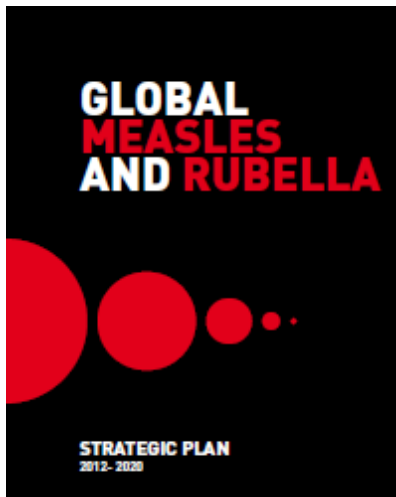


Midterm Review of the Global Measles and Rubella Strategic Plan 2012 – 2020



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Outline

- Strategic Plan 2012-2020
 - Progress toward milestones and goals
- Objectives of Midterm Review
- Process and oversight
- Eight sections of the report
- Findings and conclusions
- Recommendations
 - Five core strategies
 - Building on the polio transition
 - Governance
 - Resource mobilization
- Summary

Success in reaching 2015 goal and milestones

2015 Goal or Milestone	Evaluation (based on 2015 data)
Achieve \geq 95% reduction in estimated measles mortality compared to 2000	Reduction of 79%*
Reduce annual measles incidence to less than 5 cases/million & maintain that level	Global incidence of 36 per million
Achieve at least 90% MCV1 coverage nationally, and $>$ 80% coverage in every district or equivalent administrative unit.	119 (61%) countries have MCV1 coverage $>$ 90% at national level.
Achieve at least 95% coverage with M, MR or MMR during SIAs in every district.	Of 104 SIAs from 2013-2015, 52 (50%) had a reported coverage of \geq 95%. Only 19 conducted a post-SIA coverage survey; 9 (47%) reached \geq 95% national coverage
Establish a rubella/CRS elimination goal in at least three additional WHO regions (i.e., in addition to the AMR and EUR that had established goals before 2012).	One additional region, WPR, has established a rubella elimination goal but no date is associated with it
Establish a target date for the global eradication of measles.	No target date for global measles eradication established

* Preliminary data

Legend



Little or no progress



Some progress but inadequate to meet 2015 goals

Objectives of Review

- To provide a candid review of progress toward, and key reasons for not attaining, 2015 goals
- To assess the quality of implementation of strategies and principles, and recommend refinements
- To formulate lessons learned and priorities for 2016 – 2020

Process, oversight and endorsement

- Process
 - 5 external consultants + secretariat
 - Global, regional and country level assessment
 - 1-2 countries per Region
 - Focus on strategy
 - Desk review; interviews with key informants
- Oversight and endorsement
 - Oversight by SAGE Working Group (Measles and Rubella) – 2016
 - Endorsement by SAGE and World Health Assembly – 2017 (as part of GVAP Report)

Report: eight sections

1. Monitor disease using effective **surveillance**, and evaluate programmatic efforts
2. Achieve and maintain **high levels of population immunity** by providing two doses of measles and rubella containing vaccines
3. Develop and maintain **outbreak preparedness**, respond rapidly to outbreaks and manage cases
4. **Communicate** and engage to build public confidence and demand for immunization
5. Perform **research and development** to support cost-effective operations and improve vaccination and diagnostic tools
6. Building on the **polio transition**
7. **Governance**
8. **Resource mobilization** and advocacy

Major findings and conclusions (1)

- Tremendous progress made towards both measles and rubella elimination since 2001
- Significant gains also made during 2012 – 2015
 - 23/194 WHO Member States introduced MCV2
 - Global MCV2 coverage rose from 48% to 61%
 - 17 countries introduced RCV in their schedule
 - Global RCV coverage rose from 39% to 46%
 - 4.25 million deaths estimated to have been averted during 2012 – 2014 relative to no vaccination
- However, **neither measles nor rubella elimination on track to achieve ambitious goals** laid out in the *Global Measles and Rubella Strategic Plan, 2012-2020*

Major findings and conclusions (2)

- Basic **strategies articulated** are sound
- Full implementation has been limited by **lack of country ownership** and **global political will**, reflected in **insufficient resources**
- In principle, the 2020 goals can still be reached but doing so would require
 - a substantial escalation of political will and resources
 - heavy reliance on supplementary immunization activities (SIAs)

Major findings and conclusions (3)

- It is **premature to set a timeframe for measles eradication at this point**
 - Instead, the annual review of progress toward the Global Vaccine Action Plan (GVAP) goals should be used to assess progress toward measles elimination
 - A determination should be made, not later than 2020, whether a formal global goal for measles eradication should be set with timeframes for achievement
 - In the meantime, all regions should work toward achieving the regional elimination goals

Major findings and conclusions (4)

- Re-orient program to **increase emphasis on surveillance** so that programmatic and strategic decisions can be guided by disease data
- A focus on measles surveillance can help detect populations unreached by immunization systems and, by extension, program weaknesses
- Working to achieve **measles and rubella elimination can strengthen health systems** in general and immunization systems in particular

Major findings and conclusions (5)

- **Strengthening of immunization systems is critical** to achieving regional elimination goals. There must be a focus on how working to achieve measles and rubella eradication can help strengthen health systems in general and immunization systems in particular
- Measuring coverage with measles and rubella containing vaccines, while important, is not the best indicator of progress toward measles and rubella control/elimination. **Disease incidence is the most important indicator of progress**

Major findings and conclusions (6)

- There is an urgent need to **strengthen the collection and use of surveillance data** to better guide program strategy and implementation
- A **costed implementation plan** in response to these recommendations should be developed not later than twelve months after the release of this report.

Monitoring Disease Using Effective Surveillance - recommendations (1)

- A top priority for achieving the goals of the Measles Rubella Strategic Plan is to **enhance case-based, laboratory-supported surveillance for measles and rubella**
 - All countries must implement case-based surveillance for measles and rubella
 - Cases should be reported weekly from country to region
- A working group on surveillance and outbreak investigation should be developed
- Protocols need to be developed to guide how to conduct, interpret and disseminate data analysis results for policy
 - E.g., who is transmitting to whom
 - Exposure settings

Monitoring Disease Using Effective Surveillance - recommendations (2)

- Countries need to **dedicate resources for surveillance and partners need to supplement resources as needed**, including resources for staffing, lab support, training, and other operational costs. Countries eligible for funding from Gavi should consider using Health System and Immunization Strengthening (HSIS) funding to support the surveillance infrastructure

Monitoring Disease Using Effective Surveillance - recommendations (3)

- **CRS Surveillance**, either sentinel or national level, should be implemented, especially in countries using MR
- As the GPEI winds down, at a minimum the current level of measles and rubella surveillance should be maintained. **Wherever possible, the polio transition should be capitalized on** to further strengthen measles and rubella surveillance, as well as surveillance for other VPDs
- Both in outbreak investigations as well as in routine surveillance, **all cases should be classified as preventable or non-preventable**. A preventable case represents a program failure, i.e., a person who should have been vaccinated but was not. A non-preventable case is one for whom the current strategy does not offer direct protection. Vaccine-eligible persons of unknown vaccination status should be considered unvaccinated and thus preventable cases.

Achieve and Maintain High Levels of Population Immunity - recommendations (1)

- Measles and rubella control and elimination activities at national level should be located within the overall immunization program
- **Two doses of measles containing vaccine (MCV) or measles-rubella containing vaccine (MRCV)** delivered through ongoing services is the standard for all national immunization programs. Preventive SIAs should be conducted on a regular basis, if routine 2 dose coverage is insufficient to achieve and maintain high population immunity
- Efforts to enhance measles and rubella prevention should take into account the importance of strengthening the overall immunization delivery system.

Achieve and Maintain High Levels of Population Immunity - recommendations (2)

- A standardized method to **categorize countries based on their level of disease control and likelihood of achieving and sustaining achievement of measles and rubella elimination** goals should be developed. Immunization and surveillance strategies should be tailored to the country categorization.
- All countries should institute **a school entry check for immunization**, including vaccination against measles and rubella as well as against other VPDs. Vaccination should be provided to children who have not received vaccine.
- Every opportunity should be taken to **vaccinate people not adequately vaccinated**, particularly those under 15 years of age.

Outbreak preparedness and response

- recommendations (1)

- **Emphasis should be placed on prevention of outbreaks** through monitoring of risk status and increased attention to vaccination of underserved communities and high risk settings.
- Use of the district level program risk assessment tool should be considered
- All measles and rubella **outbreaks should be promptly investigated** and used to develop a susceptibility profile of the population
- Based on existing experience, training materials should be developed for use at global, regional and country levels to perform outbreak investigations, as well as to understand the underlying reasons that outbreaks are occurring and disseminate investigation results.

Outbreak preparedness and response

- recommendations (2)

- There must be **adequate financial, human and laboratory resources** to conduct outbreak investigations
 - Gavi-eligible countries should consider HSIS funds
 - Resources are urgently needed for non-Gavi eligible countries
- Countries should develop **national Measles and Rubella Outbreak Preparedness and Response plans**. Funding requirements for the implementation of these Plans should be included in measles and rubella program Financial Resource Requirements.
- When outbreaks are detected, in addition to investigation, countries should take steps to **mitigate the outbreak through vaccination**. The magnitude of the response should be based on the characteristics of the outbreak, the stage of measles and rubella control, and the category to which countries belong.

Communication – recommendations (1)

- **Increased resources are needed for communication** to raise the visibility of vaccine preventable diseases with a focus on measles and rubella
- Creating and promoting demand for immunization requires a long term investment
- Communication plans may target many different audiences (e.g., politicians, public health leaders and workers, healthcare providers, parents, etc.).
 - Plans targeting each of these audiences should be developed and audience-specific messages developed and tested

Communication - recommendations (2)

- Data on measles incidence, including complications and deaths, as well as information on the costs associated with outbreaks, should be the focus of educating various audiences about the importance of preventing the illness.
 - **Data should be supplemented by stories** of actual cases to illustrate the statistical data.
 - **Collection of information on cases of CRS** can also be a powerful advocacy tool
 - **Outbreaks of measles and rubella should be recognized as opportunities** to promote the importance of vaccination, with emphasis on measles rubella containing vaccine
- In advocating for improved prevention of measles and rubella, it will be important to collect stories of how a focus on those diseases not only improved their control but also helped to enhance overall immunization and health systems

Research and development -- recommendations (1)

- **Programmatically-oriented operations research**, in addition to technologically-oriented research, should be used to determine how best to terminate measles transmission including achieving optimal uptake of vaccination in populations, which populations should be targeted for special immunization efforts, how to optimize surveillance systems, and the economic impact of disease
- Sustained commitment to adequately **funding measles and rubella research** is required. An advocacy plan to secure funding should be developed

Research and development -- recommendations (2)

- A working group focusing in a sustained fashion on advocating for, promoting and prioritizing measles and rubella research is critical. The natural home for this group is WHO.

Polio transition - recommendations

- Given the imminent reduction in polio eradication resources, which can have an adverse impact on both measles and rubella control/elimination efforts, **a focus on transition of polio resources is urgent** and needs to be a top priority
- All stakeholders involved in control and elimination of measles and rubella should engage in polio transition planning (at all levels) to make the most of the opportunity and avoid the risks of the end of GPEI
- Strengthening immunization systems and the control and **elimination of measles and rubella should be designated as high priorities** for polio transition planning and implementation

Governance - recommendations

- It is imperative that there be **close collaboration and coordination between Gavi and the M&RI**, as a central element in building the overall immunization system and in order to ensure that measles and rubella control and elimination efforts are coordinated and efficient
- Efforts to control and eliminate measles and rubella should be **integrated with the general immunization system** and should be used to build and enhance the overall immunization system

Resource Mobilization and Advocacy - recommendations (1)

- **A multi-year Financial Resource Requirement (FRR) document** for measles and rubella vaccination in the context of overall immunization systems should be developed. It should include demand-driven, country-driven projections of need, and reflect funding from Gavi, M&RI, and other donors, and domestic financing
- The recent **welcome additional support from Gavi for measles and rubella activities provides a major step forward** for achieving measles and rubella goals. However, **it is not, in itself, sufficient to provide adequate assistance globally**, as many countries are not Gavi-eligible or are graduating from Gavi-eligibility and key global strategies such as surveillance and research are under-resourced. Consequently, there is a need for additional funding

Resource Mobilization and Advocacy - recommendations (2)

- Efforts should be made to **identify examples of when a focus on measles and rubella elimination has led to building the overall immunization system**. In addition, it is important to remain open to examples of when a focus on measles and rubella has had a negative impact on overall healthcare and immunization systems, and learn from any such examples how such a situation can be avoided.

Summary (1)

- Tremendous progress has been made towards both measles and rubella elimination since 2001. However, despite these advances, **neither measles nor rubella elimination are on track**
- The strategies articulated in the strategic plan are sound, but full **implementation has been limited by lack of global political will and country ownership**
- **In principle, the 2020 goals can still be reached**, but doing so would require a substantial escalation of political will and resources and heavy reliance on SIAs

Summary (2)

This report recommends:

- Focusing on **improving ongoing immunization systems**
- Re-orienting the measles and rubella elimination program to **increase emphasis on surveillance**
- **Measles incidence should be used as an indicator** of the health of the immunization and overall health system
- **Focusing on measles and rubella elimination** can result in gains across the immunization system
- **A costed implementation plan** should be developed not later than twelve months after the release of this report.

Question for the SAGE

- Does the SAGE endorse the recommendations of the Midterm Review of the Global Measles and Rubella Strategic Plan 2012 – 2020 ?