

**Measles and Rubella Initiative's
Standard Operating Procedures for Accessing Support for
Measles and Rubella Supplementary Immunization Activities
During 2016**

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.

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 during 2016. 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 that are available at <http://www.measlesrubellainitiative.org/wp-content/uploads/2013/06/SOP-Funding-Request.pdf>

In 2017 Gavi, the Vaccine Alliance will implement a new strategy for financing measles and measles-rubella SIAs using Gavi funds. These M&RI SOPs will be revised for 2017 based on the implementation of this strategy by the Gavi Secretariat.

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.

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 to achieve the Global Vaccine Action Plan (GVAP) goals, which are committed to the elimination of 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 2016:

	Measles	Measles +Rubella
Bundled Vaccine (incl. injection devices, safety boxes) + Freight	\$0.41	\$0.80
Operational costs (incl. logistics, social mobilization etc.)	\$0.94	\$0.94
Total	\$1.35	\$1.74

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 requires additional surge capacity for SIAs, M&RI can mobilize 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. 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 generally eligible for M&RI funding for SIAs and/or technical assistance are the 77 “focus” countries below:

The M&RI 77 “focus” 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

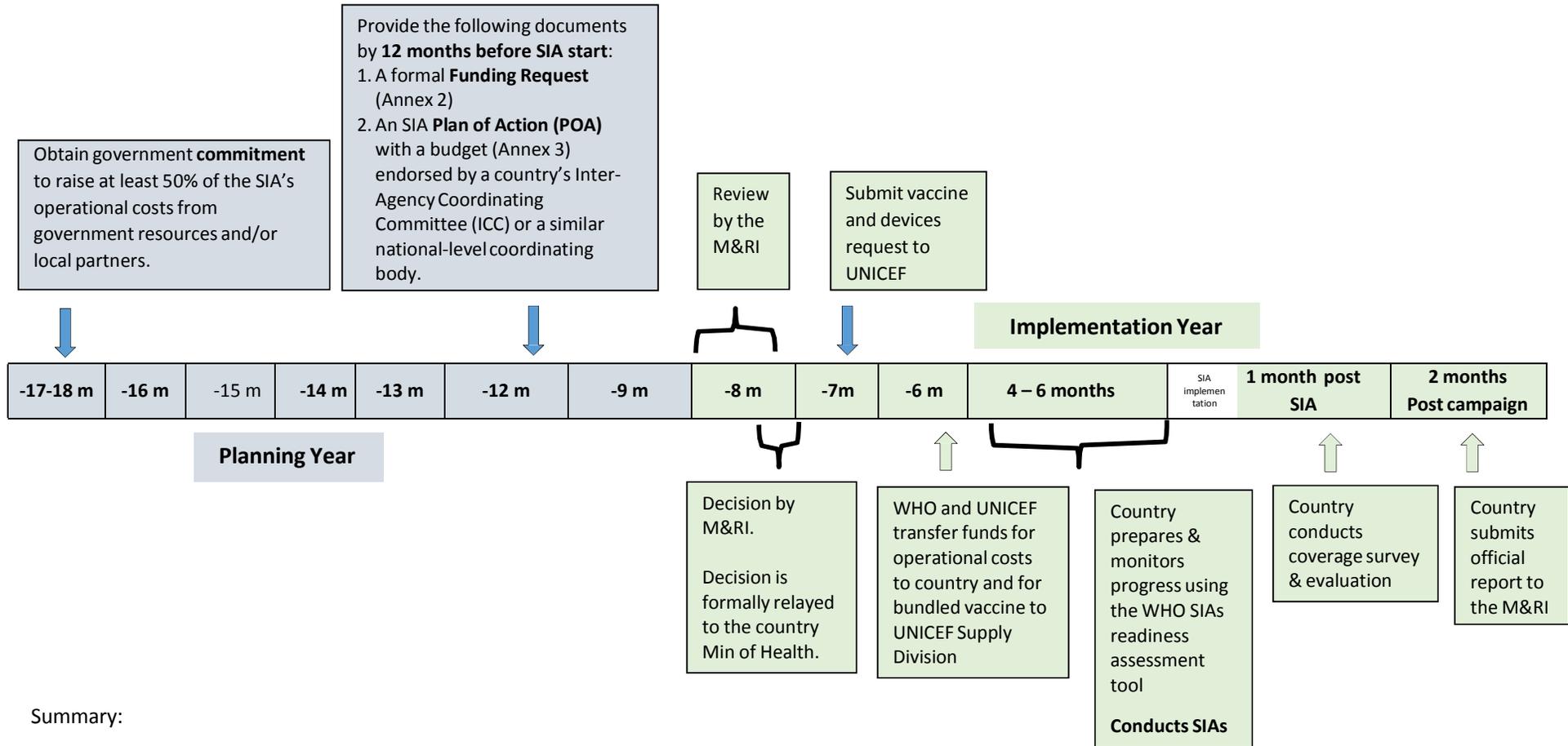
Other countries not on this list interested in conducting a measles or MR SIA may apply for M&RI support. This request will be discussed with UNICEF and WHO RO and CO for justification and prioritization. Final decisions on support and the amount will be made by the M&RI Management Team, based on funds available.

Recommended timeline of activities and steps; application and approval process

In the last quarter of each year, WHO and UNICEF will prepare a funding request that includes current information on countries planning or expected to conduct SIAs in the following year. National program managers should keep their WHO and UNICEF country offices informed of their SIA plans in

a continuous manner, and provide a plan of action at least 12 months *before* a scheduled campaign. For example, if a country is scheduling a campaign in March 2017 with M&RI support, the plan of action should be sent in the *March* 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. Programme should ensure national budget includes request for 50% of SIA costs during the planning year.
2. The funding request (Annex 1) and Plan of Action should be submitted to M&RI at least 12 months before the planned start of the SIA.
3. It is critical that requests for vaccines and injection devices are submitted 6 months before the planned launch date of the SIAs.
4. Post-SIA technical report should be sent with the administrative coverage data within 2 months after the close of the SIA.

Annex 1. M&RI Funding Request

- Interventions planned to be given during the SIA, beginning with M or MR vaccine but also including all other interventions planned, with target age range and estimated target population:

Intervention	Target age range	Target population

- Objectives:
- Implementing organization:
- Partners:
- Budget (US\$):

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

Measles/ Measles- Rubella (MR) vaccine and devices requirements (UNICEF to forward to Supply Division)

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 2. 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 with measles or MR vaccine, including dates of introduction of MCV1, MCV2, and MR.
 - b. Surveillance data for measles (and rubella if appropriate) with knowledge of outbreak affected areas
 - c. Justification for the current SIAs
 - d. Lessons learned from previous SIAs
3. Objectives, targets for the campaign
4. Other planned 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, including current inventory of total and available cold chain capacity
 - 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 and response actions
 - 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 (Table)
11. Timeline of planning and implementing coverage survey (Table)