



Measles-rubella (MR) vaccines

Frequently Asked Questions
March 2014

1. When did GAVI start supporting measles-rubella (MR) vaccines?

In November 2011, the GAVI Alliance Board approved a new window of support for HPV and rubella vaccines. Both of these vaccines were first made available to GAVI-eligible countries in April 2012 when an application round was opened for New Vaccines Support (NVS).

This year, to support countries in preparing applications, the *'General Guidelines for Expression of Interest and Applications for All Types of GAVI Support in 2014'* document describes the principles, policies and processes that are applicable to all types of support. Additionally, supplementary guidelines for measles second dose and MR specific application requirements are also available. **The guidelines provide important details on the application process, requirements and programme-specific considerations.**

A country considering an application for measles second dose and MR vaccines should consult the application information and resources available on the GAVI website at:

<http://www.gavialliance.org/support/apply/>.

2. What is the WHO global recommendation for rubella vaccines?

The WHO rubella vaccine position paper recommends that countries take advantage of the measles platform of two doses of measles vaccine to introduce rubella-containing vaccine (RCV) as either measles-rubella (MR) or measles-mumps-rubella (MMR) vaccine. **The WHO position paper recommends the strategy of conducting a wide age-range catch-up campaign, followed immediately by introduction of MR vaccine in the routine programme.** Countries should give MR at the same age as they currently give the first dose of measles-containing vaccine (MCV) in the routine schedule.

3. What GAVI support is offered for measles-rubella vaccines?

1. GAVI will support rubella catch-up campaigns by providing:

- The measles-rubella vaccine for a target population of males and females aged 9 months to 14 years. GAVI will finance the costs of the bundled vaccine, including AD syringes, reconstitution syringes and safety boxes.
- As a share of the operational costs for the children and adolescent campaign, GAVI will provide US\$0.65 per individual in the target population of the campaign to help cover operational costs.

2. Also to facilitate MR vaccine introduction into routine immunisation, countries are also eligible for a vaccine introduction grant (US\$ 0.80 per child in the birth cohort). The country will have to fund the routine MR vaccines.



4. What are the minimum requirements for a country to be considered for MR vaccines?

Countries must meet two requirements to be considered for MR vaccines. Evidence will need to be provided that the country can: A) Achieve high immunisation coverage; and, B) Finance the introduction of RCV into their routine programme immediately following the catch-up campaign.

A) High immunisation coverage:

According to the WHO Position Paper, once countries have introduced RCV, they should achieve and maintain immunisation coverage of 80% or greater through routine immunisation and/or regular follow-up supplementary immunisation activities (SIAs).

To demonstrate the ability to achieve this, countries must show either:

- Routine MCV 1 coverage \geq 80%, or
- If a country has routine coverage of MCV1 < 80%, it will need to demonstrate, for the last measles SIA, **either** administrative coverage \geq 90%, **or** results of a survey of acceptable methodology (i.e. population based sampling) showing coverage \geq 80%.

B) Finance the introduction of RCV:

For MR vaccines, GAVI support is for the initial catch-up campaign and a vaccine introduction grant (country will have to finance RCV for routine use). Countries must demonstrate an ability, including financial capacity, to introduce and maintain RCV in the routine programme. To ensure that countries will introduce RCV into the routine programme, evidence of intent to purchase MR/MMR vaccine must be provided. For full details on the requirements in this area, please see the NVS application guidelines for 2014.

5. To submit a complete application for MR, what other information should the country provide?

In addition to the information listed in question 4 above, countries should provide a Plan of Action for the initial campaign as well as a New Vaccine Introduction Plan for the introduction of RCV into their routine programme. These should include details on epidemiology and disease burden.

For full details on the information required, please see the Supplementary Guidelines for Measles Second Dose and Measles-Rubella Applications in 2014 (page 6).

6. Our country has already implemented MR campaigns. Are we still eligible for support?

The following table provides a summary of the various options available for countries at different stages.

MR campaign	Routine introduction	GAVI support available
Yes, implemented	Yes, implemented	No GAVI support available
Yes, implemented	No	Vaccine introduction grant
No	Yes, implemented	MR campaign vaccines, campaign operational costs

If a country has recently conducted campaigns for cohorts not reaching up to 14 year olds, the country will be eligible to apply for the remaining target age group up to 14 years.

7. Our country has already been approved for Measles second dose. Can we still apply for a MR campaign?

If an MR campaign has never been conducted in the country, yes, the country can still apply. Support for MCV2 is independent of support for MR catch-up campaigns.

8. Our country is planning to apply for MCV2. Can we apply for both MCV2 and MR together?

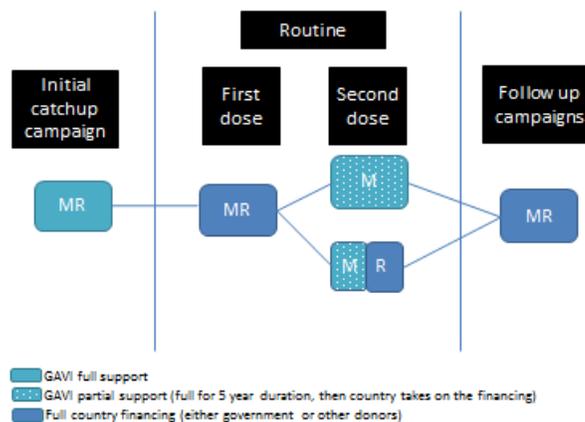
Yes. Countries can apply for both MCV2 and MR together if the country has never had an MR campaign and if measles second dose has not been introduced into the routine immunisation programme.

If countries applying for measles second dose through routine immunisation services opt to provide also the routine second dose as MR, they must finance the rubella component. The Strategic Advisory Group of Experts (SAGE) in November 2013 recommended that countries using different measles-containing vaccines should use the same vaccine for both routine doses, to simplify vaccine procurement, logistics, recording, reporting and to increase coverage and decrease vaccine wastage, and that the programmatic advantages likely outweigh the marginal increase in vaccine cost. For countries still conducting follow-up campaigns, MR vaccine should be used in both campaigns and routine.

9. What is the financial contribution by countries for MR?

For the MR catch-up campaigns, GAVI will finance the costs of the bundled vaccine, including AD syringes, reconstitution syringes and safety boxes; there is no country co-financing requirement. In addition, GAVI will provide US\$0.65/child in the target population to contribute to the operational cost for the campaign.

Immediately following the catch-up campaign, countries should introduce MR into routine immunisation and, countries are eligible for only a vaccine introduction grant to facilitate activities in the first year of MR introduction into routine immunisation. Countries will need to finance the full cost of vaccines.





10. Our country does not yet have MR in the cMYP. Can we still apply?

Countries should provide the New Vaccine Introduction Plan and a cMYP which includes RCV. If the cMYP does not yet include RCV, countries must submit a timeline for updating the cMYP.

11. Our country does not have epidemiological data for rubella. How can we apply?

For countries that do not have the epidemiological data, they can use data from other neighbouring countries or countries with similar socio-demographic profiles. However, these countries need to have a plan to establish systems or conduct studies to collect this data and stipulate these activities in the New Vaccine Introduction Plan for rubella vaccine introduction.

12. Our country has a different epidemiological pattern. Can we apply for a population outside the range of 9 months to 14 years?

Based on recommendations of the WHO position paper, GAVI will provide support for boys and girls from 9 months- 14 years. If a country would like to reach a population outside this age range, this will be up to the discretion of the country and country- financed. . It is also important to continue efforts to reach WCBA in the immunisation programme, but these programmes would need to be self-financed by the countries.

13. Are there MR vaccine supply constraints and how is this related to timing of campaign?

While currently there are no MR vaccine supply constraints, there is currently only one global supplier of MR vaccines. Hence, it is important that countries provide indicative campaign dates in the application but which will not be confirmed until decision letters have been received and confirmed with UNICEF Supply Division to ensure sufficient lead time for vaccine production and shipment of devices. Please also note the indicative timelines of GAVI processes for review and approval of applications including issuance of decision letter. Also, the country should provide itself adequate time for preparation activities from the time of receipt of operational cost support.