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PLAN OF ACTION FOR THE SUSTAINABILITY OF MEASLES, RUBELLA, AND CONGENITAL RUBELLA SYNDROME ELIMINATION IN THE AMERICAS 2018-2023

Introduction

1. The Region of the Americas was declared free from rubella and measles by the International Expert Committee for Documenting and Verifying Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas in 2015 and 2016, respectively, thereby becoming the first region of the World Health Organization (WHO) to achieve this distinction (1, 2). However, maintaining the status in an increasingly interconnected world will be an ongoing challenge in the coming years because countries are constantly at risk of importing and reintroducing the viruses and thus undoing the progress they have made.

2. This document presents the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination 2018-2023 to the Member States of the Pan American Health Organization (PAHO). It provides a concrete road map with strategic lines of action, objectives, and indicators aimed at preventing the reestablishment of endemic transmission of the measles and rubella viruses in any countries of the Region.

Background

3. The subject of measles and rubella elimination has been addressed by the PAHO Governing Bodies on several occasions. In 1994, 24th Pan American Sanitary Conference adopted Resolution CSP24.R16, which set 2000 as the target year for eliminating measles in the Region of the Americas (3). The goal was actually reached in November 2002, when the last case of the disease due to an endemic virus was reported (2, 4).

4. With the stepped-up surveillance of measles, it became evident that rubella and congenital rubella syndrome had arisen as serious public health problems in the Region (5). In 2003, the 44th Directing Council adopted Resolution CD44.R1, which called on the Member States to eliminate rubella and congenital rubella syndrome by 2010 (6). The Region's last cases of rubella and congenital rubella syndrome due to an endemic virus were reported in 2009 (1).

5. In 2007, the 27th Pan American Sanitary Conference adopted Resolution CSP27.R2, which urged all Member States to establish national committees to document and verify the elimination of measles, rubella, and congenital rubella syndrome (7). The resolution also requested the Director to form an international expert committee to document and verify the interruption of endemic transmission of the measles and rubella viruses in the Region of the Americas.

6. In 2012, the 28th Pan American Sanitary Conference, recognizing the challenge of maintaining measles and rubella elimination in the Region of the Americas, as well as the need to control the long-term risk of reintroduction of these viruses through imported cases, which could lead to the reappearance of these diseases, adopted Resolution CSP28.R14 on the implementation of an emergency plan of action for the next two years. This resolution urged the Member States to strengthen active surveillance of these diseases and maintain high immunity in the population through vaccination (8).

7. Reports on progress toward implementing the emergency plan of action requested in 2012 were submitted to the Governing Bodies in 2014 and 2016, including evidence of the interruption of endemic measles and rubella viruses in the Americas. Based on the information submitted, the International Expert Committee (IEC) was able to verify the interruption of endemic rubella in 2015. As for measles, however, Brazil reported that transmission of the endemic virus had been reestablished, since it had been circulating for over 12 months.

8. Based on these reports, the IEC pointed out that in order to declare the elimination of measles in the Region of the Americas, Brazil would have to present information confirming the end of its outbreak and demonstrate the verified absence of endemic cases for at least a year. The country did in fact present definitive evidence to the Committee in July 2016, and in September of that same year it confirmed the interruption of measles virus in the Region of the Americas.

Situation Analysis

9. Currently, the six WHO regions have adopted the target to eliminate measles by 2020 and two of the regions are also committed to eliminating rubella by the same year (9). However, progress has been slow. As of 2015, none of the regions had met their targets except the Americas, where elimination of the endemic rubella virus was declared in 2015, followed by the endemic measles virus in 2016 (10). In the coming years, the other five regions will have to meet their current targets for elimination in order to

determine whether by 2020 it will be possible to set a worldwide goal of measles and rubella eradication.

Epidemiological Status of Measles and Rubella

10. The Region of the Americas met the target to eliminate endemic measles transmission in 2002 and has maintained this status for over a decade despite continuous imports of the virus in the countries of the Region. The epidemiology of measles during the post-elimination era, from 2003 to 2015, can be divided into two periods. During the first period, from 2003 until 2010, the pattern was relatively stable, with an annual average of 160 cases and a total of 1,276 cases. However, in the second period, from 2011 until 2015, the annual average number of cases was five times greater, for a total of 4,581 reported cases. This increase coincided with extensive outbreaks in the Western Pacific and European regions in 2013 and 2014, which caused a steep increase in imported cases in the Region of the Americas, 98% of them reported in Brazil, Canada, Ecuador, and the United States.

11. In this second period, there were 58 measles outbreaks in total, 30 of them consisting of a single case; 17 had between two and five cases; five had 6-20 cases; and six involved 20 or more cases. Genotype D4 (n=28 cases) was identified in 49% of the outbreaks (28 out of 58). However, the outbreaks that involved the most secondary cases, in different years and different countries, were traced to genotypes D8 (n=927 cases) and B3 (n= 414 cases).

12. In that same period, adolescents and young adults aged 15 to 39 were the group most affected (37%), followed by children aged 5 to 14 (25%). Of the confirmed cases, 49% had not been vaccinated; in 9% of cases, vaccination status was unknown.

13. The measles outbreaks in the post-elimination era provided important lessons about the sustainability of elimination. When countries responded to their outbreaks swiftly and decisively, making use of information obtained from thorough epidemiological investigation of all confirmed cases, it was possible to reorient vaccination efforts and promptly interrupt circulation of the virus, thus forestalling the reestablishment of endemic transmission. These recent outbreaks also helped to identify sizable gaps in vaccination coverage, a result of continuing deficiencies in routine immunization programs.

14. Failure to respond rapidly to a measles outbreak can lead to slow but steady transmission of the measles virus (“drop-by-drop” transmission). According to the WHO definition, if this kind of transmission persists for 12 months or longer in a given geographic area, endemic transmission is reestablished.¹ This slow “drop-by-drop”

¹ According to epidemiological and laboratory data, endemic transmission is reestablished when the presence of the same virus strain persists for 12 months or longer in a given geographic area (region or country) in which measles or rubella had been previously eliminated.

transmission (as opposed to the classical pattern, which is fast and explosive) seen in high-density areas, scenarios of mobility, and communities with vaccination coverage levels of 95% or higher, reflects a new epidemiological pattern in the post-elimination era.

15. In contrast, there were few reported cases of rubella during 2010-2015, with an average of 10 per year and a total of 63 in eight countries. Cases of congenital rubella syndrome were even fewer; only eight imported cases were reported: two in Canada (one each in 2011 and 2015) and six in the United States (three in 2012 and one each in 2013, 2014, and 2015).

Quality of Epidemiological Surveillance Systems

16. During the past five years (2012-2016), fulfillment of the following indicators was lower than 80% (the level established as a minimum): percentage of sites reporting weekly, percentage of samples submitted within five days, and percentage of laboratory results reported within four days. On the other hand, there was progress in the percentage of cases with adequate investigation, which increased from 79% and 77% in 2012 and 2013, respectively, to 82% in 2014-2016, and the percentage of cases with adequate serum samples, which exceeded 80% throughout the period.

17. WHO has established a minimum rate of 2 suspected cases of measles/rubella per 100,000 population, and that target was met in the Americas throughout the post-elimination era, from 2003 until 2015, with rates ranging from 3.5 to 10.1 per 100,000. However, since 2011 this indicator has been seeing a steady downward trend, and in 2016 the rate dropped to 1.9 cases per 100,000. This pattern is a reflection of the many challenges that countries face in maintaining sensitive, high-quality surveillance systems in scenarios of epidemiological crisis due to the presence of other emerging febrile diseases (Zika in particular), which could be masking suspected cases of measles and rubella.

Analysis of Vaccinated Cohorts

18. Between 1994 and 2013, nearly 500 million people were vaccinated in catch-up campaigns (for children under 15), follow-up campaigns (typically for children 1 to 4 years old), and accelerated campaigns (usually for individuals 20 to 39 years old) as part of the strategy to eliminate measles and rubella. Accelerated campaigns to eliminate rubella, aimed at adolescents and young adults, also helped to consolidate the elimination of measles.

19. In the last five years, regional coverage with the first dose of the measles, mumps, and rubella vaccine (also known as MMR) has ranged between 92% and 94%. However, this figure disguises a highly heterogeneous situation between countries and between municipalities within them. In fact, in 2015 only 49% of the children of the Americas lived in municipalities with vaccination coverage of 95% or higher.

20. Between 2010 and 2015, regional coverage with the second dose of the MMR vaccine ranged between 70% and 83%, falling short of the target of 95% or higher. To reduce the accumulation of susceptible individuals caused by these low coverage levels, many countries in Latin America and the Latin Caribbean continue to conduct follow-up campaigns every four or five years. There are six countries in the Americas that have not yet included this second dose in their national immunization schedules. It is expected that by 2023 all the countries in the Americas will have introduced the second dose as part of their efforts to sustain the elimination of measles rubella, and congenital rubella syndrome.

21. Of 15 countries that conducted follow-up campaigns in 2010-2015, only six achieved a vaccination coverage rate of 95% or higher. One reason for falling short of this target seems to be failure to apply high-quality criteria to ensure effectiveness in meeting the target of at least 95% at the national level, homogeneity in vaccination coverage at the municipal level, efficient use of resources, and timeliness in planning, executing, and evaluating the campaigns. The application of criteria in these areas is key to maintaining the progress made so far in eliminating these diseases. In the meantime, the population of susceptible children who have not received the second dose either as part of the regular health care routine or in a follow-up campaign continues to grow and transition into the adolescent and young adult age groups.

Proposal

22. In keeping with the policies and strategic lines for promoting the elimination of measles and rubella set forth in the PAHO Plan of Action on Immunization for 2015-2019 (11), the WHO Global Vaccine Action Plan (12), and the WHO Global Measles and Rubella Strategic Plan 2012-2020 (13), and in accordance with the national context in each country, the Pan American Sanitary Bureau (PASB) now proposes that the Governing Bodies approve and implement a plan of action for the Region that will chart the course over the next six years (2018-2023) for maintaining the achievements reached with the elimination of rubella from the Region in April 2015, and of measles in September 2016.

23. The goal of this plan of action is to maintain a high degree of immunity against measles and rubella in the general population and high-quality surveillance systems to prevent the reestablishment of endemic transmission and loss of the status of elimination of these viruses in our Region.

Strategic Lines of Action

24. This regional plan of action contains four strategic lines of action, together with the targets and indicators necessary for monitoring progress toward achieving the permanent sustainability of measles rubella, and congenital rubella syndrome elimination.

Strategic line of action 1: Guarantee universal access to measles and rubella vaccination services for the population targeted in the routine vaccination program and other at-risk age groups

25. One of the general objectives of the PAHO Plan of Action on Immunization for 2015-2019 (11) is to maintain the elimination of measles, rubella, and congenital rubella syndrome, with reference to indicator GO 1.2.1 (number of countries and territories in which endemic transmission of measles or rubella virus has been reestablished.)

26. The final recommendations of the International Expert Committee for Documenting and Verifying Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas, presented in August 2016, urged the countries to ensure high and uniform coverage between states, departments, or provinces, and between municipalities or districts. Countries should also prioritize improving data quality and the accuracy of information on levels of coverage. In addition, they should identify high-risk areas where coverage is low and vulnerable populations (including those affected by conflict) in order to implement immediate vaccination activities (14).

27. In addition, it is important to improve the information provided to parents and guardians to increase their confidence in vaccination and promote the application of knowledge, attitudes, and best practices regarding the vaccination of their children. Information on vaccination safety should be updated regularly to help ensure fulfillment of the rights of minors through collective protection of their health. In this way, parents will be in a position to make responsible, scientifically based decisions on the option to protect their children through vaccination.

28. The measles outbreaks of the last five years have shown that adolescents and young adults are more likely to be contagious because they lack immunity acquired through vaccination or from contact with wild measles and rubella viruses. Countries should therefore take steps to achieve at least 95% uniform coverage in all municipalities with two doses of MMR vaccine in children under 5 years old to reduce the risk of outbreaks of these diseases in adolescents and adults (8).

Objective	Indicator	Baseline (2015-2016)	Target (2023)
1.1 Achieve at least 95% vaccination coverage in children under 5 in order to achieve high immunity in the general population	1.1.1 Number of countries reporting 95% coverage or higher at the national level with the first dose of MMR vaccine	20/35 countries (2015)	30/35
	1.1.2 Number of countries reporting 95% coverage or higher with the first dose of MMR vaccine in at least 80% of municipalities (or equivalent political division)	15/35 countries (2015)	25/35

Objective	Indicator	Baseline (2015-2016)	Target (2023)
	1.1.3 Number of countries reporting 95% coverage or higher at the national level with the second dose of MMR vaccine	6/30* countries (2015)	15/30*
	1.1.4 Number of countries reporting 95% coverage or higher with the second dose of MMR vaccine in at least 80% of municipalities (or equivalent political division)	4/30* countries (2015)	12/30*
	1.1.5 Number and proportion of countries that conduct follow-up campaigns and achieve at least 95% of the national target	4/6 (66%) (2015-2016)	80% **

* Only 30 countries include the second dose of MMR vaccine in their national vaccination schedules.

** The number of countries achieving the target will be defined as the number of countries that conduct campaigns between 2018 and 2023; the proposal is for at least 80% of the countries to achieve a national target of 95%.

Strategic line of action 2: Strengthen the capacity of epidemiological surveillance systems for measles, rubella, and congenital rubella syndrome

29. One of the concerns expressed by the IEC in its final report (August 2016) (14) was that high-quality surveillance systems should be maintained in order to ensure that the surveillance indicator targets are met, including the implementation of other related activities. The Committee specifically recommended that countries maintain adequate surveillance systems for detecting suspected cases of measles, rubella, and congenital rubella syndrome. Moreover, the countries should ensure that samples are received in laboratories within five days after they are taken and that the laboratories submit their results within four days after receiving the samples. Laboratory strengthening is essential for the optimal operation of surveillance.

30. In addition, countries that report outbreaks of Zika, dengue, and chikungunya should look into integrating the surveillance of febrile rash illnesses and suspected cases of measles and rubella. Since there are similarities between the malformations of infants with congenital rubella syndrome and those found in congenital Zika syndrome, such as microcephaly, countries should ensure that those cases in which Zika is ruled out are also tested to discard congenital rubella syndrome.

Objective	Indicator	Baseline (2016)	Target (2023)
2.1 Monitor the quality and sensitivity of epidemiological surveillance of measles, rubella, and congenital rubella syndrome	2.1.1 Number of countries that meet the established minimum annual rate of suspected measles/rubella cases (at least 2 per 100,000 population) plus at least three of the following five additional indicators: 1) At least 80% of suspected cases are adequately investigated. 2) Adequate serum samples are obtained from at least 80% of suspected cases. 3) At least 80% of samples reach the laboratory within five days. 4) At least 80% of laboratory results are reported within four days. 5) The annual rate of suspected cases of congenital rubella syndrome is at least 1 per 10,000 live births.	6/33	15/33*
	2.1.2 Number of countries with an active surveillance system for congenital rubella syndrome	12/33*	20/33*

* Only 33 countries report suspected cases of measles, rubella, and congenital rubella syndrome to PAHO.

Strategic line of action 3: Develop national operational capacity to maintain measles and rubella elimination

31. The role of the national committees entrusted with verifying elimination was very important during the documentation process. One of the most important recommendations of the IEC was to keep the national committees in place and give them new terms of reference for monitoring the sustainability of measles and rubella elimination in the future (14).

32. The IEC also recommended that the countries update their plans for the sustainability of elimination every year, based on review and approval by their national committees. This annual review gives the committees the opportunity to advocate for sufficient national resources to implement the programmed activities. These sustainability plans should be submitted to PAHO each year in April together with the WHO/UNICEF Joint Reporting Form (JRF). This documentation becomes a specific component of each country's annual immunization plan.

33. The annual sustainability plans should identify strategies and activities aimed at building the countries' national operational capacity to maintain measles and rubella elimination. PASB will continue to cooperate closely with countries on strengthening the knowledge, attitudes, and practices of health workers in the Americas in order to prevent

the reestablishment of endemic transmission of these viruses. For this purpose, PASB will design and publish guidelines and manuals to build technical capacity in the countries—for example: *a)* a guide to planning high-quality campaigns; *b)* a manual on rapid coverage monitoring; *c)* a manual on rapid response in the event of imported cases; *d)* a regional framework on ensuring the sustainability of measles, rubella, and congenital rubella syndrome elimination; *e)* a risk analysis tool for use in the event of a measles or rubella outbreak; and *f)* case studies on measles and rubella outbreaks.

Objective	Indicator	Baseline (2016)	Target (2023)
3.1 Implement and monitor plans to ensure the sustainability of elimination by strengthening national response capacity in the event of imported cases of measles, rubella, or congenital rubella syndrome	3.1.1 Number of national committees that monitor the plans of sustainability of measles and rubella elimination	24*	24*
	3.1.2 Number of countries that present annual reports on the implementation of their plans to ensure the sustainability of measles and rubella elimination	35	35

* There are 23 national committees at the country level and a subregional committee for the English-speaking Caribbean that were created to verify elimination. The goal is to keep the same number of committees to monitor the sustainability of elimination.

Strategic line of action 4: Establish standard mechanisms for rapid response to imported cases of measles, rubella, and congenital rubella syndrome in order to prevent the reestablishment of endemic transmission in the countries

34. It is essential for every country to create, maintain, or reactivate a rapid response team with members trained in the standard mechanisms for reporting, investigating, and halting a measles or rubella outbreak; this is critical to ensure and verify the interruption of virus transmission. If a measles or rubella virus of the same genotype circulates in a country for more than 12 months, the Region of the Americas will lose its status as a region free from these viruses. PASB will make the tools mentioned in paragraph 33 available to countries for the purpose of improving the quality and speed of response to measles and rubella outbreaks due to imported cases of these viruses.

35. Finally, it will be important for all the countries in the Region to have the knowledge and technical skills necessary for preparing and implementing rapid response plans in the event of imported cases of measles, rubella, or congenital rubella syndrome in both the public and private sectors. In addition to preparing tools for building national capacity to deal with these imported cases, PASB has developed standardized criteria to verify the interruption of measles and rubella viruses after an outbreak. Countries can use these criteria to gather evidence that transmission of the virus in question has been interrupted.

Objective	Indicator	Baseline (2016)	Target (2023)
4.1 Establish plans and rapid response teams in the countries to deal with imported cases of measles, rubella, and congenital rubella syndrome in order to prevent the reestablishment of endemic transmission	4.1.1 Number of countries and territories in which endemic transmission of measles or rubella virus has been reestablished	0/47*	0/47*
	4.1.2 Percentage of countries and territories with measles or rubella outbreaks that have an rapid response team trained to prevent the spread of transmission of the viruses that cause these diseases	100%	100%
	4.1.3 Percentage of countries and territories with measles or rubella outbreaks that have a rapid response plan for dealing with imported cases	100%	100%

* There are 47 countries and territories (35 countries and 12 territories) in the geographic area covered by the Region of the Americas and all of them must remain free from measles and rubella in order to maintain the status of elimination.

Monitoring and Evaluation

36. The present Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination 2018-2023 fits within the framework of the PAHO Strategic Plan 2014-2019 (15). Specifically, it contributes to the work under Category 1, Communicable Diseases, Program Area 1.5, Vaccine-preventable Diseases, which calls for increasing vaccination coverage in hard-to-reach geographic areas and controlling, eliminating, and eradicating vaccine-preventable diseases. In addition, this plan contributes to meeting one of the regional impact goals of the Strategic Plan—namely, elimination and eradication of diseases with a view to reducing morbidity and mortality in the population.

37. The proposed Plan of Action contributes to the eradication or elimination of diseases and establishes objectives and indicators that can be monitored and evaluated based on data collected annually from several sources, including: *a)* the Joint Reporting Form (JRF), which all countries in the world submit annually to WHO and UNICEF; *b)* weekly surveillance bulletins on measles, rubella, and congenital rubella syndrome; *c)* action plans of the country immunization programs in Latin America and the Caribbean; *d)* plans for the sustainability of elimination to be submitted by the countries to PAHO each year; and *e)* results from operational research or surveys conducted in the countries and other available sources.

38. Progress reports will be prepared every two years, to be presented to the Governing Bodies and the PAHO Technical Advisory Group (TAG) on Vaccine-preventable Diseases in 2019, 2021, and 2023. In 2023, a final report will be

submitted for the purpose of reviewing lessons learned in the process of achieving the objectives and targets of the Plan of Action.

39. These reports will help to support the evidence and data submitted to WHO in the regional progress reports under its Global Vaccine Action Plan 2011-2020 and its Global Measles and Rubella Strategic Plan 2012-2020.

Financial Implications

40. Financing for this plan is expected to be assumed through national investments by Member States to ensure the satisfactory operation of immunization and surveillance programs for vaccine-preventable diseases in the Americas. There would still be an estimated gap of 25% needed to support implementation of this Plan of Action, which may be covered from external sources. The total estimated cost of executing the Plan of Action for 2018-2023 is \$12,687,600, including the cost of technical and administrative staff and other expenditures related to cooperation activities carried out by PASB.

41. In addition, it is expected that extrabudgetary funds will be mobilized from partners and global initiatives committed to the global elimination of measles and rubella.

Action by the Pan American Sanitary Conference

42. The Conference is invited to review this proposed Plan of Action, make comments and pertinent recommendations, and consider approving the proposed resolution in Annex A.

Annexes

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69th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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Annex A
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PROPOSED RESOLUTION

PLAN OF ACTION FOR THE SUSTAINABILITY OF MEASLES, RUBELLA, AND CONGENITAL RUBELLA SYNDROME ELIMINATION IN THE AMERICAS 2018-2023

THE 29th PAN AMERICAN SANITARY CONFERENCE,

(PP1) Having reviewed the *Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023* (Document CSP29/8);

(PP2) Having considered the declaration of measles, rubella, and congenital rubella syndrome elimination in the Americas in the report submitted by the chairman of the International Expert Committee for Documenting and Verifying Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas (IEC) to the Director and to the Member States at the 55th Directing Council of PAHO, 68th Session of the Regional Committee of WHO for the Americas, in September 2016;

(PP3) Having reviewed the recommendations of the IEC to maintain the Region of the Americas free from the endemic transmission of measles, rubella, and congenital rubella syndrome;

(PP4) Recognizing the enormous work that the Member States have done in finalizing the documentation and verification of interruption of the endemic transmission of measles and rubella in the Region of the Americas, as requested in Resolution CSP28.R14 of September 2012;

(PP5) Noting with concern that the global initiative to eliminate measles and rubella in other regions of the world has not progressed significantly, and that, as long as transmission of the two viruses is not interrupted on a global scale, importation of the viruses is possible and the achievements of the Region of the Americas are at risk;

(PP6) Considering that the sustainability phase of measles and rubella elimination requires the highest level of political commitment on the part of the PAHO Member States to address the challenges in their vaccination programs and their surveillance systems to avoid threats to the elimination of these diseases;

(PP7) Recognizing the need for an action plan to protect the achievements of our Region, maintain elimination on an ongoing basis, and avoid the risk of endemic reestablishment of these viruses through importation of cases from other regions of the world,

RESOLVES:

(OP)1. To congratulate all the Member States and their health workers on the historic achievement of measles, rubella, and congenital rubella syndrome elimination in the Region of the Americas.

(OP)2. To approve and implement the *Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023* (Document CSP29/8) in the context of the particular conditions in each country.

(OP)3. To urge all Member States to:

- a) promote implementation of the objectives and indicators contained in the PAHO Plan of Action on Immunization for 2015-2019 (Document CD54/7, Rev. 2 [2015]) in order to achieve at least 95% vaccination coverage at the national and municipal levels with the first and second doses of measles, mumps, and rubella vaccine, as well as least 95% national and municipal coverage of follow-up vaccination campaigns against measles and rubella;
- b) strengthen epidemiological surveillance of measles, rubella, and congenital rubella syndrome for achieving timely detection of all suspected and confirmed cases of these diseases in the context of emerging new diseases that are public health priorities, such as arbovirus diseases;
- c) build national operational capacity in the countries to sustain measles and rubella elimination by creating or maintaining national committees to monitor fulfillment of plans for the sustainability of elimination, and also by using regional and national tools to update and train health workers in the public and private sectors;
- d) establish standardized mechanisms for rapid response to imported cases of measles, rubella, and congenital rubella syndrome in order to prevent the reestablishment of endemic transmission of these diseases within countries, while also creating or activating rapid response teams trained for this purpose and implementing national rapid response plans in the event of imported cases.

(OP)4. To request the Director to:

- a) continue to provide Member States with technical cooperation for strengthening national capacity to carry out the activities needed to immunize the population and conduct high-quality epidemiological surveillance of measles, rubella, and congenital rubella syndrome, as described in this Plan of Action, to ensure the sustainability of elimination of these viruses;
- b) continue to mobilize the additional financing necessary to support Member States in preparing their response to measles and rubella outbreaks associated with imported cases, as well as in conducting follow-up vaccination campaigns and other activities described in this Plan of Action;
- c) continue to promote efforts at the highest political level in other regions of the world and with partners and allies to move rapidly toward reaching the targets established by WHO for the global elimination of measles and rubella and the ultimate eradication of both viruses.

Report on the Financial and Administrative Implications Of the Proposed Resolution for PASB

1. **Agenda item:** 4.6 – Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023

2. **Linkage to [PAHO Program and Budget 2016-2017](#):**

a) **Categories:** 1. Communicable Diseases

b) **Program areas and outcomes:**

Program area: 1.5. Vaccine-preventable Diseases

Outcome (OCM) 1.5. Increased vaccination coverage for hard-to-reach populations and communities and maintenance of control, eradication, and elimination of vaccine-preventable diseases

3. **Financial implications:**

a) **Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):**

US\$12,687,600 for the lifecycle (6 years)

b) **Estimated cost for the 2016-2017 biennium (including staff and activities):**

US\$4,229,200

c) **Of the estimated cost noted in b), what can be subsumed under existing programmed activities?**

US\$950,000

4. **Administrative implications:**

a) **Indicate the levels of the Organization at which the work will be undertaken:**

The work will be carried out at the Regional and country levels.

b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):**

No additional full-time equivalent staff are required to carry out the recommended activities. The countries themselves will implement the PAHO recommendations with support from existing technical personnel at PAHO Headquarters and in PAHO/WHO Representative Offices.

4. Administrative implications: *(cont.)*

c) Time frames (indicate broad time frames for the implementation and evaluation):

The execution period is six years. There will be regular annual evaluations based on country reports on actions taken with regard to the sustainability of elimination.

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. **Agenda Item:** 4.6 – Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023
2. **Responsible unit:** Family, Gender, and Life Course/Comprehensive Family Immunization (FGL/IM)
3. **Preparing officers:** Cuauhtémoc Ruiz-Matus, Desiree Pastor, and Pamela Bravo
4. **Link between Agenda item and [Health Agenda for the Americas 2008-2017](#):**
 - a) Strengthening the national health authority
 - b) Addressing the determinants of health
 - c) Increasing social protection and access to quality health services
 - d) Reducing health inequalities between countries and inequities within them
 - e) Strengthening the management and development of health workers
 - f) Taking advantage of knowledge, science, and technology
5. **Link between Agenda item and the [PAHO Strategic Plan 2014-2019](#):**

Category: 1. Communicable Diseases
Program area: 1.5. Vaccine-preventable Diseases
6. **List of collaborating centers and national institutions linked to this Agenda item:**
 - Ministries of Health (all countries in the Americas)
 - World Health Organization (WHO)
 - Latin American Center for Perinatology and Human Development (CLAP) [PAHO]
 - Centers for Disease Control and Prevention (CDC) [United States]
 - United Nations Foundation (UNF)
 - United Nations Children’s Fund (UNICEF)
 - American Red Cross (ARC)
 - Measles and Rubella Initiative (M&RI)
 - Sabin Vaccine Institute

6. List of collaborating centers and national institutions linked to this Agenda item: (cont.)

- Gavi, the Vaccine Alliance
- Technical Advisory Group (TAG) on Vaccine-preventable Diseases [PAHO]
- Caribbean Public Health Agency (CARPHA)
- Regional Measles and Rubella Laboratory Network

7. Best practices in this area and examples from countries within the Region of the Americas:

- a) Ongoing advocacy efforts to ensure that the sustainability of elimination remains high on the political agenda of Member States.
- b) Development of annual plans for the sustainability of measles and rubella elimination within the context of the annual plan of the immunization program.
- c) Rapid response to outbreaks and improved national capacity to address the importation of measles and rubella viruses.
- d) Development of strategies and technical tools for updating national capacity in the Member States.
- e) Development of strategies for the optimization of joint surveillance of measles/rubella and emerging febrile rash illnesses (such as Zika), including the systematic analysis and use of data.
- f) Development of partnerships with the private sector, scientific societies, the education and tourism sectors, and universities as active and strategic partners in ensuring the sustainability of elimination.
- g) Use of the PAHO Revolving Fund for Vaccine Procurement.
- h) Information dissemination through the PAHO Immunization Newsletter, the Weekly Epidemiological Bulletin, and the Measles/ Rubella Weekly Bulletin.

Since the Region of the Americas is the only region that has been declared free from measles and rubella, PAHO plays an important role in sharing best practices and lessons learned on the elimination and eradication of vaccine-preventable diseases with other regions and countries in the world.

8. Financial implications of this Agenda item:

The estimated annual budget to support countries in their funding gaps is US\$ 2.1 million. Funding should be mobilized by working with strategic PAHO partners to support Member States in their efforts to maintain their status of measles and rubella elimination.
