



**World Health  
Organization**

---

REGIONAL OFFICE FOR **Europe**

**European Regional Verification Commission  
for Measles and Rubella Elimination (RVC)**

**TERMS OF REFERENCE**

**6 December 2011**

Address requests about publications of the WHO Regional Office for Europe to:

Publications  
WHO Regional Office for Europe  
Scherfigsvej 8  
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (<http://www.euro.who.int/pubrequest>).

© **World Health Organization 2013**

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

## Overview

The Health for All policy framework for the WHO European Region, approved by the WHO Regional Committee for Europe in 1998, identified the target for measles elimination by 2007 and an incidence of congenital rubella syndrome (CRS) of <1 case per 100 000 live births by 2010. In 2003, owing to widespread use of measles- and rubella-containing vaccine in the European Region, the strategic plan for measles and congenital rubella infection in the WHO European Region targeted both interruption of indigenous transmission of measles (measles elimination) and prevention of congenital rubella infection (<1 case of CRS per 100 000 live births) by 2010.

In 2004, the WHO European Region's National Immunization Programme Managers and the WHO European Technical Advisory Group of Experts on Immunization (ETAGE) reviewed the strategic plan's objectives, and recommended inclusion of rubella elimination into the strategy. This was approved at the 55<sup>th</sup> session of the WHO Regional Committee for Europe as part of the resolution on strengthening national immunization systems through the elimination of measles and rubella and the prevention of congenital rubella infection.

Although progress has been made by Member States towards the European regional goals of eliminating measles and rubella by 2010 through implementing the components of the WHO European Region Strategic Plan 2005–2010, the goal was not achieved. Acknowledging that the European regional goals of eliminating measles and rubella are achievable, the current status of measles and rubella elimination in European Region was reviewed in depth at the 60<sup>th</sup> session of the WHO Regional Committee for Europe (2010), and the target date for achieving the elimination goal was modified to 2015.

In 2009, WHO Regional Office for Europe initiated the process of defining the steps that will be taken to document and verify when the elimination of measles and rubella disease and prevention of CRS has been achieved in the WHO European Region. This regional verification process will be informed by the mechanisms that were put in place earlier for the certification of global smallpox and poliomyelitis eradication.

***The Regional Verification Commission for Measles and Rubella Elimination (RVC)*** will evaluate the documentation submitted by national verification committees for measles and rubella elimination (NVCs), established by each Member State, to verify elimination at the regional level. The scope of work of the RVC includes the verification that countries have been free from endemic measles and rubella virus transmission for at least 3 consecutive years to declare elimination for each, respectively.

The key components of a standardized assessment process for verification of interruption of endemic measles and rubella virus transmission in the European Region comprise detailed information on measles and rubella epidemiology, including molecular epidemiology; population immunity; quality of epidemiologic and laboratory surveillance; and sustainability of national immunization programmes. All components of the assessment are connected, and the verification of one component depends on the conditions of the others. It is therefore required to integrate and link the evidence for each component to verify that it is valid, complete, representative, and consistent among the different information sources. National verification committees for measles and rubella elimination (NVCs) will be created to compile, analyse, and submit these data to the RVC annually.

Once NVCs are established, countries will be requested to provide annual national reports of progress towards measles and rubella elimination for submission to the RVC. From 2012, annual national reports from Member States will be reviewed and analysed until such a time when there has been at least 3 years with no indigenous transmission of measles or rubella

virus. Only then can regional elimination be declared. It is not expected that both diseases will be eliminated at the same point in time.

### **Relation to existing WHO advisory bodies**

The RVC will provide periodic technical updates to, and coordinate technical and policy issues with the European Technical Advisory Group of Experts (ETAGE) through exchange of reports, representation at meetings and other forms of communication. There will be a liaison member from the European Regional Certification Commission on Poliomyelitis Eradication who will sit on the RVC.

### **Specific functions**

The RVC has no executive, regulatory or administrative function. It is an expert committee whose sole role is to independently evaluate progress towards the goal of measles and rubella elimination in the European Region. It reports directly to the WHO European Regional Director. The Vaccine-Preventable Diseases and Immunization Programme of the WHO Regional Office for Europe will serve as the Secretariat.

The specific functions of the RVC are as follows:

- Schedule and hold annual meetings.
- Review and apply the criteria, parameters, and procedures for documenting and verifying the achievement of elimination in WHO European Region, in consultation with Member States and ETAGE.
- Advise the NVCs on the process for collecting and analysing the data for verification in the country, and provide guidance on sustaining measles- and rubella-free status.
- Receive and analyse the annual reports submitted by the NVCs in each country.
- Prepare and submit an annual report to the WHO Regional Director for Europe, with feedback to Member States.
- Define internal procedures and responsibilities of the members of the RVC to manage the documentation and verification process among the Commission.
- Conduct field visits, in close consultation with the Secretariat, as required to monitor progress, verify data analyses, and advocate for elimination.
- When appropriate, declare the Regional interruption of measles and rubella transmission.

### **Membership**

The RVC will be an external and independent entity whose members must not be involved in the managerial or operational aspects of their respective national immunization programmes. In addition, these experts should not be involved in surveillance or laboratory components of the elimination activity, nor will they have a direct responsibility in the achievement of the goal at the Regional or national level.

It is expected that RVC members will be leading scientists, senior physicians or university staff, who will be committed to taking the responsibility of verification extremely seriously. Members should understand that their reputations as scientists or leading public figures will depend on their judgment as to whether the quality of work and its documentation is sufficient for a decision to recommend that verification of measles and rubella elimination has been achieved.

The RVC will be comprised of experts including epidemiologists, clinicians, virologists, and molecular biologists. Its members will be independent of the managerial and operational

aspects of elimination activities. The organization of the Committee will include a chairperson, a vice-chairperson, and a maximum of 8 additional members with recognized technical expertise. RVC members will be recommended by the Secretariat and appointed by the WHO European Regional Director. RVC members will be appointed, as far as possible, to reflect a balanced representation in terms of areas of expertise, professional affiliation, geographic representation and gender balance.

Due to the strict requirement for professional independence and to avoid personal conflicts of interest, RVC membership is voluntary and WHO cannot pay salary or consultant fees of any kind.

### **Chair**

The chair of RVC will be appointed by the WHO European Regional Director for a once renewable period of three years in close consultation with the RVC members. Following the inauguration of the RVC, eligibility for the post of chair will be dependent on having previously served on RVC for a period of not less than one year. The person appointed as chair should have a broad knowledge of the full scope of the areas of work that concern RVC, and have proven leadership, meeting management and chairing skills. In addition to fulfilling the regular duties of an RVC member, the chair will be expected to:

- chair all RVC meetings;
- plan meeting agendas in advance in close collaboration with the Secretariat;
- coordinate the final recommendation session at each meeting;
- coordinate the preparation and submission of an annual report to the WHO Regional Director for Europe, with feedback to Member States;
- represent RVC at ETAGE meetings and provide periodic technical updates to ETAGE, and coordinate technical and policy issues with them. The chair may also be required to attend other WHO meetings as appropriate.

### **Vice-Chair**

- take full responsibility for all functions of the RVC Chair in his/her absence.

### **RVC members**

RVC members will be appointed by the WHO European Regional Director to serve an initial period of three to five years, subject to renewal once only for a similar period. Members will be expected to:

- attend all RVC meetings;
- review and evaluate the documentation submitted by the national verification committees for measles and rubella elimination (NVCs) of the Member States in order eventually to verify elimination at the regional level;
- undertake field visits to selected Member State(s) as required by the RVC in order to monitor progress and verify submitted data, in close consultation with the Secretariat;
- contribute directly to the preparation and submission of an annual report to the WHO Regional Director for Europe, with feedback to Member States;

- be involved in discussions, through electronic mail and teleconferences, on technical issues regarding the measles and rubella elimination throughout the Region.

Membership in RVC may be terminated at the discretion of the WHO European Regional Director for any one of the following reasons:

- failure to attend two consecutive RVC meetings;
- change in affiliation, resulting in a conflict of interest;
- lack of professionalism, such as a breach of confidentiality or the misrepresentation of RVC or WHO.

The work of the RVC should strive to improve WHO's ability to support countries in improving their immunization programmes. This requires that RVC as a whole and RVC members individually work hand-in-hand with the WHO Regional Office for Europe Secretariat.

In addition to the functions listed above, RVC members have a responsibility to:

- provide WHO with high/quality independent expert opinion and recommendations on the topics described in the terms of reference document;
- in addition to attendance at meetings, participate actively throughout the year, including participation in field visits, video and telephone conferences and interaction by e-mail;
- review materials prior to meetings.

### **Role of the Secretariat**

The Vaccine Preventable Diseases & Immunization Programme (VPI) of the Division of Communicable Diseases, Health Security and Environment, WHO European Regional Office will serve as the RVC Secretariat. The main role of the Secretariat is to provide technical and administrative support to the RVC chair and members so that RVC functions smoothly and delivers punctually and effectively on its terms of reference (TORs). The Secretariat will perform the following main tasks:

- Prepare and develop the agenda topics.
- Plan RVC meetings: including agenda formulation, travel and accommodation for members and non members, and the invitation of topic experts to specific meetings.
- Assist with preparing the meeting minutes and reports.
- Provide RVC members with the background/support materials, trainings (as appropriate).
- Establish and maintain a SharePoint website for sharing RVC meeting reports, agenda and key recommendations with the broader immunization community.
- Facilitate the dissemination and use of recommendations made by RVC and approved by the WHO European Regional Director.

### **Meetings and operational procedures**

The working language of the RVC will be English. Documents and reports will not be routinely translated into other languages. The RVC will normally meet once annually but may, under certain circumstances, be required to meet more than once a year. All members are expected to

attend and contribute to these meetings. A rolling calendar with dates for the next two meetings will be available for members to plan in advance. RVC members may also be requested to contribute to the development of the meeting agenda.

Background materials and documents will be distributed through a SharePoint website, in general, a minimum of two weeks prior to the meetings.

RVC meetings will, in principle, be closed to outside parties. However, WHO may also invite other colleagues or specific topic experts to RVC meetings, including representatives from other WHO advisory groups, non-governmental organizations, civil society, international professional organizations, technical agencies, donor organizations, or associations of manufacturers of vaccines and immunization technologies, on an as-needed basis as observers.

A report of each meeting will be compiled by an assigned rapporteur from the Secretariat. The report will be reviewed by the RVC Chair and RVC members and WHO Regional VPI Programme Manager, and finalized by the Secretariat before being shared with Member States.

**Conflicts of interest, confidentiality**

Prior to being appointed to the RVC or at the renewal of a term, nominees and members will be required to complete a WHO declaration of interest form and a confidentiality agreement.

All background documents, papers, presentations and reports presented to RVC shall be treated as confidential and may not be publicly disclosed or used by members without prior approval.

As a WHO advisory committee, neither the RVC as a whole, nor individual members can speak or act on behalf of WHO, or attend meetings on behalf of WHO without prior consent from the Secretariat. Members of RVC, including the chair, may not share any information or make presentations on the topics related to RVC without approval by the Secretariat.

Correspondence with outside parties on RVC issues should be copied to the Secretariat in all cases.

RVC members may be approached outside of meetings for their views, comments and statements on particular matters of public health concern and asked to state their views, as a member of RVC, or speak to the views of the committee. Members should refrain from commenting and refer such enquiries to the Secretariat.