



## ***The Power of Prevention – Immunizing for a Safer, Healthier World: An Opportunity to Accelerate Measles and Rubella Elimination through System Strengthening***

Co-Hosted by Oman, Somalia, the International Federation of Red Cross and Red Crescent Societies (IFRC), Gavi, the Vaccine Alliance; Gates Foundation; UNICEF, and the United Nations Foundation on Behalf of the Measles & Rubella Partnership

**Friday, 23 May 2025 | 18:00 – 19:20 | Reception to Follow**

United Nations Palais des Nations, Salle XXV  
Geneva, Switzerland

This World Health Assembly (WHA78) Official Side Event provides a forum for high-level open discussion on strategy, policy, and technical issues related to reaching and vaccinating all children against measles – thereby preventing deadly measles outbreaks – and encouraging every country to begin vaccinating children against rubella. This Side Event focuses on measles and rubella vaccination with system strengthening and is co-hosted by Oman, Somalia, the IFRC; Gavi, the Vaccine Alliance; the Gates Foundation, UNICEF and the United Nations Foundation on behalf of the Measles & Rubella Partnership. Additional country co-hosts are anticipated as Democratic Republic of the Congo and Mali.

### **Call to Action**

Immunization programs save lives and contribute vital infrastructure that advances goals including measles elimination and poliomyelitis eradication while enhancing health security and pandemic preparedness. Measles vaccine saves more lives than any other vaccine, yet measles cases are on the rise. Routine measles vaccination coverage is suboptimal, and preventive campaigns are not reaching enough un- and under-immunized children. Outbreaks threaten children's health in every Region while the growing gap between health needs and financing are threatening the loss of decades of progress. Nonetheless, we have an unprecedented opportunity to save children's lives and leverage efficiencies across multiple health needs due to a 2024 WHO policy update recommending universal rubella vaccine introduction. Because a combination measles and rubella vaccine is administered and introduced through large vaccination campaigns, this new WHO policy will significantly reduce both measles and rubella infection thereby preventing deadly measles outbreaks and making substantial gains toward existing regional measles and rubella elimination goals. Join us in this effort to save children's lives and prevent suffering by reaching all children with measles vaccine and ensuring universal rubella vaccine introduction.

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### **Objectives**

1. Leverage political commitment to invest in immunization as a foundation for healthy communities and economies, building stronger routine immunization programmes, surveillance and outbreak response capacity.



2. Promote global health equity, galvanize political will, accountability, and commitment to reaching all children with high-quality vaccination activities including routine immunization and campaigns to ensure maximal benefit to measles and rubella control and elimination.

3. Secure and further mobilize country and partner commitment to the IA2030's The Measles and Rubella Strategic Framework 2021–2030 and the WHO recommendations for countries with suboptimal routine vaccination coverage to implement periodic, timely and high-quality measles and rubella vaccination campaigns

## Background

**Vaccines are one of the greatest achievements in global public health, however, inequities loom large with millions of children still lacking access to life-saving vaccines.** Since 1974, vaccines have averted 154 million deaths, with over 60% attributable to the low-cost measles vaccine with a return on investment of \$58 USD for every dollar spent. Investments in immunization services have proven to provide great returns in building healthy, productive and resilient communities.

**Measles** is one of the most contagious viruses known; achieving high vaccination coverage – through routine immunization and timely preventive vaccination campaigns to close immunity gaps – is needed to prevent large, disruptive and costly measles outbreaks. Since 2000, measles vaccination has averted an estimated 60 million deaths worldwide. However, the COVID-19 pandemic disrupted immunization services worldwide, leading to the lowest measles vaccination coverage levels in more than a decade. In 2023, approximately 22.2 million children missed their first dose of a measles containing vaccine, leaving many individuals vulnerable to outbreaks; as a result, an estimated over 107,000 children died from measles.

**Rubella** is a leading cause of birth defects among all infectious diseases globally; despite the availability of safe rubella vaccines, every year nearly 25 million infants—about one-quarter of the world's surviving infants—have been missing out on these vaccines. Rubella infection during pregnancy results in an estimated 32,000 infants born annually with congenital rubella syndrome (CRS), which can lead to blindness, severe developmental delays, heart defects, and death. Nearly all these infants with congenital rubella syndrome are born in the 13 low- and middle-income countries that have not yet introduced rubella-containing vaccines. This situation can now change.

**New 2024 WHO recommendations for universal rubella vaccination provide an unprecedented opportunity to reduce global health inequities.** Before 2024, not all countries were able to introduce rubella vaccine. This limit was based on concerns about the potential increases in congenital rubella syndrome when rubella vaccine was introduced in settings with low routine immunization coverage, specifically <80% coverage of measles vaccine. After a careful review of experience of countries that did introduce rubella vaccine, assessment of new epidemiologic data, and projections from mathematical models, the WHO's Strategic Advisory Group of Experts (SAGE) on Immunization recommended, and the WHO Director-General accepted, lifting the 80% coverage threshold and recommending that all countries introduce rubella vaccine as a combined measles-rubella vaccine into routine immunization programs accompanied by wide-age-range campaigns targeting children 9 months to <15 years. In all countries where routine measles vaccination coverage is below 90%, regular follow-up measles or measles-rubella vaccination campaigns should continue to



be implemented, which is existing standard public health practice, along with strengthening of primary health care and improvements of immunization services to ensure access to all children.

**Introducing the combined measles-rubella vaccine significantly contributes to a country's measles and rubella elimination goals and universally protects infants against congenital rubella syndrome because children aged 9 months to <15 years are vaccinated against both diseases.** In 2023, countries with the largest number of measles unvaccinated children <1 year of age included Nigeria (2.8 million), the Democratic Republic of the Congo (2 million), and Ethiopia (1.6 million)—all countries that have not yet introduced the rubella vaccine. This year, with the support of Gavi, the Vaccine Alliance, the Democratic Republic of the Congo and Nigeria will introduce rubella vaccination through wide-age-range campaigns targeting children 9 months to <15 years, using a combined measles and rubella vaccine. These two campaigns will target a total of 164 million children and, with timely and high-quality implementation, will rapidly reduce the number of unvaccinated children in multiple birth cohorts, helping prevent measles outbreaks. Other countries will benefit as the spread of measles outside borders will be curtailed. WHO thus recommends all countries introduce the combined measles-rubella vaccine into their national immunization programs, using the opportunity offered by accelerated measles elimination activities that include periodic high-quality, timely vaccination campaigns to close immunity gaps.

**Globally, robust efforts are essential to overcome the stark disparity in vaccination coverage.** Low-income countries, including most of the 13 countries that have not yet introduced the rubella vaccine, have an average measles vaccination coverage of 64%, compared to a coverage of 94% in high-income countries. Within countries, those with limited access to immunization services are often the poorest, most marginalized, and most vulnerable—especially in fragile and conflict-affected settings.

**Country Ministers of Health have expressed strong commitment to protect children against measles, rubella, polio, and other vaccine preventable diseases via the World Health Assembly (WHA), Regional and National Advisory Groups, and other settings.** In 2010, the WHA set milestones for measles control with the goal of increasing measles vaccine coverage and reducing morbidity and mortality by 2015. In 2012, Ministers of Health endorsed the *Global Vaccine Action Plan* which served as a framework for immunization activities through 2020 and set target dates for regional elimination of measles and rubella. At the Seventieth WHA in 2017, Ministers requested the WHO Director-General report “on the epidemiological aspects and feasibility of, and potential resource requirements for, measles and rubella eradication.” In 2020, Ministers were updated at the WHA via the *Global Vaccine Action Plan* discussions. Ministers in all WHO Regions have endorsed measles elimination goals. Through the WHA, Ministers also endorsed the Immunization Agenda 2030 that includes measles and rubella elimination goals via *The Measles and Rubella Strategic Framework (MRSF) 2021–2030*, building on previous lessons learned. IA2030 presents an ambitious global vision and strategy for vaccines and immunization for the decade 2021–2030, with an overarching goal to sustain hard-won gains and achieve even greater progress, leaving no one behind. This can be achieved through a collaborative approach and mutual accountability among all stakeholders, including government, non-governmental organizations, healthcare providers, and communities.

**Aligning global support with national priorities for measles and rubella elimination is cost-effective, will increase vaccination coverage, strengthen systems and contribute to**



**achieving Universal Health Coverage and Sustainable Development Goals.** The United Nations Development Programme defines "vaccine equity" as providing vaccines to all countries based on need, regardless of their economic status. Immunization plays a crucial role in achieving the Sustainable Development Goals (SDGs), particularly SDG 3, which aims to "ensure healthy lives and promote well-being for all at all ages." Increasing access to measles and rubella vaccination also supports two other SDG targets: ending preventable deaths in children under five by 2030 and achieving universal access to vaccines. By reducing the economic burden of infectious diseases, vaccination helps eliminate poverty (SDG 1) and promotes sustainable economic growth and productive employment (SDG 8). Measles vaccination has shown a high return on investment—US\$58 saved for every US\$1 spent—especially in low- and middle-income countries. If rubella vaccination coverage increases, it is estimated that 131,000 deaths and 12.5 million disability-adjusted life years (DALYs) due to CRS could be prevented between 2001 and 2030.

**Further engaging civil society and communities in Ministry of Health-led immunization programs will continue to be essential in ensuring marginalized communities are reached by all vaccines.** Remote communities, marginalized groups, and populations living in conflict impacted geographies make up a large proportion of the individuals missing vaccinations globally. Civil society organizations (CSOs) provide critical support to these communities, complementing public sector immunization services, with CSO leaders frequently drawn from the impacted community. CSOs, such as Red Cross Red Crescent Societies, engage volunteers from these communities who are trusted, speak the local language and know the local customs. Thus, CSO engagement in immunization activities is an avenue to ensure caregivers receive information regarding the importance of providing children with vaccinations.

**Together we have gone far; By continuing to build our partnership, we can seize the opportunity to go further to reach every child, adolescent and adult with all vaccines, including measles and rubella.** By April 2025, rubella elimination had been verified in 97 countries -- 50% of the world's countries. Additionally, rubella elimination had been confirmed in nearly 25% of lower-middle-income countries, demonstrating that rubella can be eliminated even in more complex socioeconomic contexts. By April 2025, a total of 81 (42% of countries) had been verified as having achieved or maintained measles elimination. The introduction of rubella-containing vaccines (RCV) in the remaining countries is crucial for ensuring continued progress toward global measles and rubella elimination. Delay in introduction of the rubella vaccine into a country's immunization programme will delay reducing the burden of congenital rubella syndrome in the short-term and will delay disease elimination in the long term.

## References

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