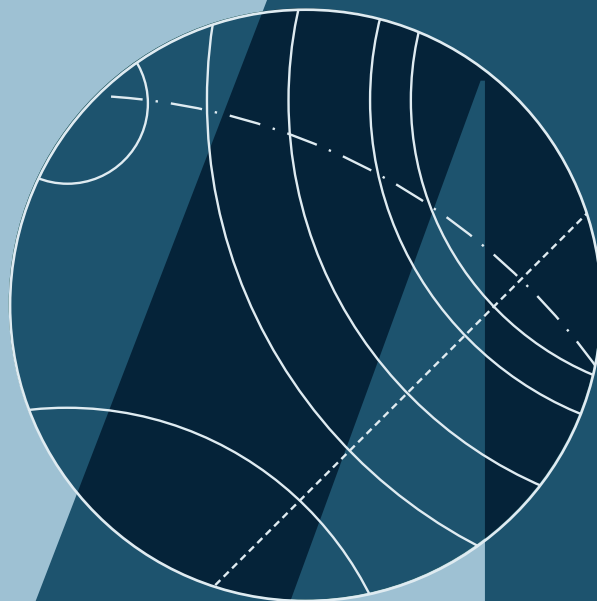
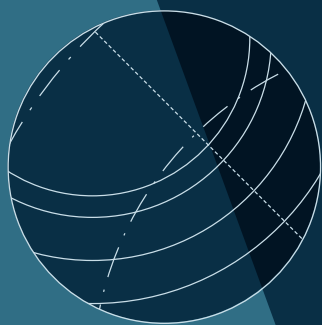
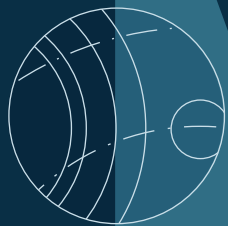




# OPERATIONAL STRATEGY 2026–2030





# Contents

- Executive Summary** ..... 4
- Strategic Pillars ..... 4
- Operational Pathways ..... 5
  
- Background and Context** ..... 6
  
- Strategic Continuity and Operational Shifts** ..... 8
- Recommendations of MRSF Midterm Review ..... 8
- Strategic Continuity: What Stays The Same ..... 9
- Operational Shifts: How M&RP is Evolving ..... 10
  
- M&RP Operational Model for 2026–2030** ..... 11
- Defined Scope of the Operational Strategy ..... 11
- The Operational Matrix ..... 11
- Cross-Cutting Elements ..... 14
  
- M&RP Operational Priorities 2026–2030** ..... 16
- Goal 1 ..... 16
- Goal 2 ..... 28
  
- Conclusion** ..... 32
  
- Annex A: Key Performance Indicators** ..... 34

# Executive Summary

**The Measles & Rubella Partnership (M&RP) enters the second half of the decade at a critical juncture: the Midterm Review of the Measles & Rubella Strategic Framework 2021–2030 (MRSF), highlights that despite progress between 2021–2024, the world remains off track to achieve measles and rubella elimination by 2030. Persistent immunity gaps, increasing frequency and scale of outbreaks, inequities in access, and a tightening global health financing environment continue to constrain progress.**

In response, the M&RP Operational Strategy 2026–2030 (Operational Strategy) has been developed to serve as a focused operational plan for the remainder of the decade, translating recommendations and course-corrections identified through the Midterm Review of the MRSF into actionable approaches for the M&RP to take forward.

The Operational Strategy remains aligned to the strategic direction and vision of the MRSF (a world free of measles and rubella) while introducing a set of deliberate shifts in how the partnership will operate. In an increasingly constrained environment, the M&RP will adopt a more focused and impact-oriented approach: prioritizing areas where it can add the greatest value, strengthening coordination for action and outcomes, and deploying its resources strategically.

The Operational Strategy is organized around four strategic pillars which define where the M&RP will focus its efforts, and four operational pathways, which define how the M&RP will engage and add value as a partnership. Together, these provide a structured framework for aligning partners and translating strategic intent into measurable action.

## Strategic Pillars

- » **Routine immunization strengthening** is positioned as the foundational and most sustainable pathway sustaining progress and closing measles and rubella immunity gaps.
- » **Universal introduction of RCV and MCV2** focuses on ensuring all countries provide two doses of the measles-rubella (MR) vaccine through their national immunization programs.
- » **High-quality preventive campaigns** are applied as targeted, time-bound interventions to rapidly close immunity gaps in settings where routine coverage is insufficient.
- » **Surveillance and outbreak preparedness and response** strengthens end-to-end systems for early detection, rapid response, and effective containment of measles and rubella outbreaks.

## Operational Pathways

Across all modalities and approaches, the Operational Strategy reinforces a set of cross-cutting priorities that are essential to progress. These include a stronger and more systematic focus on equity, underserved and vulnerable populations; greater integration across immunization and broader health initiatives to improve efficiency and reach; more consistent use of data and modelling to guide decision-making; and more deliberate engagement across an expanded set of partners.

- » **Coordinate** focuses on aligning partners and enabling joint planning and action across global, regional, and country levels.
- » **Influence** emphasizes shaping policy, financing, and prioritization to ensure measles and rubella remain adequately resourced and embedded within broader health agendas.
- » **Guide** reflects the provision and dissemination of technical guidance, tools, and operational support to strengthen country implementation.
- » **Inform** centers on the generation, synthesis, and use of data and evidence to support decision-making, improve targeting, and strengthen accountability.

The Operational Strategy provides a clear framework for collective action across the M&RP over the upcoming five years, clarifying both where the partnership will focus and how it will operate. Through this, it provides a clear basis for accelerating progress toward measles and rubella elimination by 2030, while contributing to stronger, more resilient, and more equitable immunization systems.

# Background and Context

**The Measles & Rubella Partnership (M&RP) enters the second half of the decade at a critical juncture. The [Midterm Review of the Measles & Rubella Strategic Framework 2021–2030 \(MRSF\)](#) confirms that, while notable progress has been made, the world remains off-track to achieve measles and rubella elimination by 2030. Persistent immunity gaps, rising outbreaks, inequities in access, and a tightening global health financing landscape continue to constrain progress.**

The Midterm Review considers progress over the first four years of the MRSF (2021–2024), during which measurable gains have been achieved. Vaccination coverage has begun to recover following disruptions caused by the COVID-19 pandemic: the first dose measles vaccine (MCV1) rebounded to 84% in 2024, nearing pre-pandemic levels (86% in 2019), while the second dose measles vaccine (MCV2) and the rubella containing vaccine (RCV) rose to 76% and 73% respectively—surpassing 2019 performance. The rise in MCV2 and RCV coverage is largely owing to vaccine introductions over the period. Supplementary immunization activities, including preventive campaigns and the Big Catch Up, have successfully vaccinated large numbers of children and the number of measles zero-dose children has begun to decline, dropping to 20.6m in 2024 compared to a high of 24m in 2021. These achievements demonstrate the continued relevance of the MRSF and the capacity of countries and partners to drive progress, even in a constrained environment.

However, measles has resurged globally, with outbreaks becoming more frequent and disruptive. Immunity gaps (driven by zero-dose and under-immunized populations) remain widespread and inequities persist: the same ten countries account for the majority of measles zero-dose children year after year, and fragile, conflict-affected and vulnerable settings account for over half of all large or disruptive outbreaks and 54% of zero-dose children (despite being home to only 24% of the world's infants). Inequities include gender-related barriers that affect whether caregivers can access vaccination services and bring children for immunization in a timely manner. These patterns show that elimination is increasingly determined by the most underserved populations in hard-to-reach contexts, where routine systems, campaigns, and outbreak response are all more difficult to sustain.

At the same time, the data and surveillance backbone that underpins elimination has become more fragile. While surveillance and supplemental immunization activities (SIAs) monitoring improved in some areas, feedback loops remain weak and delayed or missing post- and intra-campaign evaluations limit the ability to learn and course-correct, especially in settings where outbreaks occur after campaigns. More critically, surveillance has weakened due to reduction in resources for field investigation and data management. Furthermore, the Global Measles and Rubella Laboratory Network (GMRLN), the cornerstone of laboratory-based surveillance, has entered a period of severe funding instability, with only ~15% of historical funding secured for 2026, threatening quality assurance, coordination, and outbreak detection capacity. Without predictable surveillance financing, elimination becomes increasingly reactive rather than preventive.

Implementation challenges have also been driven by how the global ecosystem operates. Cross-program coordination and integration across antigens and disease-specific initiatives have remained largely opportunistic, with joint planning and shared delivery models rarely embedded from the start. As resources tighten, this siloed operating model increasingly undermines efficiency, learning, and reach. At the same time, M&RP's ability to shape the wider ecosystem has often been constrained by external policy and financing bottlenecks: for example, even when M&RP successfully influenced policy such as removal of the SAGE 80% coverage threshold for RCV introduction, both delays in downstream funding rules and limited country commitment (often linked to country-level funding environments) slowed implementation and impact.

Finally, the past five years have underscored that country ownership remains uneven and fragile. In many settings, measles and rubella activities are still heavily driven by global partners rather than embedded in national plans, budgets, and delivery systems. As donor funding contracts, this dependency creates vulnerability, particularly for financing preventive SIAs, sustaining routine immunization improvements, and maintaining outbreak readiness. These dynamics highlight the need for stronger routine systems, better-aligned partnerships, and more deliberate engagement across global, regional and country-level stakeholders.

**In this context, the M&RP Operational Strategy 2026–2030 [Operational Strategy] has been developed to translate the MRSF and the findings of the Midterm Review into a focused operational approach for the remainder of the decade.** The Operational Strategy remains anchored in the vision of the MRSF and aims to support more effective, coordinated, and sustainable delivery of measles and rubella interventions, with the goal of accelerating progress toward elimination within increasingly constrained environments.

# Strategic Continuity and Operational Shifts

The M&RP Operational Strategy 2026–2030 maintains the core strategic direction of the MRSF while making targeted adjustments to address persistent gaps in an increasingly constrained operating environment. This approach is informed by the key recommendations of the MRSF Midterm Review.

## Recommendations of MRSF Midterm Review

### 1. Reaffirm measles and rubella as a global health priority and a “must win” through prioritization at the global, regional, and national level.

Measles and rubella (MR) vaccines are among the most impactful and cost-effective public health interventions, serving as a key indicator of system equity and coverage. This underscores the need for sustained political commitment, predictable financing, and continued advocacy to maintain progress and prevent further setbacks.

### 2. Integration of measles and rubella activities with other antigens and health services should be prioritized to maximize reach and efficiency.

Integrating measles and rubella activities with primary care and other immunization services can expand reach, reduce missed opportunities, and improve efficiency – especially in fiscally constrained contexts. Achieving this requires breaking down silos, jointly planning delivery models, and leveraging synergies for coordinated implementation.

### 3. Ensure high-coverage, sustainable measles and rubella programs by strengthening activities across all strategic pillars.

Closing persistent immunity gaps calls for a comprehensive, coordinated approach that draws on the comparative strengths of each strategic pillar including routine immunization, strong inter-campaign activities, preventive campaigns, and outbreak response. Strengthening data feedback loops to identify and address systemic gaps is critical to sustainably improving coverage.

### 4. Strengthen outbreak preparedness and response capacity in all countries.

Countries should adopt and operationalize the Measles Outbreak Strategic Framework (2026–2030), strengthening systems to enable rapid detection, early action, and coordinated response. Adequate financing for outbreak response (including for middle-income countries) and sustained investment in the Global Measles & Rubella Laboratory Network will be critical to maintaining global readiness.

## 5. Continue to embed the core principles of the MRSF in all measles and rubella efforts.

All actions to advance measles and rubella elimination must remain anchored in the core principles of the MRSF: people-focused, country-owned, partnership-based, and data-enabled. The M&RP will continue to play a critical role in convening partners, aligning resources, and catalysing action to ensure that every community is protected from measles and rubella.

## Strategic Continuity: What Stays The Same

In line with the recommendations of the MRSF Midterm Review, the M&RP and this Operational Strategy remain fully aligned with strategic vision of the MRSF: a world free of measles and rubella. The actions in service of this vision (as articulated in the Operational Strategy) remain grounded in the core principles of the MRSF, ensuring that all efforts by the M&RP are equitable, sustainable and effective:



People-focused

- » Prioritize vulnerable populations (including underserved communities, fragile and conflict settings, populations with disabilities, migrant and refugee populations), addressing gender-related and other systemic barriers to ensure equitable access to and uptake of vaccination services.



Country-owned

- » Support country-led planning, implementation, and decision-making, aligned with national priorities and systems. M&RP's role continues to be catalytic and supportive, strengthening country capacity, enabling informed decision-making, and aligning partners behind country-led priorities.



Partnership-based

- » Enable coordinated, complementary action across governments, agencies, civil society, and donors. The M&RP continues to function as a platform for coordination, alignment, and collective action across global, regional and country actors.



Data-enabled

- » Use timely, high-quality data to identify gaps, guide action, monitor performance and inform rapid response.

Guided by the Core Principles, the Partnership continues to pursue two core goals through 2030, applying a dual focus on prevention and response. These goals provide continuity across the decade and anchor M&RP activity described in this strategy:

1. **Address measles and rubella population immunity gaps**, with a focus on increasing vaccination coverage, reducing the number of zero-dose and under-immunized children and closing persistent immunity gaps.
2. **Support rapid identification, timely and appropriate response, and closure of measles outbreaks**, minimizing outbreak scale, duration, and recurrence.

**Measles will continue to serve as a key tracer of system performance.** Given its high transmissibility, measles provides a sensitive indicator of underlying weaknesses in routine immunization, surveillance, and outbreak preparedness.

Applied across both goals, this tracer function supports prioritization and accountability by linking patterns in immunity gaps and outbreaks to concrete action. Continuing to apply this cross-cutting accountability lens will help ensure that insights are systematically used to strengthen delivery across all modalities, while reinforcing integration, equity, and alignment with broader immunization and child health efforts where this improves outcomes.

## Operational Shifts: How M&RP is Evolving

While the vision and strategic direction remain unchanged, the M&RP is adapting its approach to remain effective in the current context. These shifts reflect a move toward more focused, integrated, and impact-oriented delivery amid increasing fiscal constraints:

- » **Sharper prioritization:** The M&RP will focus on areas where it can deliver the greatest strategic value, making clearer and explicit choices about what it leads, influences and support.
- » **Coordination for outcomes:** Partnership coordination will prioritize practical action (moving beyond information-sharing) to align around key decisions, resolving delivery bottlenecks, and supporting implementation at critical points.
- » **Routine strengthening as the foundational approach:** Routine immunization is elevated as the primary, sustainable pathway for closing measles and rubella immunity gaps, with campaigns used more strategically as targeted, time-bound interventions.
- » **Focus on integrated delivery:** Greater emphasis will be placed on integrating measles and rubella efforts with broader immunization and health initiatives, including strengthening routine immunization, introduction of new vaccines and other priority health initiatives. Notably, this will include advancing systematic collaboration with the Global Polio Eradication Initiative (GPEI) across planning, delivery, surveillance, and outbreak response, where it adds value and reduces duplication.

To operationalize these shifts, the M&RP will reinforce three core elements in its approach:

1. **Translate learning into focused operational priorities:** Apply lessons from the first half of the MRSF to define and maintain a clear set of operational areas of focus through which the M&RP can most effectively contribute to progress toward measles and rubella elimination.
2. **Align partners around mutually reinforcing action:** Enable collaboration, consensus-building, and coordinated execution and advocacy among partners at global, regional, and country levels in support of shared goals i.e. promoting integration for efficiency while maintaining the quality of services.
3. **Deploy M&RP backbone resources strategically:** Guide the use of core Partnership assets, including the Program Support Unit (PSU), Measles Analytics Hub (MAH), and Outbreak Response Fund (ORF), to maximize impact during the remainder of the strategy period.

# M&RP Operational Model for 2026–2030

Anchored in the MRSF and its vision of a measles- and rubella-free world, this Operational Strategy clarifies the focused scope of work aligned with M&RP's budget, expertise, and human resource capacity between 2026–2030 and articulates the strategies and activities that the partnership can feasibly implement over the 5-year period.

## Defined Scope of the Operational Strategy

This Operational Strategy prioritizes execution through a focused set of delivery levers rather than breadth of ambition. Four strategic pillars are identified as the strategic pillars, serving as the primary vehicles through which the M&RP seeks to achieve impact during 2026–2030. Across the modalities, routine immunization strengthening is elevated as the foundation for achieving and sustaining measles and rubella elimination, with campaigns positioned as targeted, time-bound tools to close immunity gaps where needed.

This M&RP Operational Strategy does not attempt to address every determinant of immunization performance, nor does it seek to replicate or replace the mandates of countries, regions or partner organizations. Many factors that influence immunization outcomes, such as broader health system financing, workforce constraints or primary care reform, remain critically important but fall outside the M&RP's comparative scope of action. By making deliberate choices about scope, the M&RP aims to focus its collective efforts where it can add the greatest value, enable partners to act in complementary ways, and deliver measurable progress toward measles and rubella elimination within the remainder of the decade.

## The Operational Matrix

In translating the strategic vision of the MRSF and recommendations of the MRSF Midterm Review into actionable efforts, the Operational Matrix serves as an organizing framework for the collective action of the M&RP. The Operational Matrix organizes the operational plan (including how the M&RP aligns actors, deploys resources, and supports countries across prevention and response) across four strategic pillars and four operational pathways.

**The Four Strategic Pillars** highlight the primary vehicles through which the M&RP aims to achieve impact over the period:

- » Routine Immunization Strengthening
- » Universal Introduction of RCV and MCV2
- » Timely, high-quality campaigns
- » Surveillance, outbreak preparedness & response

Across these strategic pillars, this framework ensures that the partnership’s collaboration remains strategic, coordinated and focused on measurable impact in closing immunity gaps and responding effectively to outbreaks.

**The Four Operational Pathways** define how the M&RP will reinforce commitment and accelerate action toward measles and rubella elimination:

- » **Coordinate:** Facilitate efficient lines of communication between national, regional, and global-level actors and across agencies to ensure a shared agenda and mutually reinforcing actions
- » **Influence:** Ensure that measles and rubella, including surveillance, are consistently treated with adequate urgency, resourcing, and rigor across all decision-making forums that impact program implementation.
- » **Guide:** Assist countries and decision-makers in making informed decisions, implementing effective policy, optimizing resources (including integration and digital), and addressing immunity gaps.
- » **Inform:** Curate data, tools, and modeling required to shape policy and action that results in better and more sustainable coverage, stronger systems, and fewer outbreaks with less mortality.

The Operational Matrix (as seen in Figure 2 below) defines the high-level activities the M&RP plans to take forward between 2026–2030 across each strategic pillar.

Figure 2. M&RP 2026–2030 Operational Matrix

Goals		Address measles and rubella population immunity gaps by increasing measles-rubella vaccination coverage with a focus on identifying and reaching unimmunized children			Rapid identification, response, & closure of MR outbreaks
Strategic Pillar		RI Strengthening	Universal Introduction RCV/MCV2	High-quality, timely preventive campaigns	Surveillance, outbreak preparedness & response
Operational Pathways	Coordinate	Facilitate ongoing partner coordination and alignment around an actionable strategy for the M&RP to support measles and rubella elimination through RI strengthening.	Facilitate continued alignment on timelines, processes, roles and responsibilities for strategic engagement with countries remaining to introduce RCV and MCV2.	Align partners to deliver optimized, timely and integrated MR campaigns through data-driven targeting and coordination with GPEI and other platforms, including outside of immunization.	Align surveillance, laboratories, and outbreak management actors into one end-to-end system from detection to recovery.
	Influence	Reinforce sustained prioritization of RI Strengthening for holistic and effective measles- and rubella-programs.	Proactively engage AFRO and EMRO regions and countries to advocate for RCV and MCV2 introductions in all 13 remaining countries by 2030.	Support decision-making so countries and partners prioritize timely, high-quality MR and integrated campaigns as an outbreak-prevention strategy where routine immunization is weak.	Advocate for and shape policies to ensure that surveillance, timely Outbreak Response Immunization (ORI), appropriate case detection and management, and equity-focused strategies, with emphasis on high-risk settings are a core part of global, regional, and national approaches to outbreak management.
	Guide	Strengthen country efforts to improve MR vaccination coverage through RI strengthening by supporting the dissemination, contextualization, and uptake of guidance and decision-making tools.	Provide technical guidance and support to facilitate successful and timely planning for RCV and MCV2 introductions.	Provide global technical and operational guidance to help countries design, implement, monitor, and evaluate high-quality, integrated MR campaigns, including effective use of digital tools i.e. digital payments.	Provide guidance and technical support to countries to strengthen outbreak management, including funding mechanisms and applications, readiness and preparedness assessments, response implementation, and post-outbreak recovery.
	Inform	Synthesize, translate and disseminate MR-relevant evidence to inform effective RI strengthening strategies, investment and best practices.	Develop and disseminate relevant RCV and MCV2 data and information to countries.	Provide insight into MR and integrated campaign applications, readiness, performance, and gaps to drive faster, better decisions, and strengthen RI through alternative campaign evaluations.	Leverage surveillance, laboratory and outbreak data to support recovery, track progress toward elimination and systematically strengthen immunization systems to prevent future outbreaks.
Geographic Scope		To Be Determined	13 countries remaining to introduce RCV and 2 countries remaining to introduce MCV2	To Be Determined	To Be Determined
Cross-cutting Elements		Equity-focus; Integration; Data and modelling evidence; Expanded partnership			

## Cross-Cutting Elements

Across all strategic pillars and operational pathways, several cross-cutting elements inform the partnership's approach to advancing its strategic goals. The cross-cutting elements remain rooted in the Core Principles of the MRSF, while strengthening efficiency and effectiveness to drive more targeted, coordinated impact in an increasingly resource-constrained context.

### Equity-Focus

Equity remains central to achieving measles and rubella elimination. Across the strategic pillars, the M&RP will continue to elevate and address barriers faced by vulnerable populations, including those in fragile, conflict-affected, and hard-to-reach settings.

This includes systematically identifying and reaching vulnerable populations – including underserved communities, zero-dose children, migrant and refugee populations, humanitarian settings and populations with disabilities – through context-appropriate strategies and partnerships, including with NGOs and community-based actors.

Efforts will also focus on addressing gender-related barriers to vaccination. This includes identifying and addressing barriers to vaccination access related to caregivers' decision-making power, mobility, time, safety, and access to information; promoting the deployment of female health workers and vaccinators where contextually appropriate; ensuring community engagement strategies reach both women and men in their roles as caregivers; and incorporating gender analysis into program monitoring, root cause analyses and data systems, consistent with the Measles Outbreak Strategic Framework (MOSF) equity framework.

### Integration

In an increasingly constrained financing environment, there is need to move beyond siloed, vertical approaches and toward integration to maximize the efficient use of limited resources and ensure sustainable progress toward measles and rubella elimination. Across all strategic pillars, the M&RP will take a more systematic and intentional approach to integrating measles and rubella activities with other immunization, health, and child health initiatives to improve efficiency, expand reach and reduce missed opportunities for vaccination.

The MRSF Midterm Review highlights that integration efforts to date have often been ad hoc or introduced too late in planning processes to maximize impact. Structural barriers – such as misaligned planning cycles, financing, and accountability mechanisms – continue to limit effective integration. Addressing these constraints will require earlier and more deliberate coordination, shared planning and improved harmonization across programs.

The M&RP will build on these lessons to advance more coordinated and context-specific integrated delivery models (ranging from joint planning to co-delivery), identifying and unlocking synergies across immunization and health services. This includes deepening collaboration with the Global Polio Eradication Initiative (GPEI), particularly in countries facing overlapping measles and polio risks, and expanding opportunities for integration with other antigen programs, including yellow fever, malaria, and other vaccine-preventable diseases.

Integration efforts will also identify and aim to strengthen linkages with primary health care (PHC) and broader maternal, newborn and child health (MNCH) platforms, aligning measles and rubella activities with essential service delivery and community engagement to improve continuity of care and overall system performance.

Across all areas, integration will be pursued pragmatically, prioritizing contexts and approaches where it adds value, strengthens healthy systems and improves outcomes, while avoiding unnecessary complexity or duplication.

## Data and Modelling Evidence

Collective action by the partnership will be data-informed and evidence-based. Reliable data and modelling will remain central to strengthening decision-making, targeting interventions and resources, and accountability. Across all strategic pillars, the M&RP will strengthen the use of timely, high-quality data and robust modelling to better understand immunity gaps, anticipate risk and guide action. Data systems and analyses should also ensure the systematic use of sex- and age-disaggregated data to identify inequities in access, coverage, and outcomes and to inform more equitable program design and delivery.

This includes working closely with countries and modelling partners to ensure that analyses are grounded in sound empirical data, validated and responsive to programmatic needs. Data and modelling will be used to:

- » Identify and prioritize populations at risk, including zero-dose and under-immunized children;
- » Inform strategic and operational decision-making across prevention and response;
- » Strengthen feedback loops between data, learning, and implementation to enable more timely course correction; and
- » Strengthen accountability and equity monitoring by systematically incorporating sex- and age-disaggregated data into performance tracking, analysis, and learning processes, with a view to identifying and addressing gender-related and other inequities in immunization access and outcomes.

## Expanded Partnership

Effective delivery will depend on more deliberate and consistent engagement across the broader health ecosystem. Over 2026–2030, M&RP will take a more systematic and intentional approach to expanding and using its partnership network and forums, to ensure that the right set of stakeholders are engaged early and consistently. This will include engaging partners from other health initiatives and programs, beyond the core partners of the M&RP. For example, the M&RP will continue to deepen integration of the Red Cross and Red Crescent Movement through the International Federation of Red Cross and Red Crescent Societies (IFRC), building on its significantly expanded engagement in the M&RP already underway, including the establishment of the Measles & Rubella Country Platform and the ongoing deployment of technical expertise to support country-level prevention, preparedness, and response efforts. Other core examples include ensuring GPEI is embedded in routine immunization and campaign planning discussions, and engaging humanitarian and delivery partners (such as Medecins Sans Frontieres (MSF)) in outbreak response and system-strengthening efforts. The M&RP will also engage more proactively with partners in areas such as digital health and innovation to support appropriate use of new tools and technologies, as appropriate.

Additionally, M&RP will strengthen its engagement in existing forums that shape country- and global-decision-making, including IA2030 platforms, GPEI governance and technical groups, and Gavi Health System Strengthening Technical Advisory Group (HSS-TAG), to ensure measles and rubella are consistently represented and aligned with broader immunization and health agendas. Where coordination gaps exist (such as forums to bridge the strategic gap for MR and OPV campaign planning), the M&RP and its partners will either create targeted mechanisms or join and re-activate existing fora to close those gaps, while avoiding duplication of existing structures.

# M&RP Operational Priorities 2026–2030

## Goal 1: Address Population Immunity Gaps by Increasing MR Coverage & Decrease in Zero-Dose Children

### 1. Routine Immunization Strengthening



*Coordinate: Facilitate ongoing partner coordination and alignment around an actionable strategy for the M&RP to support measles and rubella elimination through RI strengthening.*

#### Purpose

Maximize opportunities to strengthen measles and rubella elimination efforts through RI by ensuring continued alignment and a shared agenda across global, regional and country partners.

#### Objectives

- » **Clarify, align and strengthen appropriate coordination forums and mechanisms (existing or new)** to enable timely elevation of relevant opportunities/risks and synergistic partner action.
- » **Collectively identify opportunities to improve MR coverage through RI**, grounded in strong primary health care (PHC), as the primary sustainable pathway to closing measles- and rubella- immunity gaps and therefore a foundational lever for improving measles- and rubella- outcomes.
- » **Alignment on priority topics, activities, and geographies** to actively support RI strengthening initiatives.

#### Approaches

- » **Leverage and contribute to existing coordination forums** (including the MR Routine Immunization WG [RIWG] within the Program Implementation WG [PIWG]) to elevate the measles- and rubella- perspective and support ongoing communication, including timely elevation of relevant topics and activities, with approaches adapting as the broader RI forum landscape evolves (e.g., RI discussions within the IA2030).
- » **Map M&RP partner activities and resources/contributions** to RI to identify synergies and gaps.
- » **Facilitate alignment on actionable strategies** for the partnership to support measles and rubella elimination efforts through RI strengthening (including both facility-based and outreach), in collaboration with relevant partners and fora.
- » **Facilitate visibility and joint planning** for RI strengthening activities across M&RP partners, as well as other expanded partners including other disease programs/partnerships (including but not limited to GPEI, malaria and EYE) to maximize efficiency and reduce siloed ways of working.

- » **Align on key national and sub-national areas** to prioritize for RI Strengthening support by the partnership, in coordination with partner organizations.

### Success measures

- » **The partnership continues to identify and execute actionable opportunities** to improve MR coverage with two doses through RI.
- » **M&RP engages expanded partners** to jointly plan and implement integrated RI activities.



***Influence: Reinforce sustained prioritization of RI Strengthening for holistic and effective measles- and rubella- programs.***

### Purpose

Reinforce RI as the primary sustainable pathway for closing measles- and rubella- immunity gaps and ensure adequate prioritization and resourcing for RI systems with comprehensive inclusion and provision of two doses of the MR vaccine.

### Objectives

- » **Continued positioning of strong RI systems as foundational** to advancing the measles- and rubella-elimination agenda.
- » **Promote systematic inclusion of MR immunization and monitoring** into RI activities across settings and contexts, leveraging existing RI systems and capacity to improve MR vaccine coverage, which in turn reinforces RI platforms.
- » **Promote an integrated and holistic approach to RI strengthening** within the broader primary health care (PHC) context, leveraging synergies across antigens (including but not limited to polio, malaria and yellow fever) and delivery touchpoints within and beyond the immunization system (e.g. the second year of life platform).
- » **Strengthen political commitment to and promote sustained allocation of financial resources** for RI strengthening strategies (with a focus on MR vaccination), particularly in countries with an over-reliance on M/MR campaigns/SIAs.

### Approaches

- » **Integrate and amplify messaging on the importance and value of RI strengthening** for measles and rubella elimination (and vice versa) across partner communications and advocacy efforts.
- » **Engage with RI, PHC, and antigen-specific partners and experts** to identify and support integrated approaches to RI strengthening (including the second year of life platform), building on existing initiatives and expertise.
- » **Contribute to and actively participate in existing RI forums** to reaffirm and amplify M&RP's commitment, priorities, and contributions to RI strengthening.
- » **Support the identification and prioritization of countries for RI strengthening** (including fixed-site and outreach initiatives), in coordination with partners and existing planning processes, tailoring approach based on existing RI system structures, capacity and performance, and informed by existing and emerging evidence of intervention efficacy.
- » **Promote the integration of RI strengthening efforts into country and regional measles- and rubella-strategies and planning** (and vice versa, integrating measles and rubella elimination efforts in country and regional RI strategies and planning), through engagement with country stakeholders.

- » **Advocate for the integration of RI strengthening into measles- and rubella-elimination strategies and planning** (and vice versa, integrating measles and rubella elimination efforts in country and regional RI strategies and planning), through regional and global stakeholders, aligning with existing country-led processes and platforms.
- » **Promote the adoption of evidence-based RI strengthening interventions** (e.g., 5-dose MR vials) through dissemination of evidence and lessons learned, facilitating partner alignment, and supporting uptake via existing platforms and processes.

### Success measures

- » **RI strengthening (including MR vaccination) is consistently reflected as a core component** of national, regional, and global measles- and rubella-elimination strategies, plans, and advocacy agendas.
- » **Sustained or increased allocation of domestic and external technical and financial resources** toward RI strengthening at country and regional levels.
- » **Enhanced visibility and prioritization of RI strengthening** within relevant global and regional immunization forums, including consistent inclusion of measles and rubella considerations.
- » **Evidence-based RI strengthening interventions** are increasingly adopted and scaled across priority settings.
- » **Allocation of domestic and external technical and financial resources** toward RI strengthening (at the country- and regional-level) are sustained.



**Guide: Strengthen country efforts to improve MR vaccination coverage through RI strengthening by supporting the dissemination, contextualization, and uptake of guidance and decision-making tools.**

### Purpose

Support countries to access and use guidance and tools that enhance capacity to identify and close measles- and rubella-immunity gaps and improve MR vaccination coverage through non-campaign activities.

### Objectives

- » **Disseminate guidance and decision-making tools** that strengthen country capacity to identify and address coverage gaps through RI (non-campaign) activities, reducing country reliance on campaign activities in relevant settings.
- » **Promote the contextualization and use of evidence-based approaches** to strengthening RI systems, tailored to countries and regions.
- » **Advocate for and facilitate access to technical assistance** for RI strengthening efforts at the country level, through relevant partners and mechanisms.

### Approaches

- » **Contribute to the development (where clear gaps exist), optimization, and dissemination of guidance, tools, and decision-support resources** (prioritizing the use and adaptation of existing materials) to support countries and regions in identifying, planning, implementing, and evaluating context-specific RI strengthening approaches (including Periodic Intensification of Routine Immunization [PIRIs]) to improve MR vaccination coverage.
- » **Promote and support the contextualization of guidance, data, and tools** to reflect local epidemiology and programmatic realities and gender-related access barriers (including, where relevant, guidance on deploying female health workers, adapting service hours and locations for caregivers with mobility or time constraints, and engaging both women and men in vaccination decision-making) working through regional and global partners and existing dissemination channels.

- » **Promote and provide technical guidance to support the use of existing MR data** (including coverage, surveillance, microplanning etc.) to inform RI strengthening approaches and interventions (e.g. promote the use of campaign micro plans to strengthen outreach planning or inform where to conduct PIRIs).
- » **Collaborate with other antigens and programs** to align approaches and leverage synergies for integrated service delivery and catch-up (e.g. Polio/GPEI and 2YL platform strengthening).
- » **Facilitate peer learning and best practice knowledge exchange** across regions and countries to share practical experiences, lessons learned, and effective approaches to improving MR coverage through RI.
- » **Support access to targeted, time-bound technical assistance for priority countries**, tailored to identify gaps in MR routine immunization coverage and delivered through appropriate partners and mechanisms.

### Success measures

- » **Evidence-based guidance, tools and decision-support resources** are widely available, disseminated and promoted by the partnership and increasingly used by countries to inform RI strategies and implementation.
- » **Increased use of contextually adapted, evidence-based approaches to RI strengthening** across countries and regions, including application of tools to identify and address MR immunity gaps.
- » **Greater integration and coordination of RI strengthening activities** across antigens and programs, with alignment to MR vaccination objectives.
- » **Peer learning and knowledge exchange mechanisms** are established and utilized, with documented sharing of lessons learned and effective practices across regions and countries.
- » **Targeted technical assistance for RI strengthening is mobilized** and deployed in priority countries in response to identified MR coverage gaps.
- » **Improvements in MR routine immunization coverage in priority settings**, including reductions in the number of zero-dose children.



***Inform: Synthesize, translate and disseminate MR-relevant evidence to inform effective RI strengthening strategies, investment and best practices.***

### Purpose

Strengthen the availability, synthesis, and use of MR-relevant evidence to inform RI strengthening approaches and investment decisions, contributing to improved measles and rubella coverage and outcomes.

### Objectives

- » **Synthesize MR-relevant evidence** to inform RI strengthening strategies, policies, and investment decisions.
- » **Disseminate MR-relevant evidence and insights** through appropriate platforms and forums to support data-driven decision-making and prioritization of high-impact RI interventions that address MR immunity gaps.
- » **Identify and elevate priority evidence gaps** related to RI strengthening for measles and rubella, and support alignment among partners to address them.

### Approaches

- » **Support the generation and use of quality, fit-for-purpose data** (through promoting strengthening of processes, tools, capacity and governance), from data on doses administered to data on vaccine use and surveillance, in line with the IA2030 Data Action Framework, including, where feasible, sex-disaggregated coverage and zero-dose data to enable gender analysis of immunity gaps and programme performance.

- » **Contribute to and leverage existing, targeted modelling and analytic evidence** (via the Measles Analytics Hub [MAH]) to generate insights that inform RI planning, prioritization, and investment decisions from a measles and rubella elimination perspective.
- » **Support the synthesis of evidence on the effectiveness of RI strengthening interventions** (e.g., PIRIs) in improving MR vaccination coverage and outcomes, clearly distinguishing generalizable findings from context-specific insights.
- » **Translate and disseminate evidence into accessible formats** (e.g., briefs, summaries, case studies) to support decision-making on effective RI strengthening approaches for improving MR coverage and equity.
- » **Document and elevate best practices and lessons learned** from countries that have successfully improved MR coverage through RI strengthening, including approaches to reaching zero-dose and under-immunized populations, and how gender-related barriers were identified and service delivery adapted.
- » **Leverage modelling and cross-country learning** to translate country-level experiences into insights that can inform RI program design and adaptation in other settings.
- » **Align MR-relevant RI evidence** with broader immunization, primary health care, and health system strengthening agendas to support integrated investment and planning.
- » **Actively engage in platforms related to digital innovations**, including the use of AI, to optimize data analysis and targeting of activities aimed at strengthening RI.

#### Success measures

- » **Increased availability and accessibility of MR-relevant evidence** to inform RI strengthening strategies, policies and investment decisions.
- » **Increased generation and use of modelling and analytic outputs** from the MAH that generate MR-relevant insights to inform RI-strengthening strategies.
- » **Increased use of MR-relevant evidence and data to inform** RI strategies and decision-making processes at global, regional and country levels.
- » **Evidence products (e.g., briefs, analyses, case studies) are disseminated** through relevant partners and platforms and increasingly referenced in RI planning, guidance and discussions.
- » **RI strategies increasingly informed by fit-for-purpose MR data** available to countries to facilitate a data-driven approach, supported by digital tools and AI as appropriate.

## 2. Universal Introductions of RCV and MCV2



**Coordinate: Facilitate continued alignment on timelines, processes, roles and responsibilities for strategic engagement with countries remaining to introduce RCV and MCV2.**

### Purpose

Ensure sustained alignment to enable a timely, coordinated and efficient approach to strategic engagement with the 13 countries remaining to introduce RCV and MCV2, by 2030 – in service of the IA2030 target of 500 cumulative vaccine introductions in low- and middle-income countries by 2030.

### Objectives

- » **Align country, regional, and global stakeholders** on timelines, processes, roles and responsibilities related to RCV and MCV2 introduction.
- » **Enable timely and coordinated engagements with countries** to ensure clarity and unified communication regarding RCV and MCV2 introductions.

### Approaches

- » **Ongoing cross-partner communication** through the RCV Working Group and other relevant forums (e.g. AFRO and EMRO regional calls, annual UNICEF supply division forecasting meeting) to sustain alignment regarding processes, roles and responsibilities, messaging, timelines and sequencing of country engagement.
- » **Establish and maintain a shared engagement roadmap** outlining priority countries, timelines and milestones for RCV and MCV2 introduction.
- » **Advocate for prioritization and funding support** for RCV introduction through the Gavi mechanism and other platforms, particularly for non-Gavi countries.

### Success measures

- » **A shared engagement roadmap, including forecasted RCV and MCV2 introduction timelines** is developed and used to support timely advocacy, decision-making, and application processes in remaining countries.
- » **Funding support is mobilized and secured for universal introduction** through Gavi and other financing platforms.



**Influence: Proactively engage AFRO and EMRO regions and countries to advocate for RCV and MCV2 introductions in all 13 remaining countries by 2030.**

### Purpose

Strengthen political commitment and reinforce programmatic prioritization at the country level to ensure timely decision-making and implementation regarding introduction of RCV and MCV2 in all remaining countries by 2030 (within the Gavi 6.0 strategic period for Gavi-eligible countries).

### Objectives

- » **Advocate for country prioritization of timely introduction of RCV and MCV2** in remaining countries.
- » **Build country alignment on timelines, processes, cofinancing and epidemiology** related to RCV and MCV2 introductions.

### Approaches

- » **Engage AFRO and EMRO regional offices** to support planning and conducting country outreach and advocacy efforts.

- » **Conduct targeted country engagement** to advocate for the prioritization of timely RCV and MCV2, as part of the national immunization strategy and Gavi holistic planning approach.
- » **Synergize advocacy efforts related RCV and MCV2** in two countries (Central Africa Republic and Gabon) remaining to introduce both.
- » **Raise the visibility of domestic resource mobilization needs** for both Gavi (co-financing) and non-Gavi-eligible countries, to ensure the sustainable introduction of RCV and MCV2.

### Success measures

- » **Countries express commitment** to RCV and MCV2 introduction by 2030 through NITAG recommendations and National Immunization Strategies (NIS).
- » **Gavi-eligible countries submit timely applications** for RCV and MCV2 introductions with adequate domestic/co-financing support mapped out.



**Guide: Provide technical guidance and support to facilitate successful and timely planning for RCV and MCV2 introductions.**

### Purpose

Provide countries with timely, high-quality technical guidance and planning support to enable successful and timely introduction of RCV and MCV2.

### Objectives

- » **Strengthen country capacity** to plan, budget, and operationalize RCV and MCV2 introductions effectively.
- » **Technical guidance is accessible, practical, actionable and contextualized** to country needs.

### Approaches

- » **Develop standardized guidance, information and tools** (regarding timelines, processes, applications, co-financing, epidemiology etc.) that can be tailored for country engagements.
- » **Provide countries with tailored technical guidance** that supports decision-making and interpretation of financial and epidemiological impacts.
- » **Ensure consistency in technical guidance and related messaging** shared across partners to avoid confusion.
- » **Mobilize TA resources to support application development** (independent and holistic, as applicable) for RCV and MCV2 introductions in Gavi-eligible countries.

### Success measures

- » **Countries make timely, informed decisions** regarding RCV and MCV2 introduction planning and implementation.
- » **All remaining countries plan, budget and operationalize** RCV and MCV2 introductions by 2030.
- » **Gavi-eligible countries receive timely TA support for applications**, as needed.



**Inform: Develop and disseminate relevant RCV and MCV2 data and information to countries.**

### Purpose

Generate and disseminate to countries timely, decision-relevant RCV and MCV2 data and insights to inform prioritization, planning, and introduction decisions.

## Objectives

- » **Countries have access to update policy documents, RCV guidelines, and epidemiological/modelling data** to support decision-making regarding RCV and MCV2 introduction.

## Approaches

- » **Disseminate to countries relevant MR data** to support decision-making. This may include epidemiological and economic impact modelling, among others.
- » **Package data into advocacy- and decision-friendly formats** that are clear, actionable and easily leveraged by country decision-makers.
- » **Harmonize guidance and messaging to countries** regarding RCV and MCV2 introductions.
- » **Explore best practice development and dissemination opportunities** to facilitate peer learning across regions and countries.

## Success measures

- » **Improved clarity for countries regarding epidemiological and economic impacts** of RCV and MCV2 introduction.
- » **Consistent, aligned messaging** regarding RCV and MCV2 introduction in countries, across partners.

# 3. Ensuring High-Quality, Timely Preventive Campaigns



***Coordinate: Align partners to deliver optimized, timely and integrated MR campaigns through data-driven targeting and coordination with GPEI and other platforms, including outside of immunization.***

## Purpose

Enable more effective, timely, and efficient MR campaigns by aligning programs and partners across global, regional, and country level, including establishing standardized processes for reviewing and planning integrated campaigns; reducing fragmentation through shared data, coordination, and learning; and leveraging operational and cost efficiencies across broader health priorities.

## Objectives

- » **Improve campaign timeliness and quality** through earlier, coordinated planning across M&RP partner and programs
- » **Increase integration** of MR campaigns with polio and other preventative interventions where epidemiologically appropriate and feasible
- » **Strengthen data-driven decision-making** by promoting shared collection and use of surveillance, coverage, and microplanning data
- » **Reduce transaction and delivery costs** by sharing planning, logistics, operational and M&E investments across programs
- » **Institutionalize learning** so campaign experiences systematically inform future campaigns and RI strengthening

## Approaches

- » **Cross-program regular-cadence campaign forecasting exercise to:** Map upcoming MR, polio, and other immunisation and non-immunisation relevant campaigns (e.g. SMC, NTDs), identify early opportunities for integration, sequencing, or co-delivery and flag high-risk or capacity-constrained contexts in advance; incorporate awareness of Gavi 6.0 funding architecture (Cash Budget, Vaccine

Budget) into this forecasting, using it to identify where alternative delivery strategies, sub-nationally targeted campaigns, PIRIs, or routine-enhancing activities, may be more appropriate and cost-effective than nationwide standalone campaigns, particularly in higher-coverage

- » **Structured coordination with GPEI and other platforms**, including: Alignment on roles, governance, and financing assumptions and joint problem-solving for at-risk campaigns; extend this structured coordination to the Health Campaign Effectiveness Coalition (HCE), ensuring that emerging evidence on campaign integration and optimization from HCE learning platforms is systematically incorporated into M&RP partner coordination, and that learnings from HCE supported work in high-burden countries translate into concrete corrective action across the Alliance
- » **Shared planning and optimization practices**, including: Use of common data inputs (surveillance, coverage, zero-dose, microplans, including geo-enabled microplans, where appropriate) and promotion of evidence-based targeting and prioritization approaches
- » **Mechanisms to capture and share learning**, including: Post-campaign reflections focused on integration effectiveness and cross-country exchange of best practices and lessons learned

### Success measures

- » **Integrated or coordinated campaigns to close immunity gaps** and create efficiencies across assessed MR, polio, and other platforms in priority countries
- » **Documented cost and operational efficiency gains** from integrated planning and delivery, including shared planning or delivery components
- » **Country-level alignment on integrated campaigns** at least 6 months before campaign implementation



***Influence: Support decision-making so countries and partners prioritize timely, high-quality MR and integrated campaigns as an outbreak-prevention strategy where routine immunization is weak.***

### Purpose

In a resource-constrained global health environment, elevate timely, high-quality, and integrated MR campaigns as a lever to rapidly close immunity gaps, prevent outbreaks, and reinforce routine immunization systems.

### Objectives

- » **Position MR campaigns as one, but not the only outbreak-prevention investments** for countries and partners
- » **Normalize integration** with polio and other delivery platforms, including SMC, Neglected Tropical Diseases (NTDs) and other non-immunisation interventions where appropriate
- » **Promote leadership accountability** for campaign timeliness, quality, and coverage
- » **Encourage smarter targeting and prioritization**, especially in high-risk and under-immunized populations

### Approaches

- » **M&RP to set and reinforce shared expectations**, including: Clear norms around campaign timeliness, coverage thresholds, and quality standards and framing integration as the default option when epidemiologically appropriate

- » **Use evidence and country experience to shift behavior within and outside of M&RP**, including: Elevating examples where integrated, well-timed campaigns prevented outbreaks or strengthened RI and highlighting risks and missed opportunities associated with delayed or poorly executed campaigns
- » **Leverage global and regional forums to: Reinforce consistent messaging on campaign prioritization and integration and align partner narratives and incentives**; use these forums to communicate the implications of Gavi 6.0 campaign co-financing shifts including the potentially new co-financing rates and the proposed reduction for integrated campaigns; advocate that co-financing policy does not inadvertently delay or deprioritize MR campaigns in high-burden, low-capacity settings

### Success measures

- » **Increased prioritization of MR campaigns** in national immunization and outbreak-prevention plans including those impacted by new campaign co-financing
- » **Evidence of changed decision-making**, including earlier approvals, improved planning discipline, greater political commitment, or targeted campaigns in high-coverage settings.



**Guide: Provide global technical and operational guidance to help countries design, implement, monitor, and evaluate high-quality, integrated MR campaigns, including effective use of digital tools i.e. digital payments.**

### Purpose

Ensure countries and partners have access to clear, consistent, and fit-for-purpose guidance to deliver high-quality, optimized, and integrated MR vaccination activities, strengthening linkages with routine immunization and outbreak prevention and enabling smarter choices in a resource-constrained environment.

### Objectives

- » **Maintain and disseminate global standards** for high-quality MR and joint campaign planning, implementation, monitoring, and evaluation
- » **Advance campaign optimization guidance**, including targeted strategies for high-risk and under-immunized populations, with explicit analysis of gender-related access barriers and other underlying drivers of under-immunization
- » **Support meaningful integration** with polio and other delivery platforms (global, regional, and country-level)
- » **Enable appropriate use of digital tools** (e.g. GIS microplanning, real-time monitoring (RTM)) to improve quality and accountability
- » **Strengthen the evidence base and guidance** on which strategic pillar is most appropriate (e.g., traditional wide-age-range campaigns vs. more focal targeted vaccination activities)

### Approaches

- » **Ensure collection and availability of reliable and up to date information**, relevant for considering, planning and successfully conducting a MR SIA
- » **Develop and maintain MR SIA Integration Guidance**, including: Guidance for global, regional, and country partners on integrated campaign design and delivery and targeted campaign guidance (building on WHO and GPEI's recent work on MR-OPV campaign best practices) in the spirit of campaign optimization and RI linkage

- » **Work with epidemiology and operations research communities** to: Synthesize evidence on when traditional large-scale (e.g., 9m–5y) campaigns are most appropriate and develop practical decision guidance on when more focal, targeted vaccination activities may achieve comparable impact at lower cost. Assess role of PIRIs in reducing immunity gaps and changing frequency of preventive campaigns.
- » **Disseminate standards and practical tools**, including: Microplanning (integrated microplanning tool), supervision and monitoring standards, increased awareness and demand tools and post-campaign evaluation protocols and digital enablement guidance ([GIS-enabled microplanning](#), [real time monitoring \(RTM\)](#)); expand digital guidance to include electronic payment mechanisms for campaign health workers, and promote alignment with existing GPEI digital payment infrastructure where feasible to reduce duplication and improve campaign accountability and timeliness; guidance on gender-responsive campaign delivery, including the deployment of female vaccinators where contextually appropriate demand generation strategies that engage both women and men, and adaptations for caregivers facing mobility, safety, or time constraints.
- » **Provide technical assistance to translate guidance into use**, including: Partner briefings, regional workshops, and targeted country support where needed

### Success measures

- » **Core guidance products adopted and used**, including MR SIA Integration Guidance and targeted/optimized campaign guidance
- » **Improved campaign quality, consistency and outcomes**
- » **Evidence-informed campaign** design, delivery and evaluation



***Inform: Provide insight into MR and integrated campaign applications, readiness, performance, and gaps to drive faster, better decisions, and strengthen RI through alternative campaign evaluations.***

### Purpose

Enable earlier, joint planning and stronger coordination of MR campaigns by providing a shared, transparent view of campaign readiness, performance, and risks and by translating campaign data and learning into actionable insights that strengthen routine immunization and future campaign design.

### Objectives

- » **Improve visibility and transparency** of MR campaign plans, readiness, performance, and follow-up needs
- » **Enable earlier, joint planning** across programs and partners using a shared information base
- » **Leverage the MR Tracker for systematic review** of campaign planning, implementation, and measurement progress
- » **Identify opportunities** for integration across MR, polio, and other platforms (e.g., maternal, newborn, and child health (MNCH) and nutrition platforms) early in the campaign cycle
- » **Track missed opportunities for integration** to inform corrective action and future planning
- » **Capture and synthesize campaign learning** (microplanning, monitoring, M&E) in a usable form
- » **Inform routine immunization strengthening** using evidence generated through campaign implementation

## Approaches

- » **Maintain and expand core information platforms**, including: Technical Assistance Coordination (TAC) Tool to track support requests, deployment, and response, MR Tracker to monitor planning, implementation, coverage, quality, and integration opportunities and the MR SIA Calendar to support forward-looking, joint campaign planning
- » **Use the MR Tracker as a management and learning tool** to: Conduct regular, structured reviews of campaign progress across planning, delivery, and measurement
- » **Systematically document integration opportunities and gaps**, including: Where integration was feasible and achieved, where integration was missed and why; extend this documentation to promote country-centred, flexible monitoring methodologies, including real-time monitoring, rapid cycle monitoring, modelling and data triangulation, and LQAS, as context-appropriate alternatives or complements to Post-Campaign Coverage Surveys (PCCS), and ensure monitoring data is integrated with RI data systems to inform subsequent routine immunization planning and future campaign design
- » **Translate data into action-oriented insights**, by: Triggering early coordination or technical support when risks are identified and producing synthesized insights that inform RI planning and future campaigns
- » **Embed data use in decision-making forums**, ensuring information consistently informs partner discussions and actions

## Success measures

- » **Routine use of the MR Tracker** for systematic review of planning, implementation, measurement, and integration opportunities
- » **Clear feedback loops from campaigns to RI**, with documented use of campaign learning to strengthen routine immunization and future campaigns
- » **Clear country guidance** on selecting alternative campaign evaluation methodologies

# Goal 2: Support Surveillance, Rapid Identification, Timely Response, and Closure of Measles and Rubella Outbreaks

## 4. Surveillance, outbreak preparedness & response



*Coordinate: Align surveillance, laboratories, and outbreak management actors into one end-to-end system from detection to recovery.*

### Purpose

Ensure that surveillance, laboratory confirmation, outbreak verification, response, and recovery function as one continuous pathway rather than parallel streams, coordinated in line with the Measles Outbreak Strategic Framework (MOSF) 2026–2030

### Objectives

- » **Ensure detection timeliness** such that suspected cases are investigated, tested, genotyped, reported, and classified within defined timeframes.
- » **Sustain clear coordination between surveillance and outbreak response**, using mechanisms to link laboratory networks, outbreak response teams, and immunization delivery platforms.
- » **Operationalize surveillance data triggers** for outbreak verification, MORS activation, ORI, and recovery planning.
- » **Promote inclusive coordination** that integrates humanitarian, civil society, laboratory, and delivery partners in high-risk settings.

### Approaches

- » **Align Outbreaks Working Group (OBWG) and Global MR Laboratory Network (GMRLN) activities** to ensure visibility and coordinated review of high-risk signals and outbreak events.
- » **Coordinate national level escalation triggers, workflows and partner roles** with ministries of health, national surveillance units, MR laboratories, and broader health security and emergency platforms (IHR, EOCs, IA2030 fora)
- » **Link event-based and case-based surveillance approaches**, utilizing media/community signals, as well as demand and behavioral groups' expertise alongside laboratory systems for early action.
- » **Systematically inform RI strengthening and campaign planning** by supporting countries in institutionalizing lessons from surveillance data, outbreak coordination, and post-outbreak technical reviews.

### Success Measures

- » **Surveillance alerts consistently trigger** timely verification and response.
- » **Timeliness of detection, response, and recovery** seen across major outbreaks, in line with MOSF



***Influence: Advocate for and shape policies to ensure that surveillance, timely Outbreak Response Immunization (ORI), appropriate case detection and management, and equity-focused strategies, with emphasis on high-risk settings are a core part of global, regional, and national approaches to outbreak management.***

### Purpose

Ensure that measles and rubella surveillance, laboratories, and outbreak response are treated as core public health and health security priorities, embedded in global, regional, and national policies, plans, accountability frameworks, and financing arrangements.

### Objectives

- » **Encourage alignment of national policies with MOSF**, ensuring that measles outbreak policies, surveillance SOPs, and emergency/health security plans include clear expectations on detection timeliness, verification, ORI, case management, and post-outbreak review.
- » **Strengthen and sustain predictable financing** for both surveillance systems and outbreak management (including ORF and domestic resources).
- » **Position MR surveillance and laboratories as integral components** of VPD and epidemic-prone disease surveillance and broader health security investments.
- » **Foster greater accountability in fragile, conflict-affected, and underserved settings**, particularly around outbreak management and surveillance performance

### Approaches

- » **Targeted advocacy in priority countries** to support revision or development of national outbreak and surveillance policies and SOPs with clearly defined triggers, timelines, and expected actions.
- » **Elevate evidence on outbreak timeliness, quality, and equity** to influence decision-makers and shift norms toward earlier, better-resourced responses.
- » **Advocate for sustained investment** in integrated, multi-disease surveillance and laboratory systems that serve MR and other epidemic-prone diseases.
- » **Promote inclusion and uptake of appropriate diagnostic tools** (e.g., Rapid Diagnostic Tests where appropriate) within national surveillance and outbreak policies to support timely detection and verification.

### Success Measures

- » **Functional, formalized outbreak coordination arrangements** across regions and countries
- » **Sustained or increased funding** for surveillance systems and outbreak response mechanisms.
- » **Increased uptake of appropriate diagnostic tools** in national surveillance and outbreak policies



**Guide: Provide guidance and technical support to countries to strengthen outbreak management, including funding mechanisms and applications, readiness and preparedness assessments, response implementation, and post-outbreak recovery.**

### Purpose

Ensure that countries and regions have clear, practical tools and support to plan for, finance, implement, and learn from measles and rubella outbreak responses, with a particular focus on ORF application and reporting procedures, readiness and monitoring dashboards, and the systematic use of post-outbreak technical review processes.

### Objectives

- » **Make it easier for countries and partners to navigate and use ORF and other funding mechanisms** through clear, user-friendly SOPs and templates, ensuring reporting and timeliness in accordance with the same SOPs.
- » **Provide clear, context-appropriate guidance on when and how to conduct ORI** so that vaccination responses are timely, targeted, and equity-focused.
- » **Guide usage of simple dashboards and assessment tools** that enable countries to assess outbreak readiness, track immunization progress, and act on identified implementation gaps.
- » **Ensure routine completion of post-outbreak technical reports** for significant outbreaks, which generate documented lessons and concrete follow-up actions (including insights on gender-related barriers or unequal access to response services)

### Approaches

- » **Maintain and update streamlined ORF guidance**, including eligibility criteria, application templates, timelines, and checklists, providing targeted support to countries and regions in preparing applications.
- » **Assist in developing new or refining existing dashboards and tools** that capture key elements of outbreak preparedness (plans, supplies, workforce, coordination) and can be used at national and subnational levels.
- » **Provide technical guidance on when and how to conduct ORI** adapted to different epidemiologic and operational contexts, including safe and accessible vaccination points, flexible timing, deployment of female vaccinators where appropriate, and community engagement that reaches both women and men as caregivers and decision-makers.
- » **Develop and update standardized templates and guidance for technical reports** on measles and rubella outbreaks.
- » **Support completion of post-outbreak technical reports** for major outbreaks and help countries translate recommendations into time-bound follow-up actions.

### Success Measures

- » **Increasing proportion of ORF applications meeting agreed quality standards** based on updated and accessible ORF SOPs and application tools, which subsequently leads to even faster turnaround for application processing.
- » **Increasing proportion of completed technical reports** for ORF-supported and other major outbreaks, along with a clear documentation of follow-up actions.
- » **Increased usage of standardized outbreak readiness assessments or dashboards**, with documented follow-up actions incorporated into relevant plans or workplans.



***Inform: Leverage surveillance, laboratory and outbreak data to support recovery, track progress toward elimination and systematically strengthen immunization systems to prevent future outbreaks.***

### Purpose

Generate and synthesize data from outbreaks, ORF use, surveillance, and technical reports to provide a transparent picture of outbreak risk and performance (timeliness, quality, equity), and use this evidence to inform countries, health actors, and partners of priorities, opportunities, and available mechanisms,

### Objectives

- » **Ensure visibility on global MR trends**, with data on cases, laboratory testing, genotype distribution, outbreak occurrence, and ORF-supported events that is regularly synthesized and shared.
- » **Ensure progress toward elimination** is systematically tracked and communicated.
- » **Ensure evidence-driven recommendations for RI strengthening, targeted campaigns and surveillance improvements**, using findings from post-outbreak technical reviews, surveillance reviews and serosurveys.

### Approaches

- » **Continue publishing routine global surveillance and laboratory updates** (e.g., WHO Monthly Measles–Rubella Update), including case trends, laboratory testing volumes, genotype distribution, and emerging epidemiologic signals.
- » **Continue reporting on elimination progress and outbreak performance** via the Annual Report on Progress Toward Measles Elimination and periodic rubella reports.
- » **Identify recurring system gaps and priority corrective actions**, through analysis of data from ORF applications, outbreak timelines, technical report findings, and readiness assessments.
- » **Standardize data compilation and presentation** across laboratory, immunity, and outbreak response, to enable better comparison of trends across countries and regions.
- » **Pilot and use innovative approaches to surveillance and risk analysis**, including AI, while evaluating the benefits and drawbacks of using such technology
- » **Systematically use surveillance and outbreak insights for preventive action**, including RI strengthening plans, campaign prioritization, serosurvey interpretation, and preparedness investments.

### Success Measures

- » **Timely production and wide use of monthly and annual MR surveillance and outbreak reports** by countries and partners.
- » **Complete, timely, and consistently reported surveillance data** with genotype and testing inputs routinely used to interpret transmission patterns and outbreak dynamics.
- » **Reflection of outbreak findings and technical report recommendations** in subsequent RI, campaign, and surveillance workplans

# Conclusion

**The M&RP Operational Strategy 2026–2030 translates the vision of the MRSF 2021–2030 into a focused and operational approach for the remainder of the decade. Informed by the findings of the MRSF Midterm Review, it reflects both continuity in strategic direction and a set of deliberate shifts in how the partnership will operate to remain effective in a constrained and evolving global context.**

The strategy responds directly to the key recommendations of the Midterm Review by clarifying how the partnership will reinforce commitment, strengthen delivery and accelerate progress toward measles and rubella elimination:

## **1. Reaffirming measles and rubella as a global priority**

The four Operational Pathways define how the M&RP will reinforce commitment and accelerate action toward measles and rubella elimination, highlighting the role of the M&RP in influencing policy, advocating for sustained political and financial commitment and ensuring that measles and rubella remain prioritized across global, regional, and country-level decision-making processes.

## **2. Advancing integration for greater reach and efficiency**

Recognizing the limitations of siloed approaches, the Operational Strategy places greater emphasis on systematic integration, which is elevated as a cross-cutting lever. The Operational Strategy calls for measles and rubella efforts to be increasingly aligned with broader immunization and child health initiatives to maximize reach, reduce duplication and improve efficiency, particularly in resource-constrained settings.

## **3. Strengthening delivery across modalities**

The strategy adopts a comprehensive approach across all strategic pillars draws on the comparative strengths of each, with routine immunization elevated as the primary and most sustainable pathway for closing immunity gaps. Preventive campaigns and outbreak response are positioned as complementary and targeted tools, applied strategically to address persistent gaps. The need to strengthen data feedback loops across modalities is highlighted in the Operational Strategy.

## **4. Enhancing outbreak preparedness and response**

In response to increasing outbreak risk, the strategy strengthens the end-to-end approach to surveillance, detection and response. It emphasizes a shift toward proactive, system-strengthening approaches that can rapidly address and contain emerging measles outbreaks, including faster identification of outbreaks, improved readiness and more coordinated and timely response actions, supported by stronger surveillance systems and more sustainable financing.

## 5. Embedding core principles in all actions

All efforts remain anchored in the core principles of the MRSF. The strategy reinforces a people-focused approach that prioritizes underserved populations, supports country ownership and leadership, strengthens partnership-based coordination and promotes the use of data and evidence to guide action and improve accountability

Through the strategic pillars and operational pathways, the Operational Strategy provides a clear framework for translating strategic intent into practical, measurable action. The strategy reflects a shift toward sharper prioritization, stronger coordination for outcomes and more intentional deployment of partnership backbone resources. It defines a focused scope of work where the M&RP can add the greatest value and enables partners to align around a shared set of priorities and actions.

Ultimately, this Operational Strategy serves as a guide for collective action across the partnership. It reflects a pragmatic and focused approach to accelerating progress toward measles and rubella elimination targets by 2030, while contributing to stronger, more integrated and more resilient immunization systems.

## Annex A: Key Performance Indicators

The following set of Key Performance Indicators (KPIs) will be used to measure the operational performance of the M&RP against the Operational Strategy between 2026–2030.

Strategic Pillar	Operational Pathway	M&RP Key Performance Indicator
RI Strengthening	<b>Coordinate</b>	» Proportion of jointly agreed priority RI strengthening activities (through existing or new coordination platforms) that are followed through with multi-partner engagement
	<b>Influence</b>	» Proportion of defined priority settings where national immunization strategies (e.g., NIS), Gavi applications, or other relevant plans/proposals reflect RI strengthening priorities aligned with M&RP jointly agreed priority RI strengthening activities
	<b>Guide</b>	» Proportion of defined priority settings where M&RP-supported guidance, tools, or decision-support resources are used to inform RI strengthening planning or implementation
	<b>Inform</b>	» Proportion of defined priority settings where MR-relevant evidence products (e.g., analyses, modelling outputs, briefs) are used to inform RI strengthening planning, prioritization, or investment decisions
Universal Introduction of RCV & MCV2	<b>Coordinate</b>	Proportion of priority countries with which M&RP initiates multi-partner engagement » a) In relation to RCV introduction » b) In relation to MCV2 introduction
	<b>Influence</b>	Proportion of priority countries that formally express commitment to introducing relevant vaccine (NITAG recommendation/ inclusion in NIS plans, Gavi holistic applications etc.) » a) RCV » b) MCV2
	<b>Guide</b>	Proportion of priority countries that received TA coordinated by the M&RP, in support of introducing the relevant vaccine Proportion of priority countries that introduce relevant vaccine (campaign and routine) » a) RCV » b) MCV2
	<b>Inform</b>	» Proportion of priority countries that are provided with country-specific outputs/materials to support introduction decision-making.
Timely, High-Quality Campaigns	<b>Coordinate</b>	» Proportion of planned campaigns (follow-up + catch-up) that are conducted on time (prior to modeled start of high transmission season) » Number of planned integrated campaigns implemented (functional/co-delivery) » Number of planned integrated campaigns implemented (functional/co-delivery) integrated with polio
	<b>Influence</b>	N/A
	<b>Guide</b>	» Number of countries using digital payments for campaign implementation » Proportion of countries conducting a tailored campaign evaluation
	<b>Inform</b>	» Proportion of applications submitted with countries doing targeted campaigns/alternative strategies using lessons learned » Proportion of campaign evaluations identifying actions to strengthen RI and future campaigns

Strategic Pillar	Operational Pathway	M&RP Key Performance Indicator
Surveillance, Outbreak Preparedness and Response	<b>Coordinate</b>	<ul style="list-style-type: none"> <li>» Percentage of outbreak vaccination response activities launched on time following complete submitted applications to relevant global/regional outbreak response mechanisms</li> <li>» Percentage of countries explicitly including surveillance data in supporting documentation for preventative campaigns.</li> </ul>
	<b>Influence</b>	<ul style="list-style-type: none"> <li>» Number of countries reporting MR surveillance data to WHO</li> <li>» Number of countries that are requesting Gavi support for RDTs</li> </ul>
	<b>Guide</b>	<ul style="list-style-type: none"> <li>» Proportion of outbreak vaccine response requests and/or applications received by cross-partner global and/or regional outbreak response mechanism [per Gavi supported outbreak vaccine] that are considered complete</li> <li>» Proportion of ORF-supported and other major outbreaks with a completed post-outbreak technical report and clear documentation of follow-up actions</li> </ul>
	<b>Inform</b>	<ul style="list-style-type: none"> <li>» Number of scheduled monthly and annual (JRF) MR surveillance and outbreak reports produced and disseminated on time</li> </ul>

