

PACKAGE FOR ACCELERATED ACTION: 2013–2015



World Health
Organization

REGIONAL OFFICE FOR **Europe**

MEASLES AND RUBELLA ELIMINATION 2015

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FOR
ACCELERATED
ACTION:
2013-2015**

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Background

In 2005, the WHO Regional Committee for Europe acknowledged that measles and rubella could be eliminated from the WHO European Region, and congenital rubella infections prevented, by:

- administering combined measles and rubella vaccines in a routine two-dose vaccination schedule within childhood immunization programmes;
- achieving and maintaining high vaccination coverage; and
- targeting susceptible populations, including women of childbearing age.

In resolution EUR/RC55/R7 the Committee set 2010 as the target date for elimination.

Member States of the Region reviewed progress and recommitted to this goal in 2010, setting a new target date of 2015. This target is supported by international partner organizations such as the Global Measles Initiative, which in 2012 expanded its mandate to include elimination of rubella and adopted a new global strategic plan for both measles and rubella.

To support the elimination effort, a verification process has been initiated, similar to the successful polio verification process implemented over 10 years ago in the Region. The Regional Verification Commission for Measles and Rubella Elimination (established in January 2012) serves as the foundation for this effort, which is further guided by a Strategic Framework for Elimination and intercountry meetings held for all Member States.

Despite substantial progress made by many Member States since 2010, the regional target of measles and rubella elimination by 2015 is under threat. Large measles outbreaks were reported by many Member States during the period 2010–2012, with most cases reported by Bulgaria, France and Ukraine. In the first half of 2013, an increased number of cases and outbreaks were reported by countries that had not had substantial measles activity in recent years (Azerbaijan, Georgia and Turkey). During this period, large rubella outbreaks also occurred in some countries (e.g. Poland and Romania). These outbreaks of measles and rubella demonstrate a pattern in which the diseases move from one part of the Region to another, aided by virus importation and the accumulation of susceptible populations.

To stop both endemic and imported measles virus circulation by 2015, all efforts must be directed towards reaching very high immunization coverage and population immunity in all countries. Rubella's lower infectivity and the long-term protection provided by a single dose of rubella vaccine (in over 95% of cases), may make some aspects of its elimination less challenging. However, up to 50% of rubella cases do not have typical clinical manifestations, and this can make timely laboratory investigation and virus genotyping more difficult for rubella than for measles. In addition, many countries in the Region are still struggling to establish or implement a surveillance system for rubella and congenital rubella syndrome (CRS) that is capable of collecting representative and reliable information.

If high-quality surveillance systems that investigate and classify every suspected case indicate an absence of endemic measles and/or rubella in all countries of the Region for a period of three years after successful achievement of the target (2015–2018), elimination of the respective diseases can be documented and declared in 2018.

Call for accelerated action

To meet the 2015 target, the Regional Office recognizes the need for greater political commitment and accelerated actions by Member States as well as scaled up support from WHO and other partners. The Package for accelerated action for measles and rubella elimination identifies priority areas in which the Regional Office will strengthen technical support to Member States as they seek to eliminate measles and rubella, and sets indicators and milestones by which progress resulting from the efforts of all stakeholders can be measured.

The Package for accelerated action was developed through a consultative and inclusive process guided by the Decade of Vaccines (2011–2020) Global Vaccine Action Plan (GVAP), which was adopted by the World Health Assembly in May 2012. GVAP strives for equitable access to and use of vaccines, quality immunization service delivery, country ownership and shared responsibility for achieving immunization goals (individual, community, national and international).

Recognizing that ‘business as usual’ may not be sufficient to reach the elimination target, the Package for accelerated action considers innovative ways to boost demand for vaccines and provide equitable access through both traditional and new activities. Consistent with the principles of GVAP and Health 2020 – the European policy for health and well-being, the Package emphasizes the importance of increasing country ownership and stewardship and tailoring WHO technical assistance to the specific needs of Member States. Successful implementation of the Package will require adoption of a different approach by WHO and Member States, but also additional human and financial resources.

Strategies

The following key strategies have been defined to achieve the regional elimination target:

- achieve and sustain high coverage ($\geq 95\%$) with two doses of measles and at least one dose of rubella vaccine through high-quality routine immunization services;
- provide measles and rubella vaccination opportunities, including supplementary immunization activities (SIA), to all population groups at risk for and susceptible to measles and/or rubella;
- strengthen surveillance systems through rigorous case investigation and laboratory confirmation of suspected sporadic cases and outbreaks;
- improve the availability of high-quality, evidence-based information for health professionals and the public on the benefits and risks associated with immunization against measles and rubella;
- verify the elimination of measles and rubella in the Region.

Activity areas

Taking these strategies into account, the Package for accelerated action groups recommended activities in the following six categories:

- vaccination and immunization system strengthening
- surveillance
- outbreak prevention and response
- communications, information and advocacy
- resource mobilization and partnerships
- verification of measles and rubella elimination.

Activities and work areas for the Regional Office are clearly indicated, as are milestones to be achieved by WHO and stakeholders. The document highlights priority activities rather than presenting all activities performed by the Office. Ongoing activities not fully described in the Package include technical assistance visits and consultations, routine and introduction of new vaccines, assessment and support for improvement of data quality and training. Priority countries for accelerated action vary depending on the activity or milestone and will be identified annually by the Regional Office in 2013.

Activity Area 1: Vaccination and immunization system strengthening

The challenges: Coverage of $\geq 95\%$ of the population with first and second doses of measles- and rubella-containing vaccines at all subnational administrative levels has not been achieved or is not sustainable in many countries. Achieving and maintaining this high level of coverage is necessary to stop transmission of these diseases within the European Region.

Susceptible population groups should be defined by evaluating existing epidemiological data on measles and rubella cases, assessing historical vaccine-coverage data or, in some circumstances, conducting seroprevalence surveys. Consideration needs to be given to appropriate immunization strategies for reaching these susceptible populations with a view not only to interrupting endemic transmission but also to ensuring that women of childbearing age are protected in case of exposure to the rubella virus.

Supplementary immunization activities (SIA) may be needed for population groups that have inadequate levels of immunity to stop disease transmission and that cannot be efficiently reached in a timely manner through routine programmes. Closing immunity gaps among population groups such as inadequately vaccinated birth cohorts, students attending schools or universities, military personnel and health care workers requires more focused efforts and resources. Implementing successful SIAs will depend on careful planning and strong support by national immunization programmes. Achieving measles and rubella elimination by 2015 will require SIAs in a number of Member States.

1.1 Immunization system strengthening

Target groups: ministries of health

Implementation of measles and rubella elimination strategies and achievement of the elimination target require robust immunization systems in Member States. National immunization systems should reach at least 95% of the target population to provide two doses of measles- and rubella-containing vaccines. They should also be able to reach populations with inadequate levels of immunity for the provision of supplementary immunization.

Robust immunization systems are based on certain guiding principles, as elaborated in the GVAP, such as:

- country ownership and good governance;
- equitable access to immunization services;
- ensured programmatic and financial sustainability;
- integration of the immunization system in broader health systems and coordination with other primary health care delivery programmes;
- shared individual, community and governmental responsibility and partnership.

The WHO Regional Office for Europe will help Member States strengthen their immunization programmes by providing support:

- to integrate immunization programmes into health systems (through alignment of national immunization plans and resource requirements with national health plans and budgets) in order to obtain and sustain political commitment to measles and rubella elimination;
- to identify and address programmatic and financial challenges in order to ensure sustained investments in immunization after discontinuation of donor support;
- to reach susceptible populations through
 - o implementation of 'Reaching Every District' strategies;
 - o training of health staff at district and facility levels;
 - o strengthening the management of vaccines, supplies, cold chain and logistics;
 - o improvement of data quality for immunization coverage monitoring; and
 - o strengthening of regulatory agencies and procurement mechanisms to enable Member States to access quality-assured vaccines at an optimum and affordable price;
- to share experiences in improving immunization information systems to enhance tracking of each individual's immunization status.

These activities directly impact the Region's ability to achieve the measles and rubella elimination target. In addition, the Regional Office will work with Member States to identify age cohorts or subpopulations requiring targeted SIAs. These groups may be identified as a result of an outbreak, disease surveillance activities or serosurveillance (see also Activity area 3. Outbreak preparedness and response).

Milestones to be achieved

- Training of national training coordinators of priority countries on 'Reaching Every District' strategies and mid-level management on immunization (1-2 subregional training sessions per year).
- Assessment of vaccine management and follow-up missions on implementation of improvement plans in priority countries (3 assessments and 3 follow-up missions per year).
- Assessment of national regulatory authorities of priority countries and follow-up missions on implementation of institutional development plans (2 assessments and 2 follow-up missions per year during 2013-2015).
- Two regional trainings to enable sharing of experiences in improving immunization information systems, with special emphasis on introduction of electronic immunization registries.
- Technical assistance to Member States that plan to conduct SIAs and dissemination of recommendations and plans to WHO headquarters and other Member States.

1.2 National immunization technical advisory groups (NITAGs)

Target groups: ministries of health

NITAGs provide recommendations on all issues related to immunization and vaccines including immunization policies and strategies, introduction of new vaccines, vaccine quality and safety, vaccine schedules, vaccine procurement and financing of immunization programmes. Recommendations are submitted to health officials for policy decisions. NITAGs advise on relevant measles and rubella elimination policy and approaches (e.g., on adaptation of elimination strategies to national requirements, how to reach susceptible individuals and population groups, SIAs, assessing immunity level and surveillance guidelines). These technical advisory groups have provided tremendous support and demonstrated the success of this approach among both less developed and high-income countries. Currently, 35 Member States in the European Region have NITAGs (2 low-income, 13 middle-income and 20 high-income).

NITAGs are essential to promote and prioritize measles and rubella recommendations and policies, but are currently lacking in approximately 1/3 of Member States in the Region. The Regional Office will assess the impact of NITAGs on measles and rubella elimination activities through information gathering (e.g. an online survey) and a review of relevant documents. The results will be used to describe potential areas for further improvement as well as to develop models that can be used to promote and support the establishment of effective NITAGs in the remaining Member States. The Regional Office will provide assistance through development of guidance documents, and direct technical assistance through on-site visits and panel discussions during regional/national meetings.

Milestones to be achieved

- Impact assessment of existing NITAGs as well as analysis and dissemination of results by June 2014.
- Promotion of NITAG establishment in the 18 countries still lacking them (site visits for this purpose to 2-4 Member States per annum in 2013-2015).
- Publication of guidance and best practice documents by June 2014.

1.3 Application of the *Guide to tailoring immunization programmes (TIP)*

Target groups: general public, health care workers, ministries of health

People have many different reasons for not vaccinating their children or themselves. These range from complacency, lack of access or inconvenience to lack of confidence in vaccines or the services that provide them. In the complex and diverse European Region, each country needs the capacity to correctly diagnose such reasons, design unique responses and tailor communications or service delivery to meet the needs of susceptible populations. Furthermore, immunization programmes should be well equipped to define specific subpopulations and deliver campaigns and services shaped to their needs and preferences.

To help reduce vaccination refusals and encourage parents to vaccinate their children according to national immunization schedules, the Regional Office has developed an innovative guide that will assist Member States in tailoring vaccination responses to the unique needs of targeted susceptible populations. Its overall purpose is to increase demand for vaccination in vulnerable and underserved populations.

The *Guide to tailoring immunization programmes (TIP)* was launched in April 2013, and over the coming years the Regional Office will actively promote and expand its application in Member States. Assessing and drawing lessons from how the guide is implemented will be done through a qualitative process of online surveys, key informant interviews and focus groups. The goal will be to assess such factors as acceptance of TIP recommendations and dedication of the resources required for their implementation.

Milestones to be achieved

- Implementation/roll out of the TIP in 2 Member States per annum (2013–2015).
- Documentation of best practices in implementing the guide (by end 2014).
- Submission of 2 articles to peer-reviewed journals on TIP and its application (2014–2015).

Activity Area 2: Surveillance

The challenges: *The quality of measles, rubella and CRS surveillance activities needs to be sufficiently high to ensure the detection of sporadic cases and to allow classification of cases as endemic or imported/import-related (based on the disease epidemiology and virus genotype).*

To achieve high-quality case-based surveillance in a Member State, the clinical, epidemiological and laboratory data also needs to be fully integrated using unique identifier numbers at every level. This information needs to be collected, analysed and communicated effectively and in a timely manner to health workers and decision-makers to enable prompt and appropriate public health action.

Surveillance systems for adverse events following immunization (AEFI) also need to be capable of detecting, monitoring and responding to suspected AEFI cases in a timely manner. Regular training and the availability of adequate information systems are critical components of this key area.

2.1 Establishing and improving case-based surveillance

Target groups: ministries of health, surveillance institutions, laboratories

Global experience in eradicating smallpox and poliomyelitis, and recently in eliminating measles and rubella from the Americas, provides ample evidence that Member States require a high-quality, case-based surveillance system to detect and investigate all suspected cases, provide timely responses and, finally, document the absence of endemic cases. However, this essential component is still not in place in some Member States in the European Region. In 2012, 13 Member States failed to report case-based data for measles and 25 did not report case-based data for rubella. In addition, 4 other countries did not have a nationwide surveillance system in place for rubella. Since high-quality surveillance for CRS does exist in most of these countries, and some have surveillance for rubella in pregnancy in place, there is a need to improve surveillance for rubella by integrating national surveillance systems.

The Regional Office will assist countries in establishing and improving case-based surveillance systems. Based on need, specific Member States will be targeted for a variety of activities, such as integration of technical and capacity building sessions into planned regional workshops, and in-country and remote IT support for streamlining and modification of current systems. The Office will also work to secure political commitment for this effort.

High-quality surveillance will simplify and improve reporting to the Regional Office and consequently increase the relevance and reliability of feedback to Member States. This feedback is provided through situation analysis at the regional level and is presented in routine monthly reports (technical tables and WHO EpiBriefs) and direct communication with Member States.

On a regional level, in collaboration with the European Centre for Disease Prevention and Control (ECDC), the Regional Office will work to improve the quality of surveillance and data analysis, increase use of surveillance data in response activities, decrease the workload involved in reporting to international organizations, facilitate and synchronize surveillance activities, and coordinate organizations' approaches to countries related to data reporting and technical assistance.

The tasks of the WHO Measles and Rubella Laboratory Network (MR LabNet) in the Region will be to increase and maintain laboratory capacity in countries with an emphasis on prompt laboratory investigation of suspected cases and better availability of genetic data for analysis. Laboratories in Member States will encourage their governments to commit to the facilitation of cross-border transport of samples, as this challenge still causes significant delays in testing.

In addition, the Regional Office will continue to provide specific technical assistance to Member States interested in increasing the use of information technology (IT) in measles and rubella surveillance through implementation of a Measles Rubella Surveillance Module (MRSM).

Milestones to be achieved

- Implementation of systems to collect monthly case-based measles and rubella data at regional level from all Member States that have established case-based reporting (by the end of 2013).
- Production of regular epidemiological and virological reports at regional level (*WHO EpiData* tables on a monthly basis; *WHO EpiBrief* quarterly – both to be distributed by e-mail and posted online).
- Technical assistance and development of a timeline for integration of rubella-related surveillance systems and reporting (to be achieved through conference calls throughout 2013–2015 with 2–4 Member States not currently reporting case-based rubella).
- Continued full accreditation each year of at least 95% of national measles/rubella laboratories of the WHO Europe laboratory network (2013–2015).
- Technical assistance and development of a timeline for implementation of monthly CRS reporting, in coordination with ECDC in 6–8 Member States by the end of 2014.
- Finalization of regional and Member State variants of IT tool (MRSM) and implementation in 4–6 Member States during 2013–2015.

2.2 Improving laboratory and epidemiological data integration

Target groups: member states, ministries of health, epidemiologists, heads of laboratories

Integration of clinical, epidemiological and laboratory data is a key prerequisite for high-quality case-based surveillance. As we approach elimination in the WHO European Region, it will be increasingly important for Member States to report unique case identifier numbers that are internally consistent among their clinical, epidemiological and laboratory records. Member States that currently use unique identifiers within their systems will be able to integrate these data more readily; and these Member States will be targeted initially for integration efforts and technical assistance.

Laboratory and epidemiological data submitted to the Regional Office are currently not always reconciled before being reported and disseminated by Member States, nor are they reconciled systematically by the Regional Office. The Measles/Rubella Laboratory Data Management System (MRLDMS; <http://mrlDMS.euro.who.int>) is currently being developed to address this gap. Capacity-building sessions on MRLDMS will be integrated into MR LabNet regional workshops.

Milestones to be achieved

- Implementation of a pilot in 2–4 Member States that currently use unique identifiers in their systems, in order to achieve integration of laboratory and epidemiological data (2013–2014).
- Establishment of a working group within the Vaccine-preventable Diseases and Immunization Programme of the WHO Regional Office for Europe (VPI) on integration of laboratory and epidemiological units and consistent reporting (written plan in place by end of 2013).
- Implementation of the MRLDMS reporting system by the end of 2013.

2.3 Managing immunization-associated risks, strengthening vaccine safety surveillance and optimizing the response to adverse events

Target groups: Member States, ministries of health, national regulatory authorities, epidemiologists, heads of laboratories

Considering the impact that vaccine safety concerns can have on the acceptance of routine measles and rubella vaccines, as well as supplementary immunization activities, it is essential to accelerate progress on strengthening national capacity to manage immunization-associated risk. This includes improving risk identification and assessment, prioritization of activities, developing appropriate risk mitigation and/or risk-reduction strategies, application of standardized procedures and development of contingency plans. Regular assessment and monitoring of injection practices will also be a necessary component of planned activities in every Member State.

Over the past year, the Regional Office has led an iterative process to develop a manual on vaccine safety and risk management that will outline the recommended processes for identifying, analysing and developing appropriate risk management strategies to address identified vaccine safety issues. Technical assistance and subregional training sessions will be available to immunization programmes and medicine regulatory authorities to build risk management approaches onto existing vaccine post-marketing surveillance systems, and, where required, also to strengthen vaccine vigilance monitoring systems. This activity is related to Activity area 4.5 (Vaccine safety communication guidelines and training), but focuses on the non-communication-related aspects of ensuring vaccine safety and managing vaccine safety events.

In addition, technical assistance will be provided to Member States in increasing the knowledge of health care providers regarding vaccine safety profiles and safety monitoring. Activities will include development of fact sheets, training packages and support in developing a practice-based advice line to address parent concerns.

Milestones to be achieved

- Publication of a manual on vaccine safety risk management in the first quarter of 2014.
- Three subregional trainings on vaccine safety risk management at the national and subnational levels during 2014 and 2015.
- Development of training packages for measles and rubella and accreditation by national authorities for continuing medical education by mid-2014.

Activity Area 3: Outbreak preparedness and response

The challenges: *Despite substantial progress towards measles and rubella elimination, largely due to the widespread use of measles- and rubella-containing vaccines, outbreaks continue to occur in the Region. For the three-year period 2010–2012, more than 100 000 cases of measles were reported, reaching a peak of 37 073 cases in 2011 (WHO/UNICEF Joint Reporting Form database). Indigenous transmission of measles virus continued throughout most of the Region and widespread outbreaks emerged in a number of countries. Although there was a significant decline in the number of reported rubella cases, outbreaks continue to occur in some endemic countries.*

The reasons for continuing outbreaks of measles and rubella viruses in the European Region include:

- *accumulation of susceptible older children and young adults who were not included in immunization schedules or missed routine vaccination in their childhood, and did not get the natural diseases due to reduced opportunities for exposure with the decline of measles and rubella incidence after vaccine introduction;*
- *low vaccination coverage in some population groups due to religious or philosophical beliefs or lack of access;*
- *declining public acceptance of immunization, throughout the Region but particularly in western Europe, due to the lack of concern about disease severity and unfounded perceptions of the risks and benefits of vaccination;*
- *ongoing reforms in the health systems of countries in transition, affecting funding, organization and availability of immunization services and surveillance activities.*

3.1 Improving outbreak response

Target groups: Member States, ministries of health, epidemiologists, heads of laboratories

As the elimination target date of 2015 approaches, timely investigation of and response to outbreaks is becoming increasingly important. Even after elimination from the WHO European Region, and for as long as transmission of measles and rubella viruses continues in other regions, the capacity to prevent, identify and respond to importations and outbreaks will need to be maintained.

Improvements are needed in active case-finding, contact-tracing and in the laboratory component of surveillance, especially for rubella. Many countries continue to struggle with how to use their information and collected data to design and plan action and update existing preparedness plans. As a result, many countries are not responding adequately to outbreaks, thereby allowing the nationwide spread of virus and the extension of transmission for periods longer than a year in some cases.

Every Member State should develop a plan of action for responding to detection of a measles or rubella outbreak. Such plans should include principles of large-scale response activities, including immediate initiation of an in-depth epidemiological investigation, implementation of local control measures (SIAs) as well as long-term responses to measles and rubella outbreaks (including supplementary immunization activities, where necessary).

The Regional guidelines on outbreak response, currently being developed by the WHO Regional Office, will serve as an essential tool to assist Member States in developing comprehensive national response plans. An annually updated outbreak response plan will be expected from each Member State as part of the measles and rubella elimination verification process.

Milestones to be achieved

- Publication of *Regional guidelines on outbreak response* by the end of 2013 to provide technical support in developing national measles/rubella outbreak response guidelines/action plans.
- In coordination with the Regional Verification Commission, inclusion of national outbreak response plans as part of the documentation process for verification of measles and rubella elimination – starting with the 2014 status reports.

Activity Area 4: Communications, information and advocacy

The challenges: Many factors influence immunization coverage rates, including political commitment, health care system reform, prioritization of resources and overall acceptance of the importance of vaccination by the public as well as health care workers.

Lack of political commitment to and advocacy for measles and rubella elimination is a considerable Regional challenge. The WHO Regional Office needs to work closely with Member States to raise the priority given to measles and rubella elimination at national and subnational levels, so that the necessary resources are made available to improve and sustain routine immunization programmes.

The awareness and perceptions of health professionals and the public are extremely important. Vaccine hesitancy has become an increasingly serious problem in the Region, and can be caused by complacency (lack of concern about measles and rubella), a lack of trust in the vaccines and the services or authorities that deliver them, lack of a strong recommendation from a health provider and lack of access to convenient immunization services. To meet the elimination target, immediate action is needed in the Region that targets caregivers/parents, health care workers and underserved and marginalized populations, through both traditional and new communication channels.

4.1 Advocacy dialogue with priority countries

Target groups: ministries of health and their in-country partners

High-level advocacy visits conducted in coordination with WHO headquarters by Regional Office staff, members of the Regional Verification Commission, key partners and immunization ambassadors will highlight to ministries of health and partners the importance of elimination goals and the resources needed to maintain and improve immunization programmes. These visits will likely be coordinated with technical assistance/surveillance visits planned under Activity area 1.1 (health system strengthening) and may also coincide with European Immunization Week. The Regional Office will also mobilize its Regional Director to convey key messages during her routine correspondence and meetings with ministers of health.

High-visibility side events will be organized at Regional Committee meetings and the World Health Assembly, and dedicated measles and rubella advocacy roundtables with priority countries will be organized as funding and senior management support permits. Regional Office staff will share latest data and analyses at the annual European Health Forum in Bad Gastein, Austria, the annual conferences of the European Society for Pediatric Infectious Diseases (ESPID) and the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) as well as numerous other immunization forums, conferences and symposiums.

Milestones to be achieved

- At least 2 high-level advocacy visits to priority countries per annum (2013–2015).
- Measles and rubella elimination roundtable meetings with 10–12 priority countries (November 2013 and November 2014).
- Production and dissemination of commentaries, op-eds and similar advocacy materials and documents for decision-makers (e.g., ministries of health, partners) drawing attention to particular challenges or opportunities and topical issues. Production of 2 such products per annum (2013–2015).

4.2 European Immunization Week (EIW)

Target groups: general public, health care workers, decision-makers, media, health care associations and ministries of health

European Immunization Week was established in 2005. Taking place in April each year, it has proven to be an effective mechanism for immunization advocacy and for gaining and sharing experience in promoting immunization services. EIW's objective is to increase vaccination coverage by drawing attention to and increasing awareness of the importance of immunization, with a special focus on vulnerable groups. With 53 Member States participating each year, EIW has marked itself as one of the most visible pan-European health initiatives. The EIW platform has enabled the Regional Office, its partners and Member States to effectively communicate the benefits of immunization and elimination goals, not only in scientific terms, but also in terms that are relevant to the health care community and to parents and individuals. Partnerships have been forged with health care associations and the media.

The Regional Office will continue to coordinate and strengthen the EIW platform on an annual basis.

Milestones to be achieved

- Participation of all 53 Member States again in 2014 and 2015.
- Development and dissemination of measles and rubella messages prior to EIW every year (2014 and 2015).
- Development and dissemination of a full EIW narrative report by 15 July each year (2014 and 2015).

4.3 Health care worker information and communication tools

Target groups: ministries of health, institutes of public health, health care workers

Health care workers play a crucial role in ensuring parents' access to the facts they need and to quality prevention services, especially immunization programmes. Together with vaccines themselves, health workers play a vital role in stopping the spread of measles and rubella. Even with the wealth of information on vaccines available today, parents still turn to their children's health care providers for information and advice on vaccination.

The Regional Office will provide high-quality information on vaccines, vaccine-preventable diseases and the importance of the elimination target to health care professionals through the publication of periodicals, such as monthly epidemiological data tables (*WHO EpiData*), reports synthesizing country-specific information on risk and disease burden (*WHO EpiBriefs*), promotional material, scientific publications and updates on the Regional Office web site. Articles on measles and rubella for submission to peer-reviewed journals will be produced each year through 2015. Additionally, the Office will work to strengthen the health care worker – caregiver encounter through development and dissemination of job aids available via the newly established online Immunization Resource Centre (www.euro.who.int/en/what-we-do/health-topics/disease-prevention/vaccines-and-immunization/immunization-resource-centre). Updates for health care workers in the form of infographics will also be developed at least twice each year. These job aids will be available for use by Member States or partners.

It is also envisaged that country-specific vaccine communications support (Activity area 4.6) will include support for designing and implementing health worker campaigns or initiatives and that the TIP guide (Activity area 1.3) will be adapted to tailor responses, communications and awareness-raising activities to the needs of health care workers.

Milestones to be achieved

- Production of 2 health care worker resource materials (job aids) per annum (2013–2015), to be available online in the Regional Office's Immunization Resource Centre.
- Adaptation of the TIP guide (see Activity area 1.3) for application within health care worker communities and application in at least one Member State per annum (2014 and 2015).
- Regular production and dissemination of *WHO EpiData* and *WHO EpiBrief*, summarizing epidemiological and laboratory data and presenting analysis on measles, rubella, polio and other vaccine-preventable diseases (2013–2015).
- Dissemination of vaccine-related information (including the above materials) to target populations (health care workers, national immunization programme partners and decision-makers) through:
 - o quarterly e-mails to health care and medical associations in the Region providing a list of relevant links; and
 - o provision of materials at information kiosks, international professional and medical society meetings (e.g., ESPID and ESCMID), WHO meetings (including the Regional Committee sessions) and all VPI events and meetings (2013–2015).

4.4 Strengthening online media platforms and leveraging blogger networks and new technologies/ICT

Target groups: general public/caregivers, health care workers, ministries of health

Over the last several years, bloggers have come to fill an increasingly important role in the dissemination of information, as both journalistic sources and opinion leaders. Fundamentally, bloggers have gained acceptance as a legitimate and important source of information about a range of issues, including public health. Caregivers and health care workers in the European Region are increasingly using new communication channels such as this to help them make informed decisions in their private and professional lives.

The Regional Office will strengthen online and social media presence to communicate key measles and rubella advocacy and awareness messages (through WHO and partner web platforms) and, as part of a 'bloggers for health' strategy, begin leveraging online bloggers to relay reliable and trustworthy information and data to parents and health workers. Through these connections with the public, the Regional Office will also explicitly communicate the importance of the elimination goal.

The Regional Office will also assist Member States in strengthening their online presence by reviewing and helping to refine the immunization pages of official ministry of health web sites. A template will be developed in 2013 in Azerbaijan and used to shape the support delivered over 2014 and 2015 to other Member States.

Recognizing the value in leveraging new technologies to reach caregivers and health care workers with reliable information, the Regional Office is currently developing:

- a vaccine reminder/tracker smart phone application ('app') to be adapted by ministries of health for use within their own constituencies (the English and Russian versions of the immunization reminder-tracker 'app' for iPhone and android smart phones were launched during EIW2013);
- an electronic tablet application for medical and nursing professionals on vaccine-preventable diseases, as well as a pilot to explore development of a decision-making 'app' that can be used by the health care worker and the patient to facilitate the decision-making process and communication.

Milestones to be achieved

- Formulation of a 'bloggers for health' strategy, to be shared with Member States by November 2013.
- Hosting of a 'bloggers for health' forum in Copenhagen in the first half of 2014.
- Posting of at least two measles and rubella tweets, web articles, online news stories or blogs per week (2013–2015).
- Launch of the French and German language versions of the immunization reminder/tracker 'app' for iPhone and android smart phones by EIW2014.
- Provision of support to at least one Member State per annum in strengthening the immunization section/pages of their web site.
- Completion of a concept paper for a decision-making 'app' and application for funding to develop it in 2013 (initiation of the development process in 2014).

4.5 Vaccine safety communication guidelines and training

Target groups: ministries of health, public health institutions, health care workers

Many vaccine safety scares have occurred in recent years, demonstrating that it has become relatively easy to generate fear and promote anti-vaccine agendas. If left unchallenged by health authorities, these scares and anti-vaccine claims can become hugely disruptive to immunization services.

The Regional Office launched *Vaccine safety events: managing the communications response* in 2013 to guide health officials involved in responding to vaccine scares, caused for example by adverse events following immunization (AEFI), rumours, new publications or perceived vaccine imperfections. The Regional Office will continue to provide ad-hoc safety communications support to Member States as required.

Furthermore, a training syllabus on vaccine safety communications will be developed by the end of 2013. This will be piloted in subregional trainings in 2013 and further implemented in 2014 and 2015. This initiative is related to Activity area 2.3 (Managing immunization-associated risks, strengthening vaccine safety surveillance and optimizing the response to adverse events) but focuses on the communication aspects of managing vaccine safety events.

Milestones to be achieved

- Further dissemination of *Vaccine safety events: managing the communications response*, and launch of a Quick Guide pocketbook version during EIW2014.
- Three subregional vaccine safety communication training workshops during 2013–2015 (may be conducted in conjunction with trainings on vaccine safety and risk management – Activity area 2.3).

4.6 Vaccine-related communications assistance

Target groups: ministries of health, institutes of public health, general public, health care workers, media, and health care associations

Over the coming years, the Regional Office will provide more technical assistance to Member States experiencing measles or rubella outbreaks, crises in public confidence, declining vaccine uptake or low health care worker support for immunization. Support will be provided for capacity building related to communications and campaigns, drawing on the Regional Office's expertise in behaviour change communications, campaign design and implementation, health promotion and social mobilization. Dedicated vaccine communication country missions began in 2013 and will continue through 2015. It is expected that each package of vaccine communications assistance will include at least 2 country visits for each Member State receiving assistance.

Milestones to be achieved

- Provision of technical assistance on vaccine communications (awareness/information campaign development, risk and/or crisis communication support, behavioural communication training and capacity building, and/or social mobilization support) to 3 Member States per annum (2013–2015). Reports will be produced for each country, outlining recommendations and other outcomes of the support provided.

Activity Area 5: Resource mobilization and partnerships

The challenges: *Elimination of measles and rubella in the European Region will require the support of regional and global partners. This support may be in the form of advocating for adequate resources, providing technical assistance and policy guidance, collaborative action, sharing best practices and provision of actual resources.*

Several countries have identified gaps in coverage for certain age cohorts, which need to be addressed through SIAs and other activities. Assistance in carrying out these activities is especially important for low- and middle-income countries, and can be provided in the form of resources to obtain vaccines or technical assistance in prioritizing and carrying out an immunization campaign.

Maintenance and diversification of the Regional Office's funding base is required and should be considered as the accelerated package of action is rolled out.

Operation MECACAR (Middle East and Caucasus and Central Asian Republics), followed by MECACAR Plus, was a multinational/interregional immunization programme effort launched in 1995 by WHO. Coordinated National Immunization Days in 18 countries with shared disease control challenges (10 in the European Region and 8 in the Eastern Mediterranean Region) implemented during 1995–2002 through Operation MECACAR contributed to a great extent to interruption of wild poliovirus transmission in participating countries. The Regional Office will work to revive the MECACAR platform, as it provides an opportunity to expand and strengthen measles and rubella elimination advocacy, resource mobilization and surveillance through inter-regional cooperation and joint action.

5.1 Enhancing and establishing new partnerships

Target groups: donors, partners, ministries of health, WHO headquarters, other United Nations agencies

The Regional Office works alongside and together with many partners, including a WHO collaborating centre for poliomyelitis, regional laboratory networks (for polio, measles and rubella, invasive bacterial diseases, and rotavirus), United Nations Children's Fund (UNICEF), International Children's Centre, University of Antwerp, University of Geneva, the European Medicines Agency (EMA), the European Commission (Directorate General for Health and Consumers, or DG SANCO), the European Forum of Medical Associations (EFMA), the European Centre for Disease Prevention and Control (ECDC), national institutes of public health, national medical associations and nursing associations. These partnerships need to be maintained and strengthened so that leveraging them contributes optimally to measles and rubella elimination. This requires human and financial resources and improved collaboration.

In addition to furthering these partnerships, the Regional Office plans to revitalize and work more closely with national interagency coordinating committees (ICCs) and regulatory committees within Member States, in order to better leverage and coordinate expertise within Member States.

The Regional Office will explore opportunities for more efficient cross-border collaboration between WHO regions regarding outbreak response and the MECACAR platform. Participants in the MECACAR platform will include WHO headquarters, the WHO Regional Office for the Eastern Mediterranean, ECDC, the United States Centers for Disease Control and Prevention, the UNICEF and the United Nations Foundation, in addition to ministries of health in the targeted countries. Re-invigorating MECACAR as a platform for coordinated activities could contribute significantly to meeting the 2015 measles and rubella elimination goals, through activities such as shared communication and data exchange, coordinated outbreak response and immunization activities, identification of mobile populations crossing borders, and the provision of support for Member States to maintain political commitment.

Milestones to be achieved

- Securing of a funding source for revitalization of the MECACAR platform by June 2014.
- Organization of a cross-border (European and Eastern Mediterranean regions) coordination meeting (to be held by June 2014) to revitalize MECACAR and develop and endorse a Joint Measles and Rubella Activity Plan.

Activity Area 6: Verification of measles and rubella elimination

The challenges: To document progress towards measles and rubella elimination, the Regional Office has developed and initiated a verification process. The first steps in this process were taken in 2012–2013: establishment of the Regional Verification Commission for Measles and Rubella Elimination, development of the Strategic Framework for Elimination, and organization in collaboration with ECDC and WHO headquarters of 4 regional intercountry meetings. The meetings were attended by representatives of national verification committees and/or measles-rubella focal points and served to raise the profile for elimination activities and garner political support.

Member States are responsible for collecting, analysing and interpreting epidemiological and laboratory data on measles, rubella and CRS, and for the adequacy of the corresponding surveillance systems. To assess progress, these measures are documented in annual status reports to be submitted by each Member State to the Regional Office. The first of such reports were due at the end of July 2013.

Although Member States recognize the importance of the verification process, necessary resources are still lacking and the process is sometimes perceived as an additional burden for national programmes and ministries of health. Support is needed from the Regional Office and other partners to ensure that national programmes sustain the required efforts to carry out verification activities.

6.1 Technical assistance visits to Member States

Target groups: ministries of health, national verification committees (NVCs)

Selected Member States will receive technical assistance visits by epidemiology and communication staff of the Regional Office. Annual selection of priority countries will be based on several factors, including punctuality in submission of annual status reports and ability to establish a functioning NVC.

Milestones to be achieved

Technical assistance visits to 3–5 Member States per annum (September to December each year in 2013–2015).

6.2 Motivating Member States and highlighting best practices

Target groups: ministries of health, national verification committees, health care workers, health care associations, WHO headquarters

Reviewing and monitoring progress towards elimination and providing feedback to Member States is an important responsibility of the Regional Office. Feedback and benchmarking can serve as an incentive for Member States to make performance improvements. Information on how other Member States have overcome challenges, along with recommendations from the Regional Office, can serve as guidance and examples of best practices.

Milestones to be achieved

- Production of a report summarizing outcomes of the 4 intercountry meetings held in 2012–2013.
- Annual Regional Verification Commission meetings, followed each year (within two months) by publication of a meeting report.
- Review and publication of an analysis of all reports submitted by Member States (end of first quarter of year following submission).

Annex 1 – Timeline of milestones to be achieved

Activity Area		Milestone	2013		2014				2015						
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
1. VACCINATION AND IMMUNIZATION SYSTEM STRENGTHENING	1.1	Immunization System Strengthening	Training of national training coordinators of priority countries on “Reaching Every District” strategies and mid-level management on immunization (1-2 sub-regional training sessions per year).												
			Assessment of vaccine management and follow-up missions on implementation of improvement plans in priority countries (3 assessments and 3 follow-up missions per year).												
			Assessment of national regulatory authorities of priority countries and follow-up missions on implementation of institutional development plans (2 assessments and 2 follow-up missions per year during 2013-2015) .												
			Technical assistance to Member States that plan to conduct SIAs and dissemination of recommendations and plans to WHO headquarters and other Member States.												
			Two regional trainings to enable sharing of experiences in improving immunization information systems, with special emphasis on introduction of electronic immunization registries.												
	1.2	National Immunization Technical Advisory groups (NITAGS)	Impact assessment of existing NITAGs as well as analysis and dissemination of results by June 2014.												
			Promotion of NITAG establishment in the 18 countries still lacking them (site visits for this purpose to 2-4 Member States per annum in 2013-2015).												
			Publication of guidance and best practice documents by June 2014.												
	1.3	The Guide to Tailoring Immunization Programmes (TIP) development and application	Implementation/roll out of the TIP in 2 Member States per annum (2013-2015).												
			Documentation of best practices in implementing the guide (by end of 2014).												
Submission of 2 articles to peer-reviewed journals on TIP and its application (2014-2015).															
2. SURVEILLANCE	2.1	Establishing and Improving Case-based Surveillance	Implementation of systems to collect monthly case-based measles and rubella data at regional level from all Member States that have established case-based reporting (by the end of 2013) .												
			Production of regular epidemiological and virological reports at regional level (WHO EpiData tables on a monthly basis; WHO EpiBrief quarterly – both to be distributed by email and posted online).												
			Technical assistance and development of a timeline for integration of rubella-related surveillance systems and reporting (to be achieved through conference calls throughout 2013-2015 with 2-4 Member States not currently reporting case-based rubella).												
			Continued full accreditation each year of at least 95% of national measles/rubella laboratories of the WHO Europe laboratory network (2013-2015).												
			Technical assistance and development of a timeline for implementation of monthly CRS reporting, in coordination with ECDC in 6-8 Member States by the end of 2014.												
			Finalization of regional and Member State variants of IT tool (MRSM) and implementation in 4-6 Member States during 2013-2015.												
	2.2	Improving Laboratory and Epidemiological Data Integration	Implementation of a pilot in 2-4 Member States that currently use unique identifiers in their systems, in order to achieve integration of laboratory and epidemiological data (2013-2014).												
			Establishment of a working group within the Vaccine-preventable Diseases and Immunization Programme of the WHO Regional Office for Europe (VPI) on integration of laboratory and epidemiological units and consistent reporting (written plan in place by end of 2013).												
			Implementation of the MRLDMS reporting system by the end of 2013.												
	2.3	Managing adverse events, strengthening vaccine safety surveillance, event management and appropriate response	Publication of a manual on vaccine safety risk management in the first quarter of 2014 .												
			Three subregional trainings on vaccine safety risk management at the national and subnational levels during 2014 and 2015.												
			Development of training packages for measles and rubella and accreditation by national authorities for continuing medical education by mid-2014 .												

Annex 1 – Timeline of milestones to be achieved

Activity Area	Milestone	2013		2014				2015					
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
3. OUTBREAK PREVENTION AND RESPONSE	3.1 Improving outbreak response	Publication of "Regional guidelines on outbreak response" by the end of 2013 to provide technical support in developing national measles/rubella outbreak response guidelines/action plans.											
		In coordination with the Regional Verification Commission, inclusion of national outbreak response plans as part of the documentation process for verification of measles and rubella elimination – starting with the 2014 status reports.											
4. COMMUNICATIONS, INFORMATION AND ADVOCACY	4.1 Advocacy dialogue with priority countries	At least 2 high-level advocacy visits to priority countries each year (2013-2015).											
		Measles and rubella elimination roundtable meetings with 10-12 priority countries (November 2013 and November 2014).											
		Production and dissemination of commentaries, op-eds and similar advocacy materials and documents for decision-makers (e.g., ministries of health, partners) drawing attention to particular challenges or opportunities and topical issues. Production of 2 such products per annum (2013-2015).											
	4.2 European Immunization Week (EIW)	Participation of all 53 Member States again in 2014 and 2015.											
		Development and dissemination of measles and rubella messages prior to EIW every year (2014 and 2015).											
		Development and dissemination of a full EIW narrative report by July 15 each year (2014 and 2015).											
	4.3 Health-care worker information and communication tools	Production of 2 health care worker resource materials (job aids) per annum (2013-2015), to be available online in the Regional Office's Immunization Resource Centre.											
		Adaptation of the TIP guide (see Activity area 1.3) for application within health care worker communities and application in at least one Member State per annum (2014 and 2015).											
		Regular production and dissemination of WHO EpiData and WHO EpiBrief, summarizing epidemiological and laboratory data and presenting analysis on measles, rubella, polio and other vaccine-preventable diseases (2013-2015).											
		Dissemination of vaccine-related information (including the above materials) to target populations (health care workers, national immunization programme partners and decision-makers)											
	4.4 Strengthening online media platform and leveraging blogger networks and new technologies/ICT	Formulation of a 'bloggers for health' strategy, to be shared with Member States by November 2013.											
		Hosting of a 'bloggers for health' forum in Copenhagen in the first half of 2014.											
		Posting of at least two measles and rubella tweets, web articles, online news stories or blogs per week (2013-2015).											
		Launch of the French and German language versions of the immunization reminder/tracker 'app' for iPhone and android smart phones by EIW2014.											
		Provision of support to at least one Member State per annum in strengthening the immunization section/pages of their web site.											
		Completion of a concept paper for a decision-making 'app' and application for funding to develop it in 2013 (initiation of the development process in 2014).											
4.5 Vaccine Safety Communication guidelines and training	Further dissemination of the "Vaccine safety events: managing the communications response", and launch of a Quick Guide pocketbook version during EIW2014.												
	3 subregional vaccine safety communication training workshops during 2013-2015 (may be conducted in conjunction with trainings on vaccine safety and risk management – Activity area 2.3).												
4.6 Responsive vaccine communications assistance to priority MS	Provision of technical assistance on vaccine communications (awareness/information campaign development, risk and/or crisis communication support, behavioural communication training and capacity building, and/or social mobilization support) to 3 Member States per annum (2013-2015). Reports will be produced for each country, outlining recommendations and other outcomes of the support provided.												

Annex 1 – Timeline of milestones to be achieved

Activity Area	Milestone	2013		2014				2015				
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
5. RESOURCE MOBILIZATION AND PARTNERSHIPS	5.1 Enhancing and establishing new partnerships	Securing of a funding source for revitalization of the MECACAR platform by June 2014.										
		Organization of a cross-border (European and Eastern Mediterranean regions) coordination meeting (to be held by June 2014) to revitalize MECACAR and develop and endorse a Joint Measles and Rubella Activity Plan.										
6. VERIFICATION OF MEASLES AND RUBELLA ELIMINATION	6.1	Technical assistance visits to 3-5 Member States per annum (September to December each year (2013-2015)).										
	6.2	Motivating Member States and highlighting best practices										
		Production of a report summarizing outcomes of the 4 intercountry meetings held in 2012–2013.										
		Annual Regional Verification Commission meetings, followed each year (within two months) by publication of a meeting report.										
		Review and publication of an analysis of all reports submitted by Member States (end of first quarter of year following submission).										