**Measles & Rubella Partnership Meeting, March 6 & 7, 2024**

***From Awareness to Access: A Pathway to a Measles and Rubella-Free World***

**Washington DC, USA**

Meeting Summary and a Call to Action:

**Dr. Ahmadu Yakubu**/UNICEF

Thank you everyone for your active engagement over the past two days. We have been so pleased with the depth of engagement and discussion this week and feel renewed clarity and vitality in our pursuit of measles and rubella goals. I have the privilege to summarize some of the key points and inspiring items from the last two days to help crystallize our purpose and direction as we part this afternoon and go back out into the field to advance our shared goals.

We started this meeting yesterday with grounding comments from American Red Cross on our shared pursuit and purpose for this meeting: the urgent need to expand awareness of the exceptional need for measles and rubella immunization, and ultimately unsure universal access to immunization to prevent death and disability for children everywhere. **Kate Forbes**, **President of IFRC**, provided an inspiring summary of how IFRC has contributed to this mission via its global network of 16 million volunteers, contributing to the immunization of tens of thousands of children.

We welcomed and were inspired by the exceptional work of our Champion and Lifetime achievement award recipients, specifically the Ministries of Health for India and Egypt, the national laboratory of Tanzania, the Zambia Red Cross, Susan Reef, and Bob Davis. Our esteemed guests have all demonstrated exceptional commitment, passion, and effectiveness in advancing the cause of measles and rubella immunization and progress towards elimination. Without their work, we would be far worse off, and we should continue to look to their examples and inspirations as we work to advance towards our goals of measles and rubella elimination.

The **Immunization Leadership Team (LT)** from our partners provided valuable discussion points on their priorities and thoughts on advancing this mission. Critically, the LT:

* Recounted the long history of impact from the M&RI and revitalized M&RP, specifically our outsized role and contributions to reducing mortality in children globally.
* Stressed the urgency of measles as a global health concern, specifically the need to increase political will and build resilient immunization systems as the backbone of PHC and pandemic preparedness. Respiratory illnesses like Measles present the greatest risk for future global pandemics, so building robust systems for detecting and responding to measles outbreaks serve as a model and bulwark against future pandemics.
* Highlighted that in the present, countries with fragile systems suffer the most from measles and rubella and the need to work with expanded partnerships to reach vulnerable areas and decrease vaccine inequity. Also suggested considerations for solarization and digitalization as a means to building resiliency in fragile and conflict settings.
* Highlighted that resources needs to address gaps are limited and not plentiful enough to address the challenges identified, and that we must capitalize on using what is available and stress measles key role in public health and activate domestic resource mobilization and health systems strengthening funding to improve surveillance, prevent future backsliding, and help speedy recovery from the backsliding experienced.
* Emphasized that success has been achieved despite the pandemic. Gavi 5.0 deployed more than $750M and prevented 1.4 M deaths via these investments, primarily through the campaigns. In the next strategic period, there is a plan to look to build on this success by continuing to streamline processes to make them agile and reduce the number of chronically missed communities and MR zero-dose children through efforts to strengthen RI and introducing MCV2 and MR in the remaining countries.
* Mentioned the urgent need for us to continue to invest in game changing innovations, like MR MAPs and RDTs to accelerate progress.
* Emphasized the need to better engage with horizontal programs to expand and accelerate our impact and effectiveness in health campaigns.

Our keynote speaker, **Dr. Monica Rull**, representing MSF, stressed the need to ensure flexibility in our policies and targeting of populations to fully address the burden of disease on the ground. She reinforced the need for better rapid diagnostics to accurately confirm cases and measure burden. From her experience, the burden of measles is much higher than reported due to these limitations, particularly due to immune amnesia and resulting risk to children who survive measles. Furthermore, effective outbreak detection and response are dependent on rapid identification to even begin the logistically challenging process of outbreak response. Innovations such as RDTs and MR MAPs are a must to improve outbreak response in the field. In parallel, we will need to better engage communities and create shared responsibility to improve RI so we can prevent outbreaks before they happen.

# Pillar #1: Measles as a “Tracer” to Find Missed Children and Address Inequity

Our first pillar spoke to this issue in more depth. It was preceded by a strong scene-setting message from the WHO DG, **Dr. Tedros Adhanom Ghebreyesus** that emphasized collective action on measles and rubella. The pandemic weakened immunization systems everywhere, creating considerable immunity gaps and creating backsliding in coverage unseen in 30 years. This has put the world at the at risk of many more large and disruptive outbreaks, as shown clearly by the increasing number over the past 2 years (32 in 2022, 51 in 2023 – already 35 in 2024). To recover from the pandemic, we need high quality SIAs which are timely, reach high coverage, reach those currently unprotected – especially the zero-dose children, and target the appropriate age range. We heard again the urgent need for MR MAPs to support this effort. We discussed operationalizing Measles as a Tracer and the work being done in the WHO European region to pioneer this concept.

We reviewed exciting data on MR MAPs from the Gambia study, which inspires great confidence in the potential of the innovation. However, we are not there yet. Our panel discussed important barriers to realizing the potential of the innovation, critical challenges in scaling up production and implementation considerations, such as for how long the MAP device needs to be left on the child and which is the preferred location to place the patch on the child.

# Pillar #2: Coverage and Equity, Preventing Birth Defects with Rubella Vaccine

Our second pillar brought us valuable insights on the advancement of Rubella immunization and the prevention of CRS, which remains a bright spot through the challenges discussed stemming from the pandemics and the current context. It was preceded by a scene-setting message from the **Director CDC,** **Dr. Mandy Cohen**, who recounted the progress made in rubella control with strong encouragement to continue the efforts. Over the past few decades, global burden of CRS has been reduced by more than 70%, despite only 77% of infants having access to the vaccine. The burden is essentially isolated to countries yet to introduce the vaccine. We have an incredibly effective vaccine which provides lifelong immunity. Furthermore, RCV introductions have the added value of providing national campaigns for measles, helping prevent outbreaks and close immunity gaps elevated in pillar one. We must urgently work to ensure that all eligible countries introduce RCV. If we can reach 100% introduction, we have a real opportunity to eliminate rubella and prevent lifelong disability for all children. To do this we must think boldly about the policy for RCV introduction and ensure that no opportunities to introduce are missed through redoubled advocacy. Egypt’s success provided a roadmap for effectively and pragmatically sustaining RCV coverage post introduction, with effective surveillance and universal immunization, including large refugee populations, as cornerstones of their success.

The day closed with the reception and a strong scene-setting message from the President of Global Health – BMGF, **Dr. Chris Elias**, that urged partners to stay the course in the collective efforts to achieve Measles and Rubella elimination. Awards were presented, stories of innovations in the M&R sphere were shared and information was shared by the broader partners on their work as it impacts M&R elimination activities.

# Pillar #3: Primary Healthcare – A comprehensive approach to vaccination

Our third pillar explored the role of MR vaccination as a key pillar of PHC/UHC and work which is urgently needed to strengthen health systems. We highlighted examples on the use of immunization to strengthen Primary Health Care with outline of UNICEF and Gavi’s comprehensive approaches to PHC and support to the MR programme. Partnership was underscored, with the example of the HCE Coalition for campaigns integration, stressing the importance of having a strong understanding of our shared goals, our global landscape and accountability for effective collaboration. The message from the Chief Programme Officer, Gavi, **Ms. Aurelia Nguyen**, highlighted Gavi’s support for M&R.

During our panel discussion, we emphasized the critical importance of political will at all levels, country ownership and community engagement with a human centered design, alongside data synthesis and focusing on key indicators to have a comprehensive approach to vaccination.

Zambia Red Cross showcased an innovative approach to geolocate zero-dose and under-vaccinated children with 330 volunteers getting into every 63,200 households of the Kabwe district and obtaining real-time data collection by mobile phone. Kenya Red Cross also gave very relevant examples including on data reliability for decision making.

Further discussions on measles and polio integration highlighted success in Somalia and Pakistan. We must continue to be proactive about building strong relationships and enhancing information sharing between the M&R partnership and GPEI programs.

# Pillar #4: Commitment & Demand: Using Communications & Advocacy to Acknowledge Measles & Rubella as Key Drivers of Vaccine-Preventable Lives Saved and Disability Prevented

Our fourth pillar highlighted examples of exemplary approaches to communication which furthered measles and rubella effort across a variety of audiences. It was heralded by a scene-setting message from the President and CEO of UNF, **Dr. Elizabeth Cousens.** **Mr. Lindenberger** shared his experience growing up in an anti-vaccine household and his work to do empathy-driven advocacy to combat misinformation around vaccination. Our M&RP partners highlighted strong communication approaches behind successful vaccination efforts in India, advocacy efforts here on capitol hill in Washington, and social mobilization by the red cross. The M&RP’s communication team shared their efforts to coordinate combinations across the partnership and resources available to everyone.

Video on advocacy and strategy from **Ms. Harriet Riley** of UNICEF HQ highlighting issues around vaccine hesitancy and how to counter it. We are excited to contribute to the Humanly Possible campaign for key antigens within the wider EPI program.

Video on call to action from UNICEF Executive Director, **Ms. Catherine Russel** on the need for our collective resolve to strengthen health systems and PHC to provide the platform for the delivery of M&R vaccines along with addressing other deprivations.

# Call to action

1. **Respond Now:**
* Activate immediate response teams promptly to identify and isolate cases, providing crucial support during outbreaks.
1. **Advocate for increased ownership and collaboration:**
	* Advocate for streamlined policies at the global-level and ownership from governments, healthcare workers, and communities to champion widespread vaccination programs, making Measles and Rubella a top priority on their agendas.
2. **Take Proactive Action:**
	* Conduct proactive Supplementary Immunization Activities (SIAs) in collaboration with local counterparts, targeting schools, communities, and healthcare facilities to improve MCV1 coverage.
3. **Innovate:**
	* Support ongoing investments, regulatory, and policy efforts to accelerate the adoption of innovative solutions like MR Maps and Rapid Diagnostic Tests (RDTs) for improved vaccines and vaccination strategies.
4. **Finish the Job and Sustain Efforts:**
	* Support the introduction of the Rubella Vaccine and MCV2 in remaining countries.
	* Establish mechanisms for continuous monitoring and response to prevent the resurgence of Measles and Rubella.

We are wishing you a safe trip to your destinations as you ponder on how you can contribute individually and collectively in the drive towards reducing M&R zero-dose children and elimination efforts.