

## **Measles and Rubella Initiative's Standard Operating Procedures for Accessing Support for Measles and Rubella Supplementary Immunization Activities, 15 April 2017**

In the context of measles and rubella elimination and control, country programs conduct periodic supplemental immunisation activities (SIAs) to reduce the size of susceptible populations. To achieve population immunity necessary for the interruption of measles transmission, a measles stand-alone or measles-rubella combined campaign must reach at least 95 per cent of a target population.

Gavi's Board in December 2015 endorsed Gavi's new measles and rubella strategy, whose aim is to provide a single coherent approach to measles and rubella, primarily at increasing routine immunization coverage, putting a strong focus on measles-rubella control. As per the new Gavi strategy commencing 2017 Measles/Measles-Rubella (MR), Gavi will finance Supplemental Immunization Activities in all Gavi-eligible countries. Please refer to the guidelines on <http://www.gavi.org/support/process/apply/>

### **What is this document and who is it for?**

This document is intended to provide managers of immunization programs in eligible countries with guidance on how to access Measles & Rubella Initiative (M&RI) support for quality SIAs. It outlines a set of Standard Operating Procedures (SOPs) for accessing financial and/or technical support through the M&RI. Separate SOP's must be used to apply for emergency outbreak response. These emergency outbreak response SOPs can be found at <http://www.measlesrubellainitiative.org/wp-content/uploads/2013/06/SOP-Funding-Request.pdf>

The experience of the M&RI is that early preparations, timely arrival of funds to the periphery, and supervision are the key insurance against poor quality SIAs. It is hence critical that countries seeking M&RI support adhere to strict timelines and follow the guidance outlined in these SOPs. Late or incomplete country submissions negatively impact on M&RI support and reduce the efficacy of SIAs in closing immunity gaps. Countries planning to conduct M/MR SIAs are expected to use the directions provided in the WHO Planning and Implementing High-Quality Supplementary Immunization Activities for Injectable Vaccines field guide available at [www.who.int/immunization/diseases/measles/en](http://www.who.int/immunization/diseases/measles/en). With particular attention to the guides and tools for micro-planning, Intra-campaign monitoring (Rapid Convenience Monitoring) during the campaign and Post-campaign independent monitoring (RCM) which will help countries to ensure high-quality SIAs implementation.

### **What is the Measles & Rubella Initiative?**

The Measles & Rubella Initiative is a global partnership founded in 2001 by the American Red Cross, the United States Centers for Disease Control and Prevention (CDC), the United Nations Foundation (UNF), the United Nations Children's Fund (UNICEF), and the World Health Organization (WHO). It is committed to ensuring that no child dies from measles or is born with congenital rubella syndrome (CRS). Working with Ministries of Health, donor governments, the private sector, and civil society, the M&RI provides technical and financial assistance to enable countries achieve the Global Vaccine Action Plan (GVAP) goals, which commit to eliminate measles and rubella in at least five of the six WHO regions by 2020.

## How does the M&RI support a country?

The M&RI and its partners provide eligible priority countries (see below) with a wide range of financial and technical support. This includes support for SIAs, routine immunization strengthening through SIA's, post-SIA surveys, and surveillance.

**Financial support:** SIA campaign costing: based on over 10 years of experience and UNICEF Supply Division procurement, M&RI uses the following **average** base calculators per child to be vaccinated as of 2017:

Item Description	Measles	Measles +Rubella
Bundled Vaccine (incl. injection devices, safety boxes) + Freight	\$0.42	\$0.76
Operational costs (incl. logistics, social mobilization etc.)	\$1.00	\$1.00
<b>Total</b>	<b>\$1.42</b>	<b>\$1.76</b>

If approved, M&RI provides a country with bundled vaccine costs plus up to 50% of a SIAs operational costs. The recipient country is obligated to finance the balance of the operational costs with government funds or in-country partner funding.

**Technical assistance:** The M&RI has accumulated a wealth of experience and provides qualified technical expertise mainly through WHO, UNICEF and CDC. When a country does not have the required specific technical skills, M&RI deploys experts to support government and in-country partners in overall coordination, microplanning and preparations and guiding course adjustments in logistics, communications, vaccine and cold-chain management, injection safety and cascade training — as may be required to achieve high-quality campaigns. The deployment of technical support is determined on a case by case basis according to a country request.

## Which countries are eligible for M&RI support?

Countries eligible for M&RI funding for SIAs and technical assistance are 77 “focused” countries below. Most of these countries are Gavi-eligible countries, and from 2017 onwards Gavi finances the measles/MR supplemental immunization activities for all Gavi-eligible countries. The M&RI will focus on non-Gavi eligible countries and Middle-Income Countries in funding the M/MR SIAs when necessary.

### The M&RI's 77 "focused" Countries, by WHO Region:

#### **Africa Region:**

Angola, Botswana, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.

Algeria, Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo.

Cameroon, Central African Republic, Chad, Congo Brazzaville, Congo DR, Equatorial Guinea, Gabon, and Sao Tome and Principe

**South-East Asia Region:** Bangladesh, India, Indonesia, Korea DRP, Myanmar, Nepal, and Timor Leste

**Western Pacific Region:** Cambodia, Kiribati, Laos, Micronesia, Papua New Guinea, the Philippines, Samoa, Solomon Islands, Tuvalu, Vanuatu, and Viet Nam

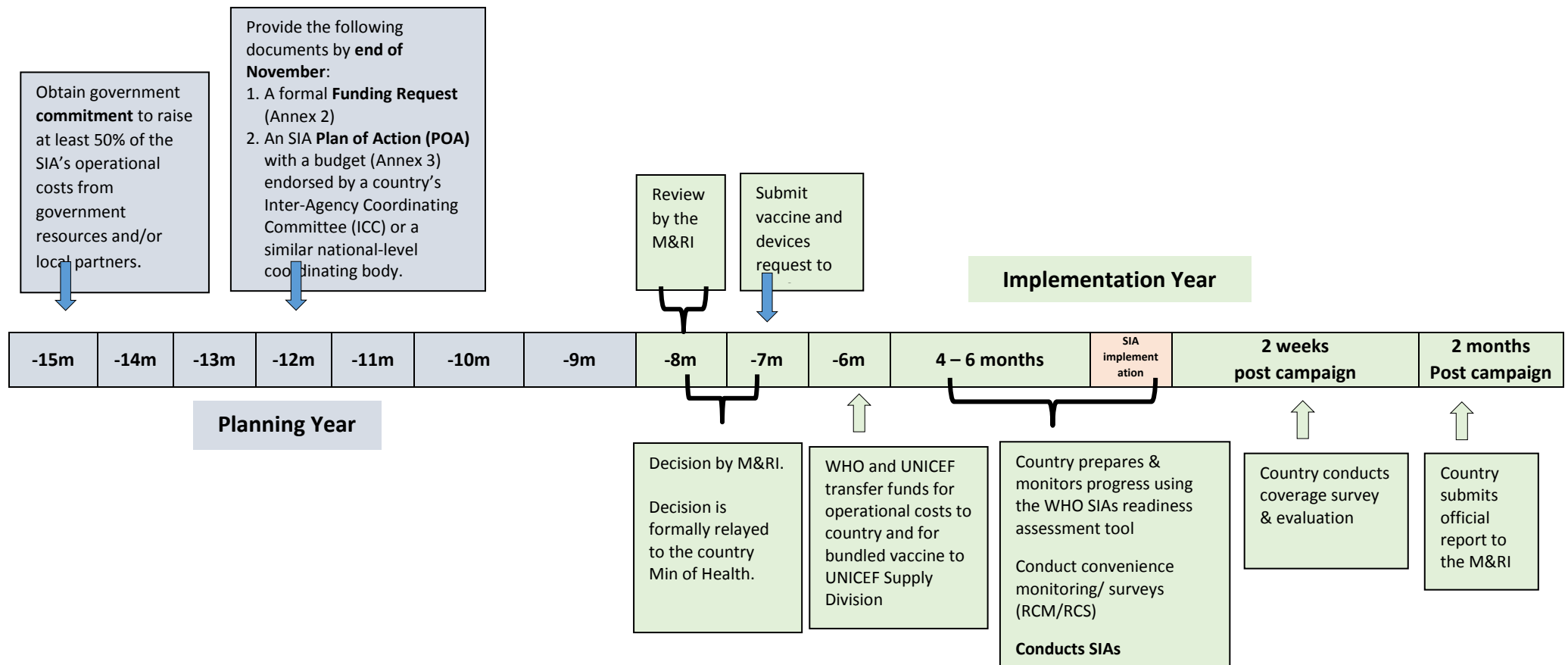
**Eastern Mediterranean Region:** Afghanistan, Djibouti, Iraq, Lebanon, Pakistan, Somalia, Sudan, Syria, and Yemen.

**Region of the Americas:** Bolivia, Dominican Republic, and Haiti

### **Recommended timeline of activities and steps; application and approval process**

National program managers should initiate discussions with the M&RI at least a year *preceding* a scheduled campaign. For example, if a country is scheduling a campaign in 2017 with M&RI support, the process of engagement should begin in the *Planning Year* of 2016. The timeline below summarizes the key steps in accessing M&RI support for SIAs:

## Recommended steps, timeline, application and approval processes in accessing M&RI support for SIAs



### Summary:

1. EoI should be submitted to M&RI by end of June of the planning year.
2. The funding request and Plan of Action should be submitted to M&RI by end of November of the planning year. For SIAs scheduled early – e.g. 1<sup>st</sup> Quarter of the implementation year, these same processes should be shifted earlier accordingly
3. It is critical that requests for vaccines and injection devices are submitted 6 months before the planned launch date of the SIAs.
4. The budget for the post-campaign coverage survey must be included in the SIAs overall request.
5. Post campaign coverage survey has to be conducted within 2 weeks after SIAs and
6. Post-SIA technical report should be sent with the administrative coverage data within 2 months after the close of the SIA.

Annex 1.

**EXPRESSION OF INTEREST  
for Measles and Rubella Initiative Support**

**PART 1: SUMMARY OF INTENDED APPLICATION**

The Expression of Interest should not require extensive preparatory work, but allows the M&RI partners to receive timely information on the status of country plans and identify areas where financial and technical support may be required.

**Country:** \_\_\_\_\_

**Ministry:** \_\_\_\_\_

**Contact details of the country focal point for this Expression of Interest**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

**Measles / Measles Rubella Preventive Campaign Support**

Type of Vaccine	Projected date of campaign	Target age group	Target Population	Nation or sub-nation wide	Any other interventions

**Measles / Measles Rubella previous campaigns, routine coverage and epidemiology**

Year of previous M/MR SIA's	Coverage (%) & Source of information

Year	MCV1 coverage (%) & Source of Information	MCV2 coverage (%) & Source of Information	No. of Lab Confirmed Measles cases

**PART 2: DETAILS OF INTENDED M&RI SUPPORT (in approximately 500 words)**

Brief description with justification of the intended M&RI support for planned M/MR preventive campaign.

**PART 3: NEED FOR TECHNICAL ASSISTANCE (TA) (in approximately 200 words)**

Describe TA needed for the campaign, and names of possible organizations that could provide it. Note that TA for preparing or implementing campaign can be requested in the actual application.

<b>QUESTION:</b> % Government commitment for MCV and operational costs?	--	--
<b>QUESTION:</b> Did discussion of this EOI take place at an ICC/HSCC?	Yes	No
<b>QUESTION:</b> Has there been dialogue with Ministry of Finance on this EOI?	Yes	No

**PART 4: SIGNATURE OF THE DIRECTOR GENERAL OF HEALTH**

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

*The completed form (Annex 1) must be submitted to M&RI via WHO Headquarters, e-mail:*

*([MRI-ORF@who.int](mailto:MRI-ORF@who.int)) latest by end of June of the planning year.*

## Annex 2. M&RI Funding Request

1. Other interventions planned, with target age range and estimated target population:

Intervention	Target age range	Target population

2. Objectives:
3. Implementing organization:
4. Partners:
5. Budget (US\$):

	Total needed	Govt.	M&RI	Specify partner & amounts	Specify partner & amounts
Bundled vaccine					
Operations					
Routine strengthening					
Post-SIA coverage survey					
Total Budget					

### Measles/ Measles- Rubella (MR) vaccine and devices requirements (submit to UNICEF-SD)

Target Population				
Date of the Campaign				
Description	Unit	Wastage factor	Quantity	Date of expected delivery
Measles vaccine	Doses			
AD syringes+ needles	Pieces			
RUP	Pieces			
Safety boxes	Pieces			

## **Annex 3. Suggested Outline for a Country Plan of Action**

This outline gives the basic elements required for a Plan of Action submitted to the M&RI for SIAs support

1. Executive Summary
2. Context
  - a. History of routine immunization and SIAs
  - b. Surveillance data for measles (and rubella if appropriate)
  - c. Justification for the current SIAs
  - d. Lessons learned from previous SIAs
3. Objectives, targets for the campaign
4. Other integrated interventions
5. Linkages to other activities planned during the year
6. Planning and implementation
  - a. SIA task forces and sub-commissions or sub-committees
  - b. Cold chain and logistics
  - c. Vaccination strategies
  - d. Communications and social mobilization
  - e. Strengthening / supporting routine immunization through the campaign
  - f. Injection safety and waste management
  - g. Adverse event reporting, management and communications
7. Monitoring and evaluation
  - a. Indicators, objectives for each indicator, and how they will be measured
  - b. Pre-campaign monitoring of readiness
  - c. During the campaign: monitoring of doses delivered and rapid convenience monitoring to find missed children
  - d. Post-campaign coverage survey
8. Costing and financing
9. Partners' roles in implementation and finance
10. Timeline of activities for SIAs
11. Timeline of planning and implementing coverage survey
12. Status of available cold chain space