



Measles and Rubella Global Strategic Plan 2012–2020 midterm review[☆]

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ABSTRACT

Key Highlights: 1. Measles eradication is the ultimate goal but it is premature to set a date for its accomplishment. Existing regional elimination goals should be vigorously pursued to enable setting a global target by 2020.

2. The basic strategic approaches articulated in the *Global Measles and Rubella Strategic Plan 2012–2020* are valid to achieve the goals but have not been fully implemented (or not appropriately adapted to local situations).

3. The report recommends a shift from primary reliance on supplementary immunization activities (SIAs) to assure two doses of measles-containing vaccine (MCV) are delivered to the target population to primary reliance on ongoing services to assure administration of two doses of MCV. Regular high quality SIAs will still be necessary while ongoing services are being strengthened.

4. The report recommends a shift from primary reliance on coverage to measure progress to incorporating disease incidence as a major indicator.

5. The report recommends that the measles/rubella vaccination program be considered an indicator for the quality of the overall immunization program and that measles/rubella incidence and measles and rubella vaccination coverage be considered as primary indicators of immunization program performance.

6. Polio transition presents both risks and opportunities: risks should be minimized and opportunities maximized.

7. A school entry immunization check could contribute significantly to strengthening overall immunization services with assurance that recommended doses of measles and rubella vaccines as well as other vaccines have been delivered and providing those vaccines at that time if the child is un- or under-vaccinated.

8. Program decisions should increasingly be based on good quality data and appropriate analysis.

9. The incorporation of rubella vaccination into the immunization program needs to be accelerated – it should be accorded equivalent emphasis as measles.

10. Outbreak investigation and response are critical but the most important thing is to prevent outbreaks.

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High level summary (The complete set of recommendations is in the Executive Summary and the body of the report.)

Tremendous progress has been made towards both measles and rubella elimination since 2001. Significant gains have also been made during the period 2012–2015 with 23/194 World Health Organization (WHO) Member States having introduced a second dose of measles-containing vaccine (MCV2), 17 countries having introduced rubella-containing vaccine (RCV), global coverage with

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Nomenclature

Abbreviations and acronyms

AEFI	adverse event following immunization	MCV1	first dose of measles-containing vaccine
AFR	African Region (of the World Health Organization)	MCV2	second dose of measles-containing vaccine
AFRO	the World Health Organization's Regional Office for Africa	M&RI	Measles and Rubella Initiative
AMR	Americas Region (of the World Health Organization)	MMR	measles-mumps-rubella vaccine
AMRO	the World Health Organization's Regional Office for the Americas	MMR1	First dose of measles-mumps-rubella vaccine
ARC	American Red Cross	MMR2	Second dose of measles-mumps-rubella vaccine
BMGF	Bill & Melinda Gates Foundation	MMRV	measles-mumps-rubella-varicella (vaccine)
CDC	Centers for Disease Control and Prevention (USA)	MR	measles-rubella vaccine
CIDA	Canadian International Development Agency	MRCV	measles-rubella—containing vaccine
cMYP	comprehensive multiyear plan for immunization	MRCV1	First dose of measles-rubella—containing vaccine
C4I	communications for immunization (UNICEF)	MRCV2	Second dose of measles-rubella—containing vaccine
CRS	congenital rubella syndrome	MTR	Midterm Review (of the <i>Global Measles and Rubella Strategic Plan 2012–2020</i>)
DFID	Department for International Development (United Kingdom)	NVC	National Verification Committee
DRC	Democratic Republic of the Congo	PAHO	Pan American Health Organization
ELISA	enzyme-linked immunosorbent assay	PRC	Polio Research Committee
EMR	Eastern Mediterranean Region (of the World Health Organization)	ORI	Outbreak Response Immunization
EMRO	the World Health Organization's Regional Office for the Eastern Mediterranean	PAHO	Pan American Health Organization
EPI	Expanded Programme on Immunization	RCV	rubella-containing vaccine
EUR	European Region (of the World Health Organization)	RITAG	Regional Immunization Technical Advisory Groups
EURO	the World Health Organization's Regional Office for Europe	RVC	Regional Verification Commission
FRR	financial resource requirements	SAGE	the World Health Organization's Strategic Advisory Group of Experts on Immunization
Gavi	Gavi, The Vaccine Alliance	SEAR	South East Asian Region (of the World Health Organization)
Gavi-eligible countries	Countries eligible for funding from Gavi, The Vaccine Alliance	SEARO	the World Health Organization's Regional Office for the South East Asian Region
GHSA	Global Health Security Agenda	SIA	supplementary immunization activity
GMRLN	Global Measles and Rubella Laboratory Network	Sphere	the Sphere Project
GPEI	Global Polio Eradication Initiative	UNF	United Nations Foundation
GVAP	Global Vaccine Action Plan	UNICEF	United Nations Children's Fund
HSIS	Health System and Immunization Strengthening	US	United States of America
IHR	International Health Regulations	WHA	World Health Assembly
JSI	John Snow Inc.	WHO	World Health Organization
M	measles vaccine	WPR	Western Pacific Region (of the World Health Organization)
MAPs	microarray patches	WPRO	the World Health Organization's Regional Office for the Western Pacific Region
MCV	measles-containing vaccine	VPDs	vaccine-preventable diseases

MCV2 rising from 48% to 61%, and global coverage with RCV from 39% to 46%. From 2012–2014, 4.25 million measles deaths are estimated to have been averted relative to no measles vaccination at all. However, despite these advances, neither measles nor rubella elimination are on track to achieve the ambitious goals laid out in the *Global Measles and Rubella Strategic Plan, 2012–2020*.

The basic strategies articulated in the *Plan* are sound. However, full implementation of these 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 as well as heavy reliance on supplementary immunization activities (SIAs).¹ This report recommends focusing on improving ongoing immunization systems – although this may delay reaching measles and rubella elimination goals – in order to ensure that gains in measles and rubella control can be sustained. Re-orienting the measles and rubella elimination program to increase emphasis on surveillance so that programmatic and strategic deci-

sions can be guided by data is critical. Many of the recommendations made in this report are directly aligned with the Global Health Security Agenda's (GHSA's) Action Packages, which are designed to prevent outbreaks, detect threats in real time, and rapidly respond to infectious disease threats.²

A focus on measles surveillance can help detect populations unreached by immunization systems and, by extension, program weaknesses. Measles serves as the 'canary in the coal mine' for detecting problems with immunization programs, a characteristic whose importance has recently been highlighted in the context of global health security.

Overarching conclusions

- The *Global Measles and Rubella Strategic Plan, 2012–2020* set the ambitious goal of achieving measles and rubella elimination in at least five WHO regions by 2020 through the implementation

¹ SIAs are mass vaccination campaigns with measles or measles-rubella (MR) vaccines targeting all children in a given age group (usually 9 months to 5 years) regardless of prior vaccination status.

² The White House, Office of the Press Secretary. FACT SHEET: Global Health Security Agenda: Getting Ahead of the Curve on Epidemic Threats. Sept 26, 2014. Available at <https://www.whitehouse.gov/the-press-office/2014/09/26/fact-sheet-global-health-security-agenda-getting-ahead-curve-epidemic-th>.

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