

Measles outbreak response fund

Partners Meeting
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- Background
- How it has worked so far
- What has changed
- Activities so far

Background

- June 2012 – GAVI Board approved USD 55m to be managed by MRI
- Feb 2013 – UN Foundation concluded the MOU with GAVI on behalf of the MRI

Purpose

To enable countries experiencing measles outbreaks to rapidly respond to these while they are still relatively small and localized to prevent them from developing into large and widespread outbreaks.

Management

- The MR Initiative founding partners* are responsible for decision on allocation of the outbreak response funds
- The WHO headquarters, Expanded Programme of Immunization functions as the secretariat for management and reporting of the use of outbreak response funds

* MRI founding partners are ARC, CDC, UNF, UNICEF and WHO

Requests that are not funded

- Requests made after the response
- Requests to complete activities left incomplete in the past
- Requests with incomplete paperwork
 - No analysis of the outbreak
 - Budget incomplete
 - Letter from Government missing

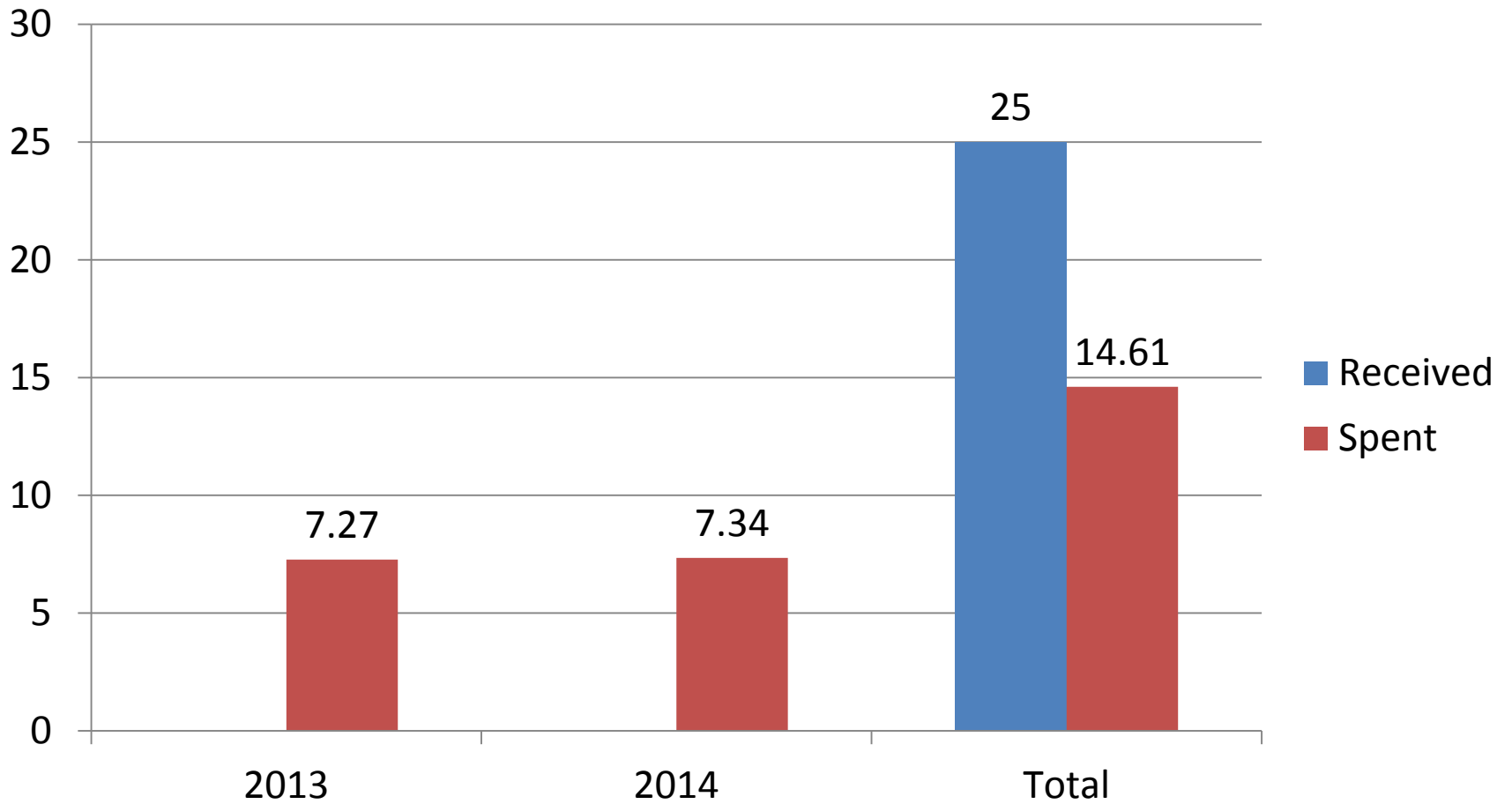
How has it worked so far

- Funded response in 4 countries in 2013
 - Pakistan, Nigeria, DRC and Vietnam
 - More than USD 7 million provided
- Funded response in 5 countries so far in 2014
 - Chad, Kenya, DRC, Uganda and Solomon Islands
 - More than USD 7 million provided
- Funded outbreak responses and wide age group SIAs

Implementation....1

- 1 of the 5 core strategies of the new Strategic Plan is outbreak preparedness and response
- June 2012 – GAVI Board approved USD 55m to be managed by MRI
- In Feb 2013, UN Foundation on behalf of the MRI concluded the MOU with GAVI
- Fund is for 2013 to 2017, activities began after February 2013

Implementation...2



Changes from 2013

- SOP has been simplified
 - Intention to apply
 - Application
 - Report
- Hosted at the M&RI and WHO websites
- Dedicated e-mail (mri-orf@who.int) address

Aspects that need strengthening

- Advance information – intention to apply
- Completeness of the application
 - Budget
 - Letter signed by Government
- **Report**
 - Often delayed
 - Short on details

Response in DRC

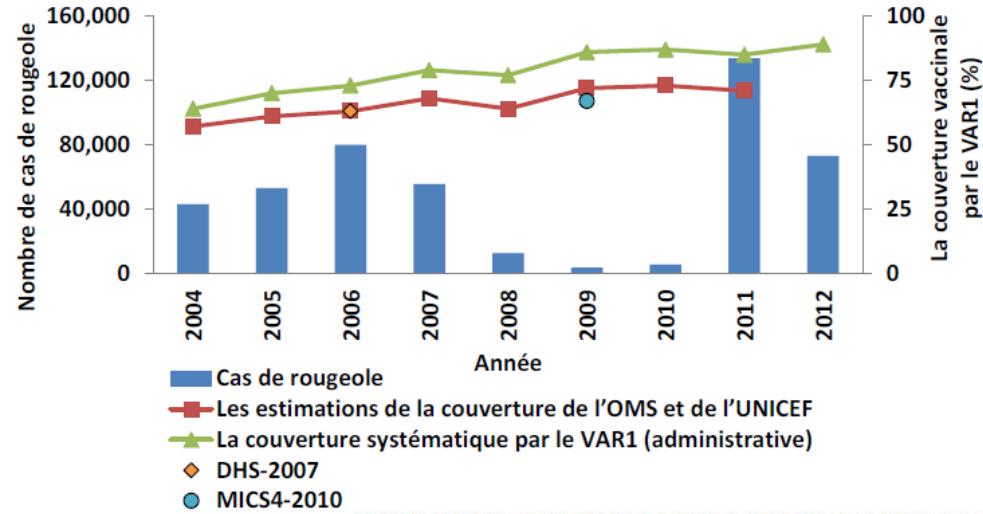


Figure 3. Suspected cases of measles reported to IDSR (n=211,236), by week and province, DRC, July 2010 – December 2012

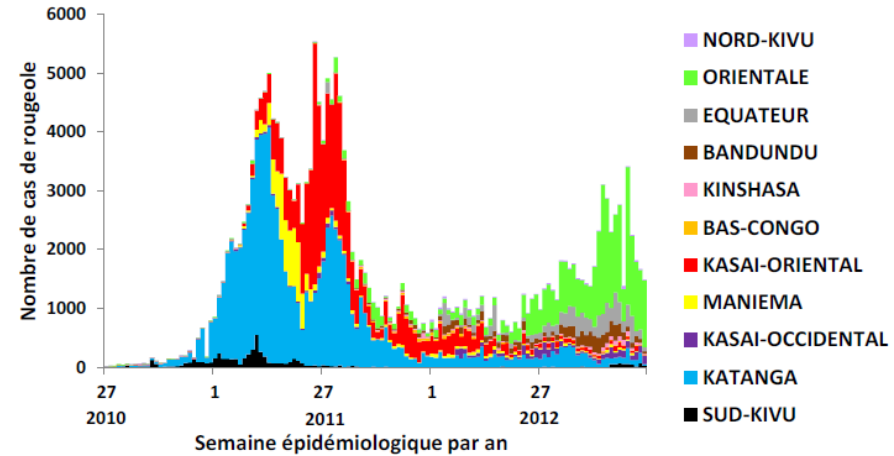


Table 6. SIA type and vaccination coverage, by province and year, 2002–2012, with outbreaks and cumulative attack rates for July 2010 – December 2012, by province, DRC

Province	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	TAC* 2010-12
KASAI-ORIENTAL										✱	✱	504
NORD-KIVU											✱	13
KASAI-OCCIDENTAL										✱	✱	68
KATANGA									✱	✱	✱	774
MANIEMA										✱	✱	543
SUD-KIVU									✱	✱	✱	107
EQUATEUR										✱	✱	112
ORIENTALE										✱	✱	366
BAS-CONGO										✱	✱	46
KINSHASA										✱	✱	25
BANDUNDU										✱	✱	95
Couverture vaccinale (%)	96		86	89	99	99	101	99	93	103	97	103

Les AVS de rattrapage (jusqu'à 14 ans)
 Les AVS de suivi (jusqu'à 5 ans)
 Les AVS de suivi (jusqu'à 5 ans) menées concurremment avec les AVS de riposte (jusqu'à 5 ans ou 14 ans)
 Les AVS de riposte (jusqu'à 5 ans ou 14 ans)
 Épidémie

*TAC Les taux d'attaque cumulatif par 100.000 habitants

Age targeted 6m – 9y
Cost USD 6.1 million

Response in Vietnam

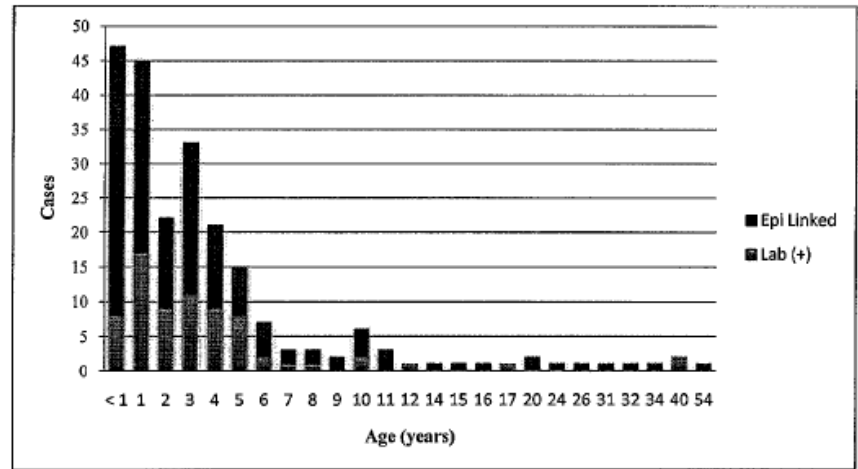
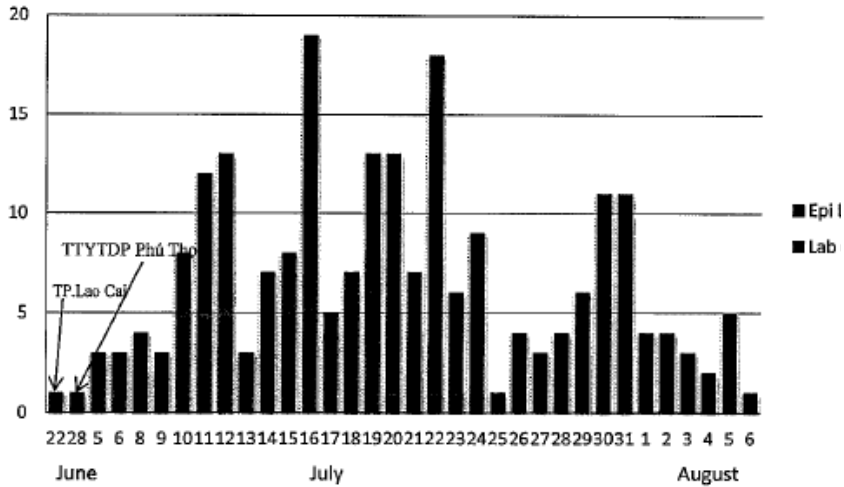


Chart 2: Number of measles cases by age (n=206)
children under 5 year of age accounts for 84.6% of total.

436 villages in 4 districts and Lao Cai city
Cost USD 39,000

Constraints

- This fund cannot be used in non-GAVI countries
- There is need for a separate fund as outbreaks can occur anywhere, we could not fund
 - Republic of Georgia
 - Syria
 - The Philippines
- Many countries graduating out of GAVI support
- Need to respond quickly to outbreaks

תודה

Dankie Gracias

Спасибо

شكراً

Merci Takk

Köszönjük

Terima kasih

Grazie Dziękujemy

Dėkojame

Ďakujeme

Vielen Dank

Paldies

Kiitos

Täname teid

谢谢

Thank You

Tak

感謝您

Obrigado

Teşekkür Ederiz

Σας Ευχαριστούμ

감사합니다

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Bedankt

Děkujeme vám

ありがとうございます

Tack