Meeting Report

FOURTEENTH ANNUAL MEETING OF THE REGIONAL VERIFICATION COMMISSION FOR MEASLES AND RUBELLA ELIMINATION IN THE WESTERN PACIFIC



7–11 September 2026
Jakarta, Indonesia/Hybrid

World Health Organization
Western Pacific Region

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

FOURTEENTH ANNUAL MEETING OF THE REGIONAL VERIFICATION COMMISSION FOR MEASLES AND RUBELLA ELIMINATION IN THE WESTERN PACIFIC

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Jakarta, Indonesia/Hybrid
7–11 September 2026

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NOTE

The views expressed in this report are those of the participants of the Fourteenth Annual Meeting of the Regional Verification Commission for Measles and Rubella Elimination in the Western Pacific and do not necessarily reflect the policies of the conveners.

This report was prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Fourteenth Annual Meeting of the Regional Verification Commission for Measles and Rubella Elimination in the Western Pacific in Jakarta, Indonesia, from 7 to 11 September 2026.

CONTENTS

BACKGROUND 1

OBJECTIVES 1

PARTICIPANTS 2

DISCUSSION/HIGHLIGHTS AND CHALLENGES 2

CONCLUSIONS 3

NEXT STEPS 3

ANNEX 1. LIST OF PARTICIPANTS……...….....5
ANNEX 2. PROGRAMME OF ACTIVITIES……....9
ANNEX 3. SUMMARY OF VERIFICATION STATUS BY COUNTRY AND AREA TOWARDS MEASLES AND RUBELLA ELIMINATION…….15
ANNEX 4. CONCLUSIONS AND RECOMMENDATIONS…….16
ANNEX 4.A: TWENTY-NINE COUNTRIES AND AREAS VERIFIED…….16
ANNEX 4.B: NINE COUNTRIES YET TO BE VERIFIED……..22
ANNEX 5. REGIONWIDE CONCLUSIONS AND RECOMMENDATIONS……...32
ANNEX 6. RE-VERIFICATION PROCESS……35

Keywords: Disease eradication / Measles / Rubella / Regional health planning

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MEETING REPORT

BACKGROUND

As requested by the World Health Organization (WHO) Regional Committee for the Western Pacific, the Regional Verification Commission (RVC) for Measles and Rubella Elimination was formally established in 2012 to independently assess progress towards, and verify the attainment and sustainability of, measles and rubella elimination within the Region.

To fulfill its mandate, the RVC meets annually to review progress reports submitted by 17 National Verification Committees (NVCs) and the Sub-regional Verification Committee (SRVC) for the 21 Pacific island countries and areas. The RVC determines the status of measles and rubella elimination and provides expert recommendations.

At its 13th meeting in September 2025, the RVC verified that the 21 Pacific island countries and areas, as an epidemiological block, had achieved measles and rubella elimination. Japan was also verified as having achieved rubella elimination. To date, 29 of the 38 countries and areas in the Western Pacific Region have achieved both measles and rubella elimination.

However, the Region has experienced a concerning resurgence of measles over the past two years, posing a threat to achieving the regional 2030 elimination goal. Between 2022 and 2024, reported measles cases increased more than seven-fold. Several countries experienced large and disruptive outbreaks in 2024 and 2025, and transmission has continued into 2026.

The year 2026 is critical for advancing the regional agenda on measles and rubella elimination. Immunization will be a key agenda item at the seventy-seventh session of the Regional Committee for the Western Pacific in October 2026. As part of preparations for discussion on this topic, several regional events were planned prior to the Regional Committee session, including a consultation in May 2026 on achieving measles and rubella elimination by 2030 and a meeting of the Technical Advisory Group on vaccine-preventable diseases and immunization in June 2026. The 14th RVC meeting provided a vital forum to conduct an in-depth review of progress at both country and regional levels, building on the outcomes of the May and June events.

The Institute of Philanthropy provided financial support for the conduct of the meeting.

OBJECTIVES

The objectives of the meeting were:

(1) to evaluate the annual progress reports submitted by 17 NVCs and the SRVC;
(2) to verify the achievement of measles and/or rubella elimination if a country applies for verification;
(3) to verify the maintenance of measles and rubella elimination in the countries and areas already verified; and
(4) to produce actionable recommendations to countries/areas, the Pacific subregion, and the Western Pacific for achieving and sustaining measles and rubella elimination.

PARTICIPANTS

The meeting was held in hybrid format from 7 to 11 September 2026 in Jakarta, Indonesia. A total of 37 participants attended the meeting, 23 in person and 14 virtually.

The list of participants is available in Annex 1 and the programme of activities in Annex 2.

DISCUSSION/HIGHLIGHTS AND CHALLENGES

The RVC recognized the sustained achievement of the 29 countries and areas previously verified as having eliminated measles and rubella, despite the continuing global and regional measles resurgence. This progress reflects sustained political commitment, strong immunization programmes, robust surveillance and laboratory performance, evidence-informed risk assessment, and effective outbreak preparedness and response. At the same time, declining or uneven vaccination coverage and immunity gaps among children, young adults, mobile populations and other underserved groups threaten these gains, including in countries with otherwise strong immunization programmes.

The RVC reaffirmed that measles and rubella elimination remains achievable in the Western Pacific Region, with the potential to interrupt residual endemic transmission in all countries and areas by 2030. However, this aspiration is threatened by high measles incidence, substantial immunity gaps, subnational inequities, uneven surveillance performance, and insufficient outbreak preparedness and response in several countries. Achieving and sustaining at least 95% coverage with both doses of measles-containing vaccine at national and subnational levels remain essential. Unreliable population denominators and administrative coverage estimates continue to obscure visibility on susceptible populations, highlighting the importance of triangulating immunization coverage, surveillance and, where available, serological data to identify and close immunity gaps.

High-quality surveillance and laboratory systems remain fundamental to achieving and sustaining measles and rubella elimination.

Key challenges in some countries and areas include uneven surveillance performance, weaknesses in the quality of case investigation, delays in specimen referral, limited laboratory capacity, gaps in early detection and rapid outbreak response, and the operational complexities of sustaining congenital rubella syndrome surveillance. More systematic integration of epidemiological and molecular evidence, expanded genotyping capacity and timely information-sharing are needed to strengthen risk assessment, guide public health action and support coordinated outbreak response.

The RVC emphasized that measles remains a shared regional risk and that regional elimination cannot be achieved or sustained by countries acting alone. Increasing population mobility – as evidenced by the continued occurrence of measles importations and cross-border transmission – underscores the need for shared responsibility, mutual accountability, stronger regional solidarity and enhanced cross-border collaboration. Priority opportunities include cross-country cooperation in the Greater Mekong Subregion, the Indonesia–Papua New Guinea corridor, and among Pacific island countries and areas.

Discussions also highlighted the importance of translating commitments and RVC recommendations into country-owned, costed and time-bound elimination roadmaps and action plans, supported by sustained political commitment, domestic investment, measurable milestones and accountability mechanisms. Structured peer learning and regular engagement among the RVC, NVCs and SRVC could help countries apply lessons from those that have achieved and sustained elimination. Funding

uncertainty and constraints affecting laboratory networks and the WHO Secretariat capacity remain important risks to surveillance, outbreak response and verification.

CONCLUSIONS

The RVC verified that the 29 countries and areas previously verified have maintained their measles and rubella elimination status despite the global and regional measles resurgence (see Annex 3). While elimination throughout the Western Pacific Region remains achievable, accelerated and sustained efforts are needed to translate regional commitments into measurable country progress. Achieving measles and rubella elimination will require strong political commitment, adequate domestic investment, effective implementation of national elimination strategies and enhanced regional collaboration to mitigate the risks posed by measles importations and cross-border transmission.

NEXT STEPS

(1) The nine countries in the Region yet to achieve measles and rubella elimination are urged to develop and implement country-owned, costed and time-bound elimination roadmaps or action plans, with high-level government endorsement, sustained political commitment, domestic investment and accountability mechanisms. Progress should be reviewed through annual NVC reporting and subsequent RVC meetings.

(2) All countries and areas should intensify efforts to identify and close immunity gaps, strengthen surveillance and laboratory systems, and enhance capacities for timely detection, thorough investigation, effective outbreak preparedness and rapid response, to interrupt residual endemic transmission as soon as possible, prevent outbreaks following importations, and mitigate the risk of re-establishment of endemic transmission.

(3) All countries and areas, with support from WHO and partners, are recommended to strengthen cross-border cooperation and collective action, including surveillance, rapid information-sharing, outbreak preparedness and response, coordinated immunization activities and other public health measures, particularly in the Greater Mekong Subregion, the Indonesia–Papua New Guinea corridor, and among Pacific island countries and areas.

(4) WHO, in collaboration with partners, will support priority countries in accelerating progress towards measles and rubella elimination, building on the momentum generated through the regional measles consultation in May 2026 and the Regional Committee session in October 2026.

(5) WHO is requested to facilitate structured peer learning and collaboration among countries and areas, leveraging the experiences and good practices of those that have sustained elimination to strengthen regional capacities for achieving, sustaining and verifying measles and rubella elimination.

(6) WHO is requested to identify opportunities for regular and structured engagement between the RVC, NVCs and SRVC, including technical dialogue, exchange of good practices and challenges, peer learning and systematic follow-up of RVC recommendations.

Detailed country- and area-specific conclusions and recommendations, together with the regionwide conclusions and recommendations, are provided in Annexes 4 and 5, respectively, to guide implementation, follow-up and monitoring of progress, as appropriate.

ANNEX 1. LIST OF PARTICIPANTS

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ANNEX 2. PROGRAMME OF ACTIVITIES

WORLD HEALTH ORGANIZATION | ORGANISATION MONDIALE DE LA SANTÉ

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL

14TH ANNUAL MEETING OF THE REGIONAL VERIFICATION COMMISSION FOR MEASLES AND RUBELLA ELIMINATION IN THE WESTERN PACIFIC

WPR/DPC/VDI(03)/2026.1

9 September 2026

Jakarta, Indonesia/Hybrid
7 to 11 September 2026

Zoom link:

Meeting URL: **https://who.zoom.us/j/98319531069**
Meeting ID: **983 1953 1069**
Password: **RVC_2026**

PROVISIONAL PROGRAMME OF ACTIVITIES

Day 1 – Monday, 7 September 2026		
TIME	**ACTIVITY / AGENDA ITEM**	**PRESENTER**
08:00 – 08:30	Registration	WHO Secretariat
08:30 – 09:00	**Opening session** Opening Remarks Self-introduction Nomination of Office Bearers Administrative announcements	 Dr Huong Thi Giang Tran, Director, DPC/WPRO Mr Richard Duncan, Coordinator, VDI/DPC/WPRO
09:00 – 09:05 09:05 – 09:45 09:45 – 10:05 10:05 – 10:20	Objectives of the meeting Global update and Immunization agenda in the Western Pacific Regional progress towards measles and rubella elimination Discussion	Dr Wang Xiaojun, VDI/DPC/WPRO Mr Richard Duncan, VDI/DPC/WPRO Dr Wang Xiaojun, VDI/DPC/WPRO
10:20 – 10:30	*BREAK*	
10:30 – 10:50 10:50 – 11:10 11:10 – 11:30 11:30 – 11:45	Virologic surveillance of measles and rubella Measles outbreaks in the Western Pacific in 2024-2026 Experience in SEARO: Measles and rubella elimination Discussion	Dr Roger Evans, LIT/DPC/WPRO Dr Syeda Aslam, VDI/DPC/WPRO Dr Sudhir Khanal, IVD/SEARO
11:45 – 12:10	*BREAK*	

Day 1 – Monday, 7 September 2026		
TIME	**ACTIVITY / AGENDA ITEM**	**PRESENTER**
12:10 – 12:40 12:40 – 13:00	Report from Republic of Korea Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for Republic of Korea	 Dr Ho Fai Thomas Tsang, RVC Dr Thian Lian Soo, RVC RVC members RVC members RVC members
13:00 – 13:40 13:40 – 14:30 14:30 – 15:00	Report from Indonesia Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Preliminary findings from measles model work for Indonesia Qs and As Assessment discussions Draft recommendations for Indonesia	 Prof Hsu Li Yang, RVC Prof David Durrheim, RVC RVC members Measles Analytics Hub RVC members RVC members
15:00	End of programme	
15:00 – 17:00	Draft conclusions and recommendations	Offline

Day 2 – Tuesday, 8 September 2026		
TIME	**ACTIVITY / AGENDA ITEM**	**PRESENTER**
08:00 – 09:00	Review of Day 1	All
09:00 – 09:30 09:30 – 10:00	Report from Pacific island countries and areas Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for Pacific island countries and areas	 Dr Paul Rota, RVC Ms Suellen Nicholson, RVC RVC members RVC members RVC members
10:00 – 10:10	*BREAK*	
10:10 – 10:40 10:40 – 11:00	Report from Papua New Guinea Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for Papua New Guinea	 Dr Ho Fai Thomas Tsang, RVC Prof Hajime Kamiya, RVC RVC members RVC members RVC members
11:00 – 11:30 11:30 – 11:50	Report from New Zealand Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for New Zealand	 Ms Suellen Nicholson, RVC Dr Dukhyoung Lee, RVC RVC members RVC members RVC members
11:50 – 12:00	*BREAK*	
12:00 – 12:30 12:30 – 13:00	Report from China Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for China	 Prof Michael George Baker, RVC Prof Hsu Li Yang, RVC RVC members RVC members RVC members
13:00 – 13:30 13:30 – 13:50	Report from Australia Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for Australia	 Prof Hsu Li Yang, RVC Dr Aiqiang Xu, RVC RVC members RVC members RVC members
13:50 – 14:30	Dialogue between RVC and IVB	RVC members & IVB
14:30	End of programme	
14:30 – 16:30	Draft conclusions and recommendations	Offline

Day 3 – Wednesday, 9 September 2026		
TIME	**ACTIVITY / AGENDA ITEM**	**PRESENTER**
08:00 – 09:00	Review of Day 2	RVC Chair
09:00 – 09:30 09:30 – 09:50	Report from Japan Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for Japan	 Dr Andre Louis Wattiaux, RVC Dr Paul Rota, RVC RVC members RVC members RVC members
09:50 – 10:00	*BREAK*	
10:00 – 10:30 10:30 – 11:00	Report from Malaysia Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for Malaysia	 Dr Aiqiang Xu, RVC Ms Suellen Nicholson, RVC RVC members RVC members RVC members
11:00 – 11:30 11:30 – 11:50	Report from Hong Kong SAR (China) Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for China, Hong Kong SAR	 Dr Maria Rosario Capeding, RVC Dr Thian Lian Soo, RVC RVC members RVC members RVC members
11:50 – 12:00	*BREAK*	
12:00 – 12:30 12:30 – 13:00	Report from Mongolia Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for Mongolia	 Prof David Durrheim, RVC Dr Ho Fai Thomas Tsang, RVC RVC members RVC members RVC members
13:00 – 13:30 13:30 – 14:00	Report from Philippines Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for Philippines	 Prof Michael George Baker, RVC Dr Dukhyoung Lee, RVC RVC members RVC members RVC members
14:00	End of programme	
14:00-16:00	Draft conclusions and recommendations	Offline

Day 4 – Thursday, 10 September 2026		
TIME	**ACTIVITY / AGENDA ITEM**	**PRESENTER**
08:00 – 09:00	Review of Day 3	RVC Chair
09:00 – 09:20 09:20 – 09:40	Report from Macao SAR (China) Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for China, Macao SAR	 Dr Paul Rota, RVC Prof Hajime Kamiya, RVC RVC members RVC members RVC members
09:40 – 09:50	*BREAK*	
09:50 – 10:20 10:20 – 10:50	Report from Cambodia Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for Cambodia	 Dr Andre Louis Wattiaux, RVC Prof Anggraini Alam, RVC RVC members RVC members RVC members
10:50 – 11:20 11:20 – 11:50	Report from Lao People's Democratic Republic Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for Lao People's Democratic Republic	 Dr Maria Rosario Capeding, RVC Prof Michael George Baker, RVC RVC members RVC members RVC members
11:50 – 12:20	*BREAK*	
12:20 – 12:50 12:50 – 13:20	Report from Viet Nam Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for Viet Nam	 Dr Dukhyoung Lee, RVC Dr Andre Louis Wattiaux, RVC RVC members RVC members RVC members
13:20 – 13:50 13:50 – 14:10	Report from Singapore Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for Singapore	 Dr Thian Lian Soo, RVC Prof Anggraini Alam, RVC RVC members RVC members RVC members
14:10 – 14:30 14:30 – 14:50	Report from Brunei Darussalam Presentation of five lines of evidence for measles and rubella Inputs from secondary reviewer Reflections from other RVC members Assessment discussions Draft recommendations for Brunei Darussalam	 Prof David Durrheim, RVC Prof Hajime Kamiya, RVC RVC members RVC members RVC members
14:50	End of programme	

14:50-16:50	Draft conclusions and recommendations	Offline

Day 5 – Friday, 11 September 2026		
TIME	**ACTIVITY / AGENDA ITEM**	**PRESENTER**
08:00 – 09:30	Review of Day 4 Summary on status of measles and rubella elimination by country/area	RVC Chair
09:30 – 10:15	Special technical session: Criteria for re-verification of measles and rubella elimination	All
10:15 – 10:30	*BREAK*	
10:30 – 11:45 11:45 – 12:00	Recommendations for the Region Timing and venue of RVC meeting in 2027 Closing Session Closing remarks from WHO Closing Remarks from the RVC Chair	RVC Chair/members All Dr Huong Thi Giang Tran, Director, DPC/WPRO RVC Chair

ANNEX 3. SUMMARY OF VERIFICATION STATUS BY COUNTRY AND AREA TOWARDS MEASLES AND RUBELLA ELIMINATION

Countries/areas	Measles				Rubella				Remarks
	Endemic	Eliminated	Verified	Re-established endemic transmission post-verification	Endemic	Eliminated	Verified	Re-established endemic transmission post-verification	
Australia									
Brunei Darussalam									
Hong Kong SAR (China)									
Japan									
Macao SAR (China)									
New Zealand									
Republic of Korea									
Singapore									
Pacific island countries and areas									
Cambodia									
Mongolia									Likely close to achieving rubella elimination
China									Likely close to achieving measles elimination
Indonesia									
Lao People's Democratic Republic									
Malaysia									
Papua New Guinea									No measles or rubella cases were confirmed in the last few years; however the country has not met the other lines of evidence
Philippines									
Viet Nam									

ANNEX 4. CONCLUSIONS AND RECOMMENDATIONS

Conclusions and recommendations of 14th Annual Meeting of the Regional Verification Commission on Measles and Rubella Elimination in the Western Pacific

ANNEX 4.A: TWENTY-NINE COUNTRIES AND AREAS VERIFIED

Australia

Conclusions:

- The RVC verifies that Australia has maintained its measles and rubella elimination status.
- The RVC notes the sharp rise in measles cases reflects importations in the context of the global measles resurgence rather than sustained endemic transmission, with outbreaks generally remaining small and characterized by short transmission chains.
- The RVC notes with increasing concern the continued downward trend of MR vaccination coverage, now at 91.0% nationally, and the resulting accumulation of susceptibility, including in high-contact, closed settings where transmission risk is elevated.

Recommendations:

- The RVC commends the quality of outbreak investigation and reporting and recommends that this high standard be maintained.
- The RVC recommends that Australia sustain efforts to reverse the decline in measles vaccine coverage and consider tailored strategies for jurisdictions now below 90% coverage.
- The RVC recommends that Australia share the findings of the First Nations Vaccination Uptake Support Grant evaluation once completed.
- The RVC recommends that Australia strengthen measles outbreak preparedness in congregate, closed settings, including correctional facilities.

Brunei Darussalam

Conclusions:

- The RVC verifies that Brunei Darussalam has maintained its measles and rubella elimination status.
- The RVC commends Brunei Darussalam for its continued strong commitment to sustaining measles and rubella elimination, supported by high routine immunization coverage, strong surveillance performance and effective outbreak response capacity.

Recommendations:

- The RVC encourages Brunei Darussalam to maintain high coverage with two doses of MRCV across all population groups; and sustain sensitive epidemiologic and laboratory surveillance programs.

- The RVC recommends ensuring follow-up and completion of vaccination among children identified through school-entry checks, and strategies to ensure high levels of immunity among healthcare workers and other higher risk occupational groups.

Hong Kong SAR (China)

Conclusions:

- The RVC verifies that Hong Kong SAR (China) has maintained its measles and rubella elimination status.
- The RVC applauds the strong commitment to maintaining high-quality epidemiological and laboratory surveillance.
- The RVC commends the proactive, risk-based response to the airport associated measles cluster, particularly the intensive epidemiological investigation and targeted vaccination of susceptible airport workers.
- The RVC congratulates Hong Kong SAR (China) on sharing their measles and rubella sero-surveillance findings.

Recommendations:

- The RVC encourages the targeted conduct of supplementary seroprevalence surveys among locally born and high-risk populations.
- The RVC welcomes the commitment to publish on the successful school-based immunization activities and encourages continued documentation and dissemination of lessons learned.
- The RVC looks forward to the results of the joint tripartite measles seroprevalence study evaluating different vaccination schedules among vaccinated children and encourages inclusion of the findings in the next NVC report.

Japan

Conclusions:

- The RVC verifies that Japan has maintained its measles and rubella elimination status.
- Measles epidemiology remains dominated by imported and import-related cases, reflecting the resurgence of measles in the region placing continued pressure on the programme to rapidly detect cases and outbreaks, and interrupt transmission.
- Surveillance and laboratory systems remain strong, with exceptional molecular epidemiology capacity and excellent use of genotyping to characterize transmission chains and document importations.
- Despite the high quality of outbreak investigation and molecular analyses, the proportion of measles cases with an unknown source of infection remains substantial.
- Reported coverage with MRCV2 has demonstrated a gradual and modest decline over the past several years, below the target of 95%. Continued efforts are needed to identify and address immunity gaps.

Recommendations:

- The RVC encourages Japan to continue efforts to restore and sustain at least 95% coverage with two doses of MRCV nationally and in all subnational areas, optimizing the digitalization of immunization records, application of the Electronic Immunization Registry, and targeted efforts to identify and close immunity gaps.
- The RVC recommends that Japan sustain high-quality surveillance, outbreak investigation and genotyping activities, which provide strong evidence supporting the maintenance of elimination.
- The RVC recommends that Japan further strengthen epidemiological investigations and source attribution for all confirmed measles cases, with the aim of reducing the proportion of cases with unknown source of infection and further improving understanding of transmission pathways in a post-elimination setting.
- The RVC encourages continued strengthening outbreak preparedness and response capacity, including dissemination of updated national guidance and providing training and simulation exercises for local public health authorities.
- The RVC recommends to further enhance integration of molecular and epidemiological data, including linking measles sequence information with international databases and distinct sequence identifiers (DSIDs), to support cross-border investigation of imported and import-related transmission.

Macao SAR (China)

Conclusions:

- The RVC verifies that Macao SAR (China) has maintained its measles and rubella elimination status.
- The RVC commends Macao's continued efforts to identify and address immunity gaps, adopting targeted vaccination strategies for mobile populations and workers in the tourism, aviation, and healthcare sectors, which may provide valuable lessons for other countries and areas in the Region.
- The RVC welcomes Macao's use of parallel serological and molecular testing for suspected measles cases and notes that this approach supports robust case classification in an elimination setting.

Recommendations:

- The RVC encourages Macao SAR (China) to continue its excellent efforts to sustain uniformly high population immunity, sensitive surveillance, and outbreak preparedness to safeguard its elimination status.
- The RVC recommends that Macao continue collaborating with WHO and regional laboratory experts to further optimize laboratory testing algorithms for measles and rubella case confirmation.
- The RVC looks forward to the results of the collaborative regional serological study evaluating MMR immunity under different vaccination schedules in neighboring jurisdictions and encourages inclusion of key findings in the next NVC report.

New Zealand

Conclusions:

- The RVC verifies that New Zealand has maintained its measles and rubella elimination status.
- The RVC notes the continued suboptimal childhood immunization coverage, particularly among Māori children, and significant immunity gaps among young adults.
- The RVC commends New Zealand on the rapid, adaptable and on-going response to the measles outbreaks and excellent after-action-review following the September-December 2025 large outbreak that identified key areas for improvement.
- The RVC appreciates that the intensive public health response to measles outbreaks likely contributed to stopping on-going transmission.

Recommendations:

- The RVC strongly supports the NVC recommendations: to review, evaluate and implement a strategic work programme to increase MCV1 and MCV2 coverage to 95% equitably by geography, ethnicity and socioeconomic status; to ensure the national surveillance system for notifiable diseases is fit for purpose; to establish strategic and operational responsibilities and accountability in measles outbreaks and; to extend MMR eligibility to everyone in New Zealand.
- The RVC recommends continued intense efforts to improve childhood immunization rates and looks forward to New Zealand reporting on the impact of the school MMR vaccination initiative.
- The RVC encourages the collection of samples from all suspected cases for diagnostic testing and genotyping.

Republic of Korea

Conclusions:

- The RVC verifies that the Republic of Korea has maintained its measles and rubella elimination status.
- The RVC recognizes the Republic of Korea’s comprehensive efforts to sustain measles and rubella elimination during the global and regional measles resurgence.
- The RVC appreciates the excellent quality of source ascertainment and outbreak investigation and response, and thorough analysis reported.
- The RVC notes the sub-optimal discard rate for non-measles and rubella cases at the national level and the low proportion of second level administrative units reporting measles discarded cases.
- The RVC is aware of the recurrent pattern of measles virus transmission within hospitals through NVC reports.
- The RVC notes the seroprevalence results among younger adult healthcare workers that deserve further investigation.

Recommendations:

- The RVC encourages the Republic of Korea to optimize Infection Prevention and Control measures in hospitals, including assessing recent international travel during triage of febrile cases in emergency departments for early isolation and diagnosis.
- The RVC recommends continuing efforts to ensure high measles immunity in young adults, especially healthcare workers and those in occupations with an increased risk of measles exposure.
- The RVC recommends that sero-survey data of healthcare workers should be cross-checked with vaccination records, including review of foreign workers' vaccination records.
- The RVC appreciates the Republic of Korea's plan to conduct a national evaluation of measles vaccine effectiveness and looks forward to it sharing the results.

Singapore

Conclusions:

- The RVC verifies that Singapore has maintained its measles and rubella elimination status.
- The RVC congratulates the NVC on the excellent maintenance of high vaccination rates, quality epidemiological investigations and laboratory testing.
- The RVC commends the concerted efforts to ensure high vaccination coverage in high-risk groups and echoes the NVC's concern about undetected community transmission.
- The RVC notes that despite the global surge in measles cases, being surrounded by countries with endemic measles and a high-density population, a strong programme resulted in very limited measles transmission.

Recommendations:

- The RVC recommends Singapore continues its excellent work in maintaining measles and rubella elimination status.
- The RVC encourages detailed investigation of measles cases to limit the proportion of cases with an unknown source classification.
- The RVC recommends that Singapore assess measles vaccination coverage among higher-risk populations, including international students greater than 12 years of age, to inform future targeted prevention and response measures.

Pacific island countries and areas (PICs)

Conclusions:

- The RVC verifies that the PICs have maintained their measles and rubella elimination status.
- The RVC congratulates the SRVC on the comprehensive post-verification report and welcomes the development of the Pacific Measles and Rubella Elimination Sustainability Plan and the proposed Pacific Immunization Technical Advisory Group (P-ITAG) as important mechanisms for sustaining elimination, and strengthening long-term immunization and surveillance systems across the Pacific.

- The RVC notes with appreciation the substantial progress in strengthening surveillance, laboratory capacity and specimen referral systems, including establishment of new measles and rubella testing capacity in several PICs and continued expansion of HBAS and related surveillance activities.

- The RVC notes with concern that important immunity gaps remain in several PICs, particularly in countries with suboptimal routine MCV1 and MCV2 coverage and among hard-to-reach, remote island and other vulnerable populations, leaving the subregion vulnerable to imported measles outbreaks.

- The RVC recognizes that the ongoing global and regional measles resurgence poses a substantial importation risk to the Pacific, underscoring the importance of achieving high population immunity, sensitive surveillance and rapid outbreak response capacity.

Recommendations:

- The RVC endorses the principles and priority actions outlined in the Pacific Measles and Rubella Elimination Sustainability Plan and encourages the SRVC to garner high-level political commitment at appropriate sub-regional health forums.

- The RVC strongly recommends that all PICs continue implementing national plans for sustaining measles and rubella elimination reflecting all components of the Pacific Measles and Rubella Elimination Sustainability Plan.

- The RVC urges PICs with sub-optimal routine MRCV1 and 2 coverage to prioritize identifying and closing residual immunity gaps, including utilizing targeted immunization activities and removing age barriers to MRCV catch-up where these still exist.

- The RVC recommends that all PICs maintain and strengthen verification-standard surveillance, including thorough investigation of every acute fever and rash case with adequate specimen collection for serology and molecular testing as part of continued improvement in surveillance sensitivity.

- The RVC strongly recommends that the PICs update, finalize, and regularly review outbreak preparedness and response plans, recognizing that a rapid response to any importation of measles virus remains critical for sustaining elimination status.

- The RVC encourages continued strengthening of laboratory capacity and specimen referral systems, including achieving full functionality and accreditation of new national laboratories, expanding molecular detection and genotyping capacity where feasible, and improving timeliness of specimen transport and testing.

ANNEX 4.B: NINE COUNTRIES YET TO BE VERIFIED

Cambodia

Conclusions:

- The RVC concludes that Cambodia remains endemic for measles and rubella.
- The RVC commends the NVC on a thorough and detailed report.
- The RVC observes that Cambodia's large measles outbreak 2024-2026 was driven by: cross-border population movement, immunity gaps among children and adolescents, accumulation of susceptible individuals following previous years of suboptimal routine immunization performance, and population displacement along the Cambodia–Thailand border.
- The RVC notes the comprehensive package of outbreak response and immunization strengthening activities which likely contributed to the substantial decrease in cases in 2026: reintroduction of the MR0 dose to children aged 6 to <9 months old nationwide from April 2025, targeted SIAs, intensified catchup and outreach in high-risk communities, and local responses to provide any missed routine schedule MRCV doses to children up to 15 years of age.
- The RVC acknowledged the comprehensive advocacy, communication and social mobilization activities to increase community awareness, inter-sectoral collaboration with education and local authorities, and active searches for measles cases during the SIA interventions.
- The RVC appreciates the efforts to improve the quality of routine immunization coverage monitoring with the Electronic Immunization Registry (EIR) officially launched nationwide in December 2025.

Recommendations:

- The RVC recommends Cambodia continues to refine the quality of surveillance data and identify the most valuable interventions for closing immunity gaps to inform future immunisation activities, while further strengthening the long-term resilience and sustainability of the surveillance system, including exploring strategies to enhance domestic ownership and financing to mitigate reliance on external donor support.
- The RVC concurs with the NVC that Cambodia should continue efforts towards measles elimination by using surveillance and immunization data to identify and address immunity gaps in susceptible populations and underserved communities, while maintaining uniformly high routine immunization performance and ensuring timely vaccination in all new birth cohorts.
- The RVC encourages validation of administrative immunization coverage estimates, using DHS data and the EIR.
- The RVC encourages Cambodia to establish in-country genotyping in its national laboratory in the next 2-3 years.
- The RVC advises investigating the high proportion of measles cases reported among 5-9 year olds with two or more documented doses of measles-containing vaccine, including review of vaccination histories, timing of vaccination, laboratory findings, and exposure histories.
- The RVC encourages strong collaboration and coordination of border surveillance and supplementary immunization activities among the three WPR Mekong countries (Cambodia,

Laos PDR, and Viet Nam) to capitalize on the likely lull in cases that will follow the huge recent outbreaks experienced in each of these countries.

China

Conclusions:

- The RVC concludes that China remains endemic for both measles and rubella.
- The RVC congratulates China on sustaining historically low measles and rubella incidence, despite the large population, geographic diversity and ongoing importation pressure. While measles incidence increased modestly in 2025-2026, measles outbreaks generally remain small and genetically discrete, consistent with progress towards elimination.
- The RVC commends China on the excellent quality of the NVC report and its strong commitment to measles and rubella elimination, demonstrated through sustained high vaccination coverage, a strong surveillance and laboratory system, and continued government support.
- The RVC appreciates the thorough investigation and successful interruption of the Qinghai measles outbreak in 2025, and the detailed analysis of its contributing factors, including localized immunity gaps, surveillance weaknesses, and infection prevention and control challenges.
- The RVC notes that important challenges remain, including residual immunity gaps among specific age groups and localities, and with regard to surveillance, the limitations in source attribution for many measles cases.

Recommendations:

- The RVC strongly supports China's development of a national measles and rubella elimination verification plan, including the proposed approach to validate province-by-province progress under national coordination, and encourages the establishment of clear milestones and timelines towards national measles and rubella elimination.
- The RVC recommends that China continue strengthening surveillance and source attribution, through enhanced integration of epidemiological investigations and molecular epidemiology, to better distinguish imported, import-related and endemic transmission, and support future verification assessments.
- The RVC encourages China to continue identifying and addressing residual immunity gaps, particularly among adolescents, young adults and localized under-immunized populations, using outbreak investigations, serological evidence and risk assessments to guide interventions.
- The RVC welcomes the Vaccination Coverage Enhancement Campaign in Low-immunity Areas and looks forward to receiving evidence of its impact on vaccination coverage and immunity gap closure.
- The RVC endorses China's efforts to expand CRS surveillance, including integration of rubella testing into the national birth defects surveillance system.
- The RVC encourages China to evaluate and document its innovative surveillance approaches, including artificial intelligence surveillance and fever and rash sentinel surveillance systems,

and to share lessons learned from provincial elimination efforts and outbreak responses with other countries in the Region.

Indonesia

Conclusions:

- The RVC concludes that Indonesia remains endemic for both measles and rubella.
- The RVC appreciates the comprehensive NVC report from Indonesia, the first submitted to the RVC WPR since Indonesia's transition from SEARO to WPRO in May 2025; and supports the conclusions and recommendations made by the NVC.
- The RVC notes that the revised target of 2032 for verification of measles and rubella elimination, following 36 months without endemic measles or rubella cases, is more realistic.
- The RVC commends Indonesia for strengthening the infrastructure necessary to achieve measles and rubella elimination, including expansion of the laboratory network, introduction of the new all-record (NAR) laboratory information management platform, regular district-level risk assessment, and planning towards a measles rubella elimination strategy 2026-2032.
- The RVC is concerned about the recent large resurgence of measles cases in Indonesia during 2025 and 2026, with the highest number of cases recorded since 2016, while there has been declining reported routine MRCV coverage in recent years.
- The RVC recognizes that endemic measles transmission is driven by large and persistent immunity gaps, with the majority of 2025 cases under 10 years of age and majority of 2025 cases not having received any dose of MRCV.
- The RVC notes that surveillance is sufficiently sensitive to detect widespread measles transmission, but subnational heterogeneity in surveillance sensitivity, specimen transport delays, and limited molecular surveillance, are factors limiting the interpretation of surveillance data.
- The RVC acknowledges the ongoing measles modelling conducted by the Measles Analytics Hub in collaboration with WHO and notes that it provides additional perspectives informing deliberations on measles elimination strategies and programme planning.
- The RVC notes CRS surveillance has improved but half of the provinces still do not have CRS surveillance.

Recommendations:

- The RVC recommends finalizing the 2026-2032 elimination strategy with clear annual and intermediate milestones and ensuring that progress in its implementation is independently evaluated against measurable indicators for vaccination coverage, high-risk districts, surveillance performance, and outbreak response quality.
- The RVC strongly endorses the NVC recommendation that Indonesia urgently close existing large and persistent immunity gaps and prevent further gaps emerging, prioritizing the 345 high- and very-high-risk districts, with particular attention to zero-dose and under-immunized children, while addressing the underlying causes of underperforming vaccination activities, including routine immunization, periodic intensification of routine immunization, and supplementary immunization activities.

- The RVC recommends enhancing governance, accountability and programme capacity at subnational levels, with a particular focus on high-risk districts, to ensure effective implementation of immunization, surveillance and outbreak response interventions across Indonesia's decentralized health system.

- The RVC encourages further equipping of health staff, and partnerships with civic and religious leaders to effectively engage local communities and bolster trust in immunization.

- The RVC recommends Indonesia strengthen measles and rubella surveillance by addressing subnational heterogeneity, improving the timeliness of specimen transport, and enhancing molecular surveillance capacity to monitor endemic genotypes (target 80% of transmission chains) to help document progress towards elimination.

- The RVC notes the introduction of a rapid diagnostic test (RDT) in Indonesia and recommends that its deployment follow WHO guidance, including robust quality assurance and verification, monitoring of procurement and kit availability, standardized quality control, training, and reporting. The RVC looks forward to the evaluation of field deployment to further inform the effective use of this RDT in measles surveillance and outbreak response.

- The RVC recommends expanding CRS surveillance to all provinces and strengthening case detection, reporting and monitoring to support rubella elimination efforts.

- The RVC recommends critical review of the ongoing measles modelling work, and cautions that homogeneous two-dose vaccination coverage of 85% alone will not be enough to interrupt and sustain the elimination of endemic measles transmission in the country.

Lao People's Democratic Republic

Conclusions:

- The RVC concludes that Lao PDR remains endemic for measles and rubella.

- The RVC recognizes the Government's continued commitment to measles and rubella elimination, including the use of the Electronic Immunization Register (EIR), reactivation of CRS surveillance, development of national immunisation strategies, risk assessments and intensified outbreak response activities.

- The RVC notes with grave concern the scale of the ongoing measles epidemic disproportionately affecting unvaccinated children in ethnic minority populations, particularly Hmong-Mien communities, and mobile and underserved populations. The ongoing resurgence highlights the immunity gaps that drive endemic transmission.

- The routine MRCV1 and 2 coverage remain substantially below the level required for elimination, and the country continues to rely heavily on SIAs and outbreak-response vaccination activities to mitigate accumulated susceptibility.

- The RVC notes that during the outbreak most cases were identified using epidemiological linkage, which is in accordance with the WHO guidance for measles outbreak response and is commended.

- The RVC acknowledges that for future rapid outbreak detection, low specimen collection rates and practical constraints on specimen transport to the national testing laboratory, are risks. The RVC also notes with concern the absence of source-attribution data for the confirmed measles cases.

- The RVC expresses concern that funding constraints continue to affect surveillance and outbreak response activities and stresses the importance of securing sustainable financing and increasing domestic investment to achieve the national measles and rubella elimination goal.

Recommendations:

- The RVC strongly recommends that Lao PDR prioritize achieving and sustaining high and equitable measles-rubella vaccination coverage, particularly among ethnic minority populations, and other underserved groups that are disproportionately affected by vaccine-preventable disease outbreaks, including through targeted vaccination strategies and periodic outreach immunization activities.

- The RVC encourages Lao PDR to optimize use of the EIR to identify zero-dose and under-immunized children, improve denominator accuracy for estimating coverage at all levels, strengthen defaulter tracing, and support detailed operational planning and implementation of future MR SIA and other outreach activities to close immunity gaps.

- The RVC encourages Lao PDR to consider use of an additional zero MR dose from six months of age in outbreak-affected or high-risk settings, to provide early protection to infants who remain highly vulnerable to severe measles-related outcomes.

- The RVC recommends that Lao PDR strengthen surveillance quality including timely specimen collection and transportation for detecting and guiding future outbreak response activities.

- The RVC recommends that Lao PDR continue strengthening CRS surveillance and rubella surveillance activities to generate the evidence required for future verification of rubella elimination. The RVC looks forward to receiving the results of reactivated CRS surveillance in the next NVC report.

- The RVC strongly encourages Lao PDR to ensure sustainable financing and operational support for immunization, surveillance and outbreak response activities, including development of a comprehensive resource mobilization and sustainability plan with strong national ownership and government commitment.

- The RVC encourages strong collaboration and coordination of border surveillance and supplementary immunization activities among the three WPR Mekong countries (Cambodia, Laos PDR, and Viet Nam) to capitalize on the likely lull in cases that will follow the huge recent outbreaks experienced in each of these countries.

- The RVC looks forward to the results of the recent measles seroprevalence survey, which should better define immunity gaps and guide future immunization strategies, including the upcoming 2027 MR SIA.

Malaysia

Conclusions:

- The RVC concludes that Malaysia remains endemic for measles.

- Surveillance performance has improved, and most surveillance indicators meet the benchmark. Nevertheless, further strengthening of case investigation, source identification, molecular characterization, and outbreak investigation remains necessary.

- The RVC recognizes the encouraging progress towards rubella elimination, reflected by the declining incidence of rubella and the absence of evidence of endemic transmission. Continued strengthening of AFR and CRS surveillance will be important to confirm interruption of rubella transmission.

- Reported routine immunization coverage remains high nationally, but immunity gaps persist, particularly among some subnational populations and hard-to-reach, migrant, and non-citizen communities. The RVC notes with concern the high administrative coverage (exceeding 100%) hiding underlying immunity gaps, and the need for more accurate denominator data.

- A substantial proportion of measles cases had documentation of two or more MRCV doses. Further investigation is required to better understand the underlying cause.

Recommendations:

- The RVC recommends Malaysia strengthen the assessment of vaccination coverage and population immunity, including improving accuracy of denominator estimates, and utilizing additional data sources like serologic surveys to better identify immunity gaps that are masked by national coverage averages.

- The RVC encourages Malaysia to continue advocacy efforts for removing financial barriers to routine measles-rubella vaccination among non-citizen children, building on the successful provision of free vaccination during SIA and outbreak response activities.

- The RVC advises investigation of the unexpectedly high proportion of measles cases reported among individuals with two or more documented doses of measles-containing vaccine, including review of vaccination histories, timing of vaccination, laboratory findings, and exposure histories.

- The RVC emphasizes the need to implement innovative and multisectoral approaches to reach underserved populations, including collaboration with relevant sectors, community organizations, and religious leaders to address vaccine hesitancy.

- The RVC recommends further strengthening of outbreak detection, investigation and response, with >80% of outbreaks genotyped, and determination of source of infection for all confirmed cases to support accurate case classification.

Mongolia

Conclusions:

- The RVC concludes that Mongolia remains endemic for measles.

- The RVC notes that rubella case numbers over the past five years (and preliminary CRS retrospective review data) suggest that endemic rubella transmission may have been interrupted in Mongolia.

- The RVC extrapolates from the scale of the measles outbreak and series of MICS results that there are very important population immunity differences with administrative reported coverage.

- The RVC concludes that the coverage of the national SIA to close the immunity gap was inadequate.

Recommendations:

- The RVC strongly recommends that all efforts should be made to correct denominator data, including regular health centre target population reviews and full implementation of the electronic immunization register.
- The RVC emphasizes that the completion of a detailed post-SIA evaluation and careful epidemiological review of the 2025-26 outbreak will help to pinpoint children who missed out and who may still represent a sizable immunity gap that should be filled.
- The RVC concludes that detailed case investigation remains very important to determine source of infection for future cases.
- The RVC recommends laboratory confirmation of all suspected cases should be prioritized.
- The RVC advises a review of CRS cases in the last 3 years could provide further evidence of rubella elimination.
- The RVC encourages Mongolia to apply for verification of rubella elimination once the NVC determines that endemic rubella transmission has been interrupted.

Papua New Guinea

Conclusions:

- The RVC concludes that although no measles or rubella cases have been confirmed in recent years, PNG has not met the requirements for verification of elimination of measles and rubella according to the five lines of evidence.
- The RVC remains deeply concerned about the very high risk of a large-scale measles outbreak with persistent suboptimal performance of the routine immunization and surveillance systems.
- The RVC acknowledges PNG's initiatives to improve AFR surveillance, strengthen laboratory capacity, and close immunity gaps.
- The RVC appreciates the important role of WHO and other external partners in providing financial and technical assistance to PNG particularly in implementing PIRI and AFR surveillance activities.
- The RVC recognizes the importance of in-country professional groups supporting the strengthening of routine immunization and surveillance.

Recommendations:

- The RVC urges PNG to urgently focus on closing the wide measles and rubella immunity gaps.
- The RVC encourages PNG to carefully assess the impact of MCV integration into polio outbreak response SIAs and provide relevant data such as MR doses administered and vaccine coverage during these SIAs in the next report.
- The RVC strongly supports expanded PIRI initiatives including mobile and outreach immunization activities.
- The RVC urges PNG to sustain improvements in the quality and completeness of measles and rubella surveillance, strengthen epidemiologic case investigation and laboratory performance, including referral to measles/rubella regional reference laboratory using the testing algorithm,

and encourage the collection of respiratory swabs (and if not available, urine samples) at presentation for each suspected case.

- The RVC endorses the 2026 EPI review recommendation to rapidly strengthen RI coverage and work closely with external partners to achieve these activities.
- The RVC stresses the important role the NVC must play in PNG to address the challenges facing the country.
- The RVC is ready to advise the NVC of PNG and clarify its roles and responsibilities.

Philippines

Conclusions:

- The RVC concludes that the Philippines remains endemic for both measles and rubella, noting the increasing trend in measles incidence in recent years and the difficulty in interpreting rubella epidemiology due to limited surveillance.
- The RVC recognizes the Government's commitment to achieving verification of measles and rubella elimination by 2032 and appreciates the decision to implement a nationwide MR supplementary immunization activity in response to the RVC recommendations made in 2025.
- The RVC expresses deep concern regarding the longstanding challenges in vaccine procurement and supply, which have disrupted routine immunization services, constrained intensified and supplementary immunization activities, and contributed to declining confidence in immunization programmes among subnational health systems and communities.
- The RVC remains seriously concerned about the persistence of substantial immunity gaps. Challenges encountered during implementation of the recent nationwide MR supplementary immunization activity, combined with the large number of zero-dose children and the continued accumulation of susceptible children due to suboptimal routine immunization coverage, leave the country at high risk of future large measles outbreaks.
- The RVC acknowledges ongoing efforts to strengthen epidemiological and laboratory surveillance, including expansion and accreditation of the laboratory network and the development of molecular surveillance capacity. However, important gaps remain in surveillance performance, including the timeliness of reporting, the completeness of case investigations, specimen collection, and source attribution.

Recommendations:

- The RVC considers resolution of the longstanding vaccine procurement and supply challenges to be an urgent top priority, recognizing their profound impact on routine immunization, supplementary immunization activities, outbreak prevention and overall programme performance.
- The RVC calls on the Department of Health to finalize and secure high-level endorsement of national plan for measles and rubella elimination, supported by a whole-of-government approach, to mobilize the political commitment, resources and accountability needed for effective implementation at subnational levels, reduce the risk of large measles outbreaks, and accelerate progress towards the 2032 verification target.

- The RVC urges the country to sustain and intensify efforts to identify and reach zero-dose and under-immunized children, and to close existing immunity gaps following the recent MR SIA, particularly in areas that did not achieve optimal coverage and remain at elevated risk of measles transmission.
- The RVC urges the Philippines to conduct a comprehensive post-implementation assessment of the recent nationwide phased MR SIA to identify lessons to be learnt, better understand the underlying factors affecting vaccination coverage and vaccine trust, and inform future correction action.
- The RVC urges the Philippines to act promptly on the findings of the post-implementation assessment, including addressing misinformation and vaccine hesitancy, to prevent these challenges from becoming more widespread and further eroding confidence in immunization programmes.
- The RVC reiterates its 2025 recommendation to fully implement school-entry immunization checks and strengthen school-based immunization programmes nationwide to identify and vaccinate children with missed or incomplete vaccination.
- The RVC reiterates its recommendations from previous meetings to strengthen measles, rubella and congenital rubella syndrome surveillance and to address persistent gaps in case detection and reporting, case investigation, specimen collection, source attribution and molecular surveillance.

Viet Nam

Conclusions:

- The RVC concludes that Viet Nam remains endemic for both measles and rubella.
- The RVC remains deeply concerned about the magnitude and prolonged duration of the measles epidemic in Viet Nam and its implications for regional health security, including risk of cross-border spread and exporting cases to other countries.
- The RVC remains concerned about challenges related to the quality, completeness, availability, and accessibility of surveillance and epidemiological data. These limitations constrain assessment of transmission dynamics, surveillance performance, and progress towards elimination.
- The RVC welcomes the Ministry of Health's initiative to develop national guidance for measles elimination and commends the substantial efforts undertaken to reduce transmission and reinforce programme performance, through supplementary immunization activities, outbreak response measures, and strengthened vaccine procurement, laboratory capacity, and programme financing.

Recommendations:

- The RVC recommends that Viet Nam develop, with high-level endorsement, a national roadmap and plan for measles and rubella elimination, with practical, time-bound and measurable actions to achieve measles and rubella elimination as rapidly as possible. The roadmap should include an elimination timeline, defined responsibilities, intermediate milestones and monitoring mechanisms at national and subnational levels, and ensure strong accountability, coordination and implementation across the health system.

- The RVC urges Viet Nam to strengthen the quality and availability of measles and rubella surveillance and epidemiological data, through harmonized case classification, reconciliation of surveillance databases, clear reporting of clinically compatible cases, and timely sharing of information to support programme management, outbreak response, monitoring of elimination progress within the and across countries and regional collaboration.

- The RVC recommends that Viet Nam take advantage of the current period of reduced transmission to systematically identify and close remaining immunity gaps through strengthened routine immunization, targeted catch-up vaccination and robust assessment of population immunity, including consideration of other appropriate methodologies (*e.g.*, serosurveys) to inform evidence-based programme action.

- The RVC recommends that Viet Nam undertake a detailed review of the measles and rubella surveillance system to strengthen surveillance performance and sustainability, and to assess the potential application of multisource surveillance approaches to complement routine surveillance and support elimination verification.

- The RVC proposes a technical dialogue between the National Verification Committee and the RVC to jointly review the measles situation in Viet Nam, including epidemiological, surveillance and immunization data, to suggest priority actions, key milestones and a feasible timeline for interrupting endemic measles and rubella transmission as soon as possible.

- The RVC recommends resuming and strengthening congenital rubella syndrome (CRS) surveillance to generate the evidence needed to assess progress towards rubella and CRS elimination, and to support future verification efforts.

- The RVC encourages strong collaboration and coordination of border surveillance and supplementary immunization activities among the three WPR Mekong countries (Cambodia, Laos PDR, and Viet Nam) to capitalize on the likely lull in cases that will follow the huge recent outbreaks experienced in each of these countries.

ANNEX 5: REGIONWIDE CONCLUSIONS AND RECOMMENDATIONS

Conclusions:

- The RVC verifies that the 29 countries and areas previously verified have maintained their measles and rubella elimination status despite the global and regional measles resurgence. This sustained achievement reflects strong political commitment and persistent efforts to achieve and maintain uniformly high population immunity, supported by robust surveillance and laboratory performance, evidence-informed risk assessment, and effective outbreak preparedness and response.
- The RVC reaffirms that measles and rubella elimination remains achievable in the Western Pacific Region, with the potential to interrupt residual endemic transmission in all countries and areas by 2030. However, this aspiration is threatened by high measles incidence, existing substantial immunity gaps, uneven surveillance performance and insufficient outbreak preparedness and response in several countries.
- The RVC commends WHO for elevating measles elimination to the 2026 Regional Committee Meeting and the timely convening of the regional consultation of nine countries yet to achieve elimination, to renew political commitment and accelerate progress at both national and regional levels. The group of nine countries (G9) includes Cambodia, China, Indonesia, Lao PDR, Malaysia, Mongolia, Papua New Guinea, the Philippines and Viet Nam.
- The RVC emphasizes that measles remains a shared regional risk and that regional elimination cannot be achieved or sustained by countries acting alone. Population mobility, as evidenced by the continued occurrence of measles importations and cross-border transmission, underscores the need for shared responsibility, mutual accountability, stronger regional solidarity, and enhanced cross-border collaboration.
- The RVC appreciates the timely submission of annual NVC reports by 10 countries and areas by 31 July 2026, including Australia, Brunei Darussalam, Hong Kong SAR (China), Japan, Macao SAR (China), Mongolia, New Zealand, the Philippines, the Republic of Korea and Singapore.
- The RVC commends WHO/WPRO for maintaining strong technical leadership and providing outstanding secretariat support to the RVC despite a substantial reduction in regional immunization staff capacity. The RVC recognizes the commitment and dedication of the WHO teams from country and regional offices in accelerating progress towards measles and rubella elimination under increasingly resource-constrained circumstances.
- The RVC is, however, concerned that the reduced availability of dedicated regional technical resources may affect the sustainability of critical functions, including country support, regional coordination, verification activities and technical leadership, at a time when intensified support is required to accelerate progress towards the 2030 Regional measles and rubella elimination goal.

Recommendations:

- The RVC urges the nine countries yet to achieve measles and rubella elimination, to develop and implement, with high level government endorsement, country-owned, costed and time-bound elimination roadmaps and plans of action, supported by sustained political

commitment at national and subnational levels, domestic investment and accountability mechanisms.

- The RVC recommends that all countries and areas intensify efforts to identify and close immunity gaps, strengthen surveillance and laboratory systems, and enhance capabilities for early detection and thorough investigation of cases, effective outbreak preparedness and rapid response to interrupt residual endemic transmission as soon as possible, prevent sustained outbreaks following importations and mitigate the risk of re-establishment of endemic transmission.

- The RVC recommends that countries and areas leverage school entry as a systematic opportunity to identify and close immunity gaps through immunization status checks, effective referral and follow-up, and timely catch-up vaccination. In several countries that have sustained measles elimination, school-entry checks have proven to be a highly effective safety net for identifying children missed by routine immunization services, preventing the accumulation of susceptible individuals, and reducing the risk of outbreaks in school settings.

- The RVC emphasizes that measles poses a shared regional threat and urges Member States to strengthen cross-border cooperation and collective action, including surveillance, rapid information sharing, outbreak preparedness and response, and coordinated immunization activities and other public health measures, particularly in the Greater Mekong Subregion, the Indonesia-Papua New Guinea corridor, and among Pacific island countries and areas, where sub-regional collaboration is critical to achieving and sustaining measles elimination.

- The RVC proposes a dedicated technical dialogue involving the RVC and the NVCs of Cambodia, Lao PDR and Viet Nam to review common challenges, share lessons learned, promote mutual accountability, and identify coordinated actions to accelerate progress towards measles elimination in the Greater Mekong Subregion.

To WHO/WPRO

- The RVC requests WHO, in collaboration with partners, to build on the momentum of the Regional Committee and the G9 consultation platform to mobilize the technical and financial resources required to accelerate measles and rubella elimination progress in the remaining countries.

- The RVC requests WHO, through its country offices, to provide tailored technical support to optimize the effectiveness and impact of routine immunization catch-up activities, periodic intensification of routine immunization, and supplementary immunization activities in closing immunity gaps, with particular attention to reaching zero-dose children and under-immunized populations in priority countries, including but not limited to Cambodia, Indonesia, Lao PDR, Papua New Guinea and the Philippines.

- The RVC requests WHO to facilitate structured peer learning and collaboration among countries and areas in the Region, leveraging the experience and good practices of those that have sustained elimination to strengthen regional capacities for achieving, sustaining and verifying measles and rubella elimination.

- The RVC recommends that WHO support the implementation of genotyping in Cambodia, Lao PDR and Mongolia national measles/rubella laboratories in the next 2–3 years.

- The RVC recommends WHO/WPRO to monitor the deployment of measles rapid diagnostic tests to monitor compliance with WHO Interim Guidelines.

- The RVC suggests WHO/WPRO to standardize the methods used to perform national serosurveys.

- The RVC requests WHO to identify opportunities for regular and structured engagement between the RVC and National Verification Committees (NVCs) and SRVC, including technical dialogue, exchange of best practices and solutions, peer learning and systematic follow-up of RVC recommendations, to strengthen the role of NVCs in advocacy, accountability and efforts to accelerate progress towards measles and rubella elimination.

- The RVC requests the WPRO Regional Director to secure adequate and sustainable technical and financial resources to maintain essential regional and country-level capacity for measles and rubella elimination, ensuring continued support to Member States, sustained technical leadership, effective regional coordination, and high-quality verification activities. Such investments are essential to accelerating progress towards the 2030 regional goal, safeguarding hard-won gains, and preventing the re-establishment of endemic measles transmission and renewed regional resurgence.

ANNEX 6: RE-VERIFICATION PROCESS

The process to apply for re-verification may be initiated after at least 12 months without endemic transmission. Re-verification will require submission of detailed data across all five lines of evidence, including a careful root cause analysis of factors leading to the previous re-establishment, demonstrated correction of those factors that led to the previous loss of elimination and sufficient assurance that elimination has been restored and can be sustained. A longer observation period, extending towards 36 months, may be required where the evidence is insufficient.

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World Health Organization

Western Pacific Region