018.

– Dr Virna Martins Sam
Paediatrician and Chair, NITAG
(Tweet of 25 June 2018)
RISING TO THE CHALLENGE

And challenge it certainly was!

The Democratic Republic of Timor-Leste, a country barely 16 years old has a landmass of approximately 15,410 sq km on the island of Timor. It has an estimated population in 2018 of approximately 1.26 million people, of which about 164,723 children are below the age of five.¹ Close to a quarter of the population lives in the capital, Dili, while the rest are dispersed across the country, including in Oecusse Special Administrative Region – an area separated from the rest of the country by Indonesian territory. A logistical challenge in itself.

After the restoration of Independence, the country faced many problems in its initial years – an impoverished population and internal strife. Following internal conflict in 2006 which left 150,000 people displaced, an International Stabilizing Force (ISF) was deployed. By December 2012, the situation had stabilized and the UN and ISF were able to withdraw, leaving the government of Timor-Leste to take charge of its own affairs.

¹Estimated population projections from 2015 census. Department of Statistics, Ministry of Finance)
The impact of previous political instability, with its accompanying problems such as the destruction of health infrastructure and shortage of funds, was not the only problem that the government had to contend with in delivering its health-care programme. Timor-Leste is also prone to a number of natural disasters, with severe and recurrent drought, flooding and landslides being the most common.

Nonetheless, the government of Timor-Leste has taken all these challenges in its stride, letting nothing stop it in its mission to safeguard its people against measles and rubella.

“We must all assimilate that we are all here to serve our people and our country in order to improve the quality of health services in Timor-Leste and to satisfy the needs of the public.”

— Dr Rui Maria de Araújo
Former Prime Minister and Health Minister of Timor-Leste, on 20 September 2017
For the people of a country to be healthy, its leaders have to be committed to making health and welfare a priority, and to delivering an effective health-care system. Since the restoration of independence, all successive governments have been committed to the goal of achieving universal health care. Inheriting a decimated health system at the time of restoration of independence in 2002, when there were only 20 doctors to serve a population of some one million people, the government swiftly invested in health care and by 2017 the government employed almost 900 doctors. Health outcomes improved substantially. This is perhaps the most apparent example of the steely will of the leaders.

"As a team, we are here to serve you."

– Motto of the Ministry of Health
Government of Timor-Leste, September 2017
When the National Measles, Rubella and Polio Immunization Campaign was launched on 13 July 2015, it was the Prime Minister, a medical doctor, who himself delivered the first vaccination of the campaign, and actively engaged with parents to encourage them to get their children immunized. This hands-on approach and the demonstrated deep commitment of the senior leadership, including the Minister of Health, to delivering an effective health-care system have greatly assisted the delivery of health care in Timor-Leste.

Local-level leadership too has been active in the success of this effort. *Aldeia* (sub-village) and *suco* (village) leaders were sensitized to the importance of achieving the required immunization goals through quarterly advocacy meetings. Their support has been crucial in immunization defaulter tracing and has gone a long way in improving immunization coverage.
The Government of Timor-Leste from the very outset forged strategic partnerships that paved the way for rebuilding and strengthening health systems. Since 1999, WHO has provided continued support to the Ministry of Health for health systems strengthening. It has also provided crucial overall technical and logistical support.

Development partners extending support to the health sector include, multilateral organizations, bilateral organizations, international and national nongovernmental organizations (NGOs) and international public–private partnerships. Among the multilateral organizations are the UN agencies such as WHO, UNICEF, UNFPA and WFP, the World Bank and the European Union. Key bilateral partners include Cuba, Australia, South Korea, Indonesia, Malaysia, Thailand, China, United States and Japan. The international public–private partnerships include the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance.

Bilateral support extended by Cuba under a 2003 agreement has been catalytic for the development of the national health-care services in Timor-Leste. Under this agreement the Cuban Medical Brigade has provided medical services, support and training of 1000 Timorese medical doctors.
The Timorese graduate general practitioners are deployed in each of the 13 municipalities. All community health centres and health posts are now being served with at least one doctor. This has greatly increased the outreach of community-based primary health-care services including immunization services.

The elimination of measles and control of rubella and congenital rubella syndrome is an example of a successful partnership between the Ministry of Health, WHO, UNICEF, Gavi, the Vaccine Alliance, and other partners.

This is also an illustration of a successful inter-sectoral collaboration. The Ministry of Health collaborated with the Ministry of Education and the Ministry of State Administration for a successful immunization campaign.

The cooperation of village-level community leaders who come under the Ministry of State Administration (aldeia and suco leaders) was also crucial for community mobilization.
The collaboration between the Ministry of Health, Government of Timor-Leste, WHO and other partners has paid rich dividends. It is not only in the field of immunization and VPDs that the country has taken strides, but also in the overall health outcomes. Through training and capacity building, we have been able to assist in the strengthening of health systems of the country. We at WHO can only provide effective assistance when a government itself prioritizes health. In Timor-Leste, the leaders from the very beginning have worked towards the good health of the people.

— Dr Rajesh Pandav
WHO Country Representative
Twinning – the start of a great relationship

The WHO South-East Asia Regional Committee session held in the Republic of Maldives in September 2017 saw the signing of an unprecedented ‘twinning agreement’ between the governments of Sri Lanka and Timor-Leste. This agreement will see Timor-Leste draw on Sri Lankan expertise to strengthen the effectiveness of its immunization management bodies, such as the Expanded Programme on Immunization (EPI), so as to help them to become programmatically and financially stable as they transition out of the support of Gavi, the Vaccine Alliance. Sri Lanka transitioned out of Gavi support in January 2016, and is in the second year of fully self-financing its vaccines. With Gavi support drawing to a close in 2018, Timor-Leste hopes to use the lessons from their experience to follow a similar path to self-funding.

The two-year agreement will see EPI officials from both national and local offices in Timor-Leste visiting Sri Lanka to study first-hand how its 99% immunization coverage rates are sustained. Sri Lanka, which has put in place a model system, will be the first Gavi-supported country to provide a combination of mentoring and coaching to support another Gavi-supported country in its transition to self-funding.
Since the restoration of Timor-Leste’s independence in 2002, all successive governments have been committed to providing universal health care. Much of the country’s health infrastructure destroyed during the independence struggle has been rebuilt.

Efforts to achieve measles elimination and rubella control have included supportive supervision, regular EPI and VPD surveillance reviews at national and subnational levels, training in EPI and VPD surveillance, introduction of case-based, laboratory-supported measles and rubella surveillance that meets WHO standards, and addition of a second vaccine dose to the immunization schedule in 2016 – replacing a single measles vaccine dose with two doses of measles-rubella (MR) vaccine. A National Verification Committee on Measles Elimination and Rubella Control was also established in 2015. A further step towards being certified as measles-free in 2017 was the establishment of a measles-rubella molecular epidemiology laboratory. WHO’s continued advocacy led to political engagement at the highest political level for immunization. H.E. the Prime Minister promoted the immunization campaign and routine vaccination. A nation-wide immunization campaign on measles, rubella and oral polio vaccine (MR-OPV) was successfully implemented in July–August 2015 with more than 95% coverage of children below 15 years.

“We are making all efforts to strengthen our health delivery systems. Increasing and sustaining high immunization coverage is our public health priority.”

– Dr Odete da Silva Viegas
Director General of Health Services Delivery
We give a lot of emphasis to training and supportive supervision at every level to make our EPI programme a success. Because each person knows what their job requires and how they should perform their task, they are able to function efficiently. This makes the programme successful.

– Mr Manuel Mausiry
EPI Programme Manager
In February 2016, Timor-Leste introduced five vaccinations into the child immunization schedule all at once: a birth dose of hepatitis B, a single dose of inactivated polio vaccine (IPV) at 14 weeks, two doses of measles-rubella vaccine, a 4th DPT dose at 18 months, and a DT booster at 6 years. In November 2017, a post-introduction evaluation (PIE), supported by WHO, was conducted to assess how well these vaccine introductions have been implemented and to identify and address any technical, programmatic or logistical issues and document lessons learned. The PIE involved a team of eight international and 10 national evaluators who visited 16 community health centres, 10 health posts and two referral hospitals spread across eight of the country’s 13 municipalities.

The evaluation showed that the newly introduced vaccinations had been well integrated into the national EPI, with well-developed national plans and budgets. The PIE also found that the vaccine-preventable disease (VPD) surveillance system was generally highly sensitive and that significant progress had been made in implementing recommendations from the EPI/VPD review and effective vaccine management (EVM) assessment conducted in 2015.

Another step required to achieve measles elimination status is to close the observed immunity gap. For this the immunization programme rolled out a nation-wide vaccination campaign combining MR and polio vaccines for children under the age of 5 years in July 2018.

**Appreciation works**

The Dili Municipality developed a performance measurement tool for health staff. This was used to evaluate performance based on which rewards were given to high performers. The first reward ceremony was conducted in December 2017.

The initiative has received high political interest and is soon to be implemented and expanded to the whole country.
The government is committed to serving the people. No matter how remote your home may be – if you cannot come to a health post, the health post will come to you.

— Dr Elia A. A. dos Reis Amaral
SH, Vice Minister for Primary Health Care and Acting Minister of Health
At the time of independence, a majority of the country’s infrastructure including health was destroyed. In 2006, the country suffered a major setback due to violence triggered by an internal conflict. This resulted in displacement of approximately 150,000 people (approximately 15% of the population) and further loss of property. It caused major disruption to all plans and activities (UNDP 2011 and OECD 2011). Timor-Leste emerged from the 2006 political crisis and made significant progress in restoring peace and stability.

In the last decade, Timor-Leste has made steady progress in the health sector by: reconstructing health facilities; expanding community-based health services like the integrated community health services; and having a considerable number of national medical graduates join the health workforce.

Health services are provided through a network of national hospital, referral hospitals and community health centres and health posts. “Servisu Integradu da Saúde Communitária” (SISCa) (integrated community health services) is being implemented in locations across the country for populations residing in areas that lack access to health. NGOs provide a limited range of health services in some parts of the country. Private medical clinics operate in Dili, the capital, and some municipalities.
Recognizing that a large number of people are still being ‘left behind’ in terms of access to health care despite considerable progress, the Government galvanized its efforts to provide free universal health care by launching “Programa Nasional Saudêna Família” (The National Programme of Health in the Family). It recognizes that primary health care is the best strategy to achieve health for all, and is the foundation for health system strengthening through provision of quality and comprehensive health care in a cost-effective and equitable manner. It is designed to improve access and facilitate early detection by bringing a “Comprehensive Service Package of Primary Health Care” to the household level through domiciliary visits, clinical consultation, treatment and referrals by a team of health professionals. This is in the spirit of the Sustainable Development Goals of ‘leaving no one behind’ by reaching out to a large number that are still being ‘left behind’ in Timor-Leste in terms of access to health care.

During the first year of the implementation of the Saudena Familia Programme, several families were reached for the first time and unimmunized children were traced and immunized. The health personnel who were part of the medical teams gave the feedback that the domiciliary visits assisted them in learning about community needs.

In the recently concluded mass drug administration for neglected tropical diseases and immunization campaign, the medical teams played a crucial role in providing records that are maintained by them for use in the campaign. The teams are also collaborating with Ministries of State Administration and Social Justice.
My brother tried to hide his children from the injection but I said to him, I am their uncle, do you think that I would harm them? He did not want to agree at first, but in the end he came with me to the school where the children received their injections.

– Mr Marcelino Soares
Village Chief, Suco Fatu Hada, Dom Aleixo
From 802 cases of measles in 2011, how did Timor-Leste succeed in eliminating endemic measles and controlling rubella in a mere seven years? The answer may well lie in the dogged persistence of all those involved in the immunization programme.

Two doses of the measles-rubella (MR) vaccine at 9 months and 18 months were introduced into routine immunization (RI) through the Expanded Programme on Immunization (EPI) in 2016, changing from the single MCV dose of the previous immunization schedule. New strategies and operational guidelines were also developed and became operational that year. Although coverage under RI was low, the country conducted periodic supplementary immunization activities (SIAs).

In fact, a high-profile measles, rubella and polio immunization campaign in July 2015 was launched by the Prime Minister in the capital, Dili, and was extended to the other municipalities a week later. The need for this campaign arose because of the recurrent outbreaks of measles. It was estimated that around 20%–30% of children were evading RI each year and the campaign, which targeted some 500 000 children below the age of 15, was intended to close this gap. Immunizations were conducted in all schools and in every aldeia. Local leaders, health workers and

Each task contributes to building the success of the programme. This is why careful microplanning is so essential. We have detailed plans, with line lists of every child eligible for immunization, and details of vaccinators, locations, supplies and communication plans so that the campaign in our district can be successful.

– Mrs Agostinha Segurado
Director, Dili Municipality Health Service
volunteers mobilized communities to participate in the programme. National media and community radio were used to raise awareness on the importance of vaccinations. No stone was left unturned in the effort to ensure high coverage.

A supplementary campaign targeting children aged between 9 and 59 months was run in July 2018, with two weeks for the main campaign and two weeks dedicated to follow-up visits to track missed children. The campaign succeeded in ensuring more than 95% coverage. Robust strategies to track down and immunize children who were avoiding vaccination, both during the campaign and after, by tracing them in the field with the support of the aldeia and suco leaders and referring them for immunization at fixed sessions and mobile centres, meant that 9 out of the 13 districts reached over 95% coverage, and the overall national coverage was 97%.

Descriptive epidemiology of measles
Spot map for 2017 and 2018 – No cases

Descriptive epidemiology of rubella
Spot map for 2017 and 2018
(2017: Dili = 4 cases, Liquisa = 2 cases
2018: Dili = 4 cases, Covalima = 1 case)
Many people do not bring their children for vaccination. This is a big problem that we faced. We had to trace all such children and convince their parents to get them vaccinated. When we talk to parents and tell them about the way that vaccines can protect their children from certain illness for life, they get convinced. It takes time and patience to answer all their questions, but in the end parents want what is best for their children and so they agree.

— Mrs Olivia C.A.I. Leto
Community Health Centre, Becora, Dili
We follow high standards of documentation for VPDs, ensuring integrity of the data at all stages of the process. From high quality laboratory assessment to careful data entry, there is a system of oversight and quality assurance built into the system. An error at any stage can lead to incorrect assumptions being made about the status of the disease and we safeguard against such an occurrence.

– Ms Merry Varela Niha
Head of Surveillance Department, Ministry of Health
Since 2009, Timor-Leste has a surveillance system in place, with case-based reporting of measles and rubella. In 2014, this was strengthened with the introduction of mandatory reporting. In 2016, the CRS surveillance commenced. The health personnel were provided further training on surveillance including VPD surveillance.

Timor-Leste has been conducting routine investigation and reporting of fever and rash cases, irrespective of the age of the patient, since 2009. So prompt and efficient is the system that all specimens reach the laboratory within five days of collection.

Dedicated surveillance staff exists at the national hospital, network of referral hospitals, municipal health office and community health centres.

VPD surveillance data is reported by the respective focal points on a weekly basis to the national level, either using the relevant form or else directly over the phone.
We have always prided ourselves on our competence. We were very happy, therefore, when the WHO team trained laboratory staff for PCR testing for measles and rubella in the laboratory. This has gone a long way towards building our capacity so that we are on par with laboratory staff anywhere in the world. Our data management system in the laboratory is also performing well, with checks and safeguards to ensure data quality.

– Mr Ismael Salvador Barreto
Executive Director,
National Health Laboratory
Laboratory

All reported cases must be investigated, and this is the job of the National Public Health Laboratory in Dili. The laboratory was last accredited by WHO in February 2017 although it has been functioning at elimination standard performance since 2016.

Serological testing of serum samples of suspected measles and rubella cases is undertaken at the laboratory, which consistently meets globally accepted timelines for reporting specimen results. Since most districts have small populations, contiguous districts were clubbed to form four regions for the analysis of the non-measles non-rubella discard rate. All four regions met the target rate of 2 per 100,000 population for 2016 and 2017.
The National Committee on Certification of Polio Eradication and Verification of Measles Elimination (NVC) was formed on 30 October 2015 with a mandate to track the progress towards the Regional goal and, when the country has achieved the targets, to verify the elimination of measles and the control of rubella in Timor-Leste. The NVC meets regularly to review the performance of the measles / rubella surveillance and to provide updates to the Regional Verification Commission for Measles Elimination and Rubella/CRS control. It conducts periodic field visits to assess the quality of data and to validate analysis and assessment, and makes recommendations to the government.

At its meeting on 2 August 2018, the Regional Verification Commission for Measles Elimination and Rubella/CRS Control was able to certify that Timor-Leste had successfully eliminated endemic measles and controlled rubella/CRS.
LESSONS LEARNT

Political commitment at the highest level, a robust immunization programme and the cooperation of community leaders have all informed the success of the programme.

Since the restoration of Timor-Leste’s independence in 2002, all successive governments have been committed to providing universal health care including immunization services. They have worked for progressive realization of the right to health as enshrined in the Constitution.

The collaboration between the Ministry of Health and the ministries of Education and State Administration proved to be crucial for successful implementation of immunization activities. This laid the ground for collaboration amongst the community-level leaders who ensured that no child was left unimmunized.

Training of health staff on global standards of service delivery was a key focus area. This ensured provision of quality immunization services.

A trained and motivated health workforce was pivotal in the successful implementation of the programme. They reached out to the families living in remote and difficult-to-reach areas. The health staff rewards initiative in the Dili municipality is an illustration that rewards and recognition are important motivators.

Robust planning process with in-built flexibility to respond to ground realities was key to programme success. Regular reviews at national and subnational level made it an iterative process that allowed important changes to be incorporated to meet the overall goal.
The twinning initiative between Timor-Leste and Sri Lanka holds potential to be mutually beneficial. This provides a platform for experience and knowledge sharing where Timor-Leste can draw from Sri Lanka’s robust immunization programme. It can also learn from the Sri Lanka experience of transition to self-funding. This will also provide an opportunity for Sri Lankan EPI staff to build capacity in mentoring which can be used in future twinning arrangements.

HADOMI ITA NIA OAN, VASINA SIRA BA!
LOVE YOUR CHILDREN, VACCINATE THEM!
Timor-Leste is an example for the world having made tremendous progress in the short span of a decade. It has emerged from a decimated health system to eliminate measles and control rubella and congenital rubella syndrome.

To sustain these achievements, it is important to implement the post-elimination sustainability plan, including the outbreak preparedness and response plan; enhance capacity to strengthen outbreak investigation and response; further strengthen routine immunization for MCV1 and MCV2; enhance local capacity to strengthen VPD surveillance with focus on measles and rubella; reinforce cross-border initiatives; strengthen and ensure functioning of surveillance and laboratory system.

It must remain vigilant to ensure that it remains free from the twin scourges of measles and rubella.
Forward, united, firm and determined - Timor-Leste has vanquished measles and controlled rubella!