Immunity gaps for measles and rubella remain:
- Measles and Rubella containing vaccine 1 & 2 coverage is below the desired levels.
- Policy/Programmatic frameworks barriers to vaccinating older children and adults exist.
- There is increasing vaccine hesitancy in areas where vaccine acceptance was high.
- Surveillance sensitivity remains below the desired targets in four out of the 11 countries of the Region in 2018.

The mid-term review conducted in 2017 had noted a financial deficit of US$ 1.3 per live birth in the funds required to optimally implement the current strategies. These have an impact on:
- Ramp-down of polio funding which was crucial to maintain surveillance network in five large countries.
- Dealing with non-priority countries that have an increased case burden.
- Providing laboratory network support including for diagnostic kit procurement services.

Immunization and surveillance data quality is a challenge. Data quality issues prevent the calculation of the exact disease burden as well as identify areas with immunity gaps.

**MEASLES AND RUBELLA**

**THE WAY FORWARD**

**SUSTAIN**
- Sustain the interruption of transmission of endemic measles in Bhutan, Maldives, DPR Korea, Sri Lanka and Timor-Leste, and rubella and congenital rubella syndrome control in Bangladesh, Bhutan, Maldives, Nepal, Sri Lanka and Timor-Leste.
- Also ensure the continued and robust functioning of NVCs of all global measles eradication is achieved.

**ACCELERATE**
- Accelerate efforts to strengthen acute fever and maculopapular rash surveillance and bridge the immunity gaps against measles and rubella among the populations of all countries of the Region.

**INNOVATE**
- Innovate to expand the reach of measles and rubella vaccines for everyone, everywhere.
- Deploy innovative approaches to strengthen case-based surveillance for fever and rash to ensure functional and highly sensitive surveillance system.

**IMPACT OF ACHIEVING FLAGSHIP TARGET**

**MEASLES**
- Annually half a million measles deaths will be averted in the Region.
- At least one million cases will have been prevented and that will save 3 weeks of DALYs for every case of measles thwarted.

**RUBELLA**
- Annually 105 000 cases of congenital rubella syndrome will be prevented.
- The cost of a CRS case management (treatment and disability support) has been estimated to be US$ 4200 for low-income countries, US$ 57 000 per case in middle-income countries and US$ 140 000 over a lifetime in high-income countries.
- The loss of DALYs for every CRS case averted will be between 27 years in low- and middle-income countries to 18 years in high-income countries.
The Regional Strategic Plan for measles elimination and rubella control in the South-East Asia Region (2014–2023) was adopted with the following strategic objectives.

**Strategic Objective 1**
- Achieve and maintain at least 95% vaccination coverage with two doses of measles & rubella containing vaccines in each district of each country.

**Strategic Objective 2**
- Develop and sustain a stable and timely osteology-based surveillance system for measles and rubella.

**Strategic Objective 3**
- Develop and maintain an accredited measles and rubella laboratory network.

**Strategic Objective 4**
- Strengthen support and bring to the region.

### TARGETS

#### Key Performance Indicators

<table>
<thead>
<tr>
<th>Health-related targets of the Sustainable Development Goals</th>
<th>2015</th>
<th>2018</th>
<th>Target 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>CV-10 Mortality</td>
<td>None</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Flu Vaccines For All</td>
<td>None</td>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

#### Health-related targets of the Sustainable Development Goals

- **CV-10 Mortality**
  - None in 2015
  - 11 in 2018
  - 11 in 2023

#### Background

The Sixty-sixth session of the WHO Regional Committee for South-East Asia in September 2013 adopted the regional goal of measles elimination and rubella control by 2020. To provide impetus to progress towards reaching this goal, the Regional Director, Dr. Poonam Khetrapal Singh, in 2014, announced “Measles elimination and rubella control by 2020” as one of the Region’s Priority Programmes for the Region.

The Flagship, which has since been updated to include eliminating both diseases, is directly linked to the health target 3.2 of the Sustainable Development Goals of improving health and well-being and to the global target of bringing sustainable development goals vaccines for all.

This Flagship also contributes to the regional and global targets of the WHO’s Thirteenth General Programme of Work of bringing sustainable development goals vaccines for all.

#### Background

The current rate of decline in measles incidence is not sufficient to achieve the 2020 target.

PROGRESS

As of December 2019, the SEA Region—home to one fifth of the global population—contains around 20% of the global burden of reported measles cases and 31% of the global burden of reported rubella cases.

Three of the 15 globally high-burden countries for measles (India, Indonesia, and Thailand) and rubella (India) are in the SEA Region.

#### Achievements

As of the end of 2018, all 11 countries are administering two doses of MCV in their routine immunization and 10 countries have already introduced rubella containing vaccine (RCV).

*Rubella Measles*

#### Progress Towards the Measles Elimination and Rubella Control Goal by Strategic Objective (SO) for Countries in the Region.

<table>
<thead>
<tr>
<th>Country</th>
<th>SO 1</th>
<th>SO 2</th>
<th>SO 3</th>
<th>SO 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>DPR Korea</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>India</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Indonesia</td>
<td></td>
<td></td>
<td></td>
<td>❌</td>
</tr>
<tr>
<td>Maldives</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Nepal</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Sri Lanka</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timor-Leste</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### The figures show that the Region is unlikely to achieve the measles elimination goal by 2020 but is on track to achieve the rubella control goal by 2023.

#### Achievements

- An estimated 107 million children were reached through supplementary immunization activities in 2017 and an additional 9 million children were reached in 2018 in the Region.
- Three of the 15 globally high-burden countries for measles (India, Indonesia, and Thailand) and rubella (India) are in the SEA Region.

**Note:**


The Region has achieved a 75% reduction in the global burden of reported measles cases since 2000. An estimated 107 million children were reached through supplementary immunization activities in 2017 and an additional 9 million children were reached in 2018 in the Region. The current rate of decline in measles incidence is not sufficient to achieve the 2020 target.

#### Progress towards the measles elimination and rubella control goal by strategic objective (SO) for countries in the Region.

- A 75% reduction in the global burden of reported measles cases since 2000.
- The current rate of decline in measles incidence is not sufficient to achieve the 2020 target.
The Regional Strategic Plan for measles elimination and rubella control in the South-East Asia Region (2014–2020) was adopted with the following strategic objectives.

**Strategic Objective 1**

Achieve and maintain at least 95% vaccination coverage with two doses of measles & rubella-containing vaccines in each district of each country.

**Strategic Objective 2**

Develop and sustain a sensitive and timely case-verified surveillance system for measles and rubella.

**Strategic Objective 3**

Develop and maintain an accredited measles and rubella laboratory network.

**Strategic Objective 4**

Strengthen support and leadership to achieve the three objectives.

### TARGETS

**Health-related targets of the Sustainable Development Goals**

<table>
<thead>
<tr>
<th>CVD Mortality</th>
<th>Vaccine For All</th>
</tr>
</thead>
<tbody>
<tr>
<td>38%</td>
<td>38%</td>
</tr>
</tbody>
</table>

**Number of countries in the SEA Region with functional national verification committees for measles elimination.**

<table>
<thead>
<tr>
<th>Target</th>
<th>None</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>SO 1</td>
<td></td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

**Number of countries in the SEA Region with ≥95% national coverage for two doses of measles and rubella containing vaccine.**

<table>
<thead>
<tr>
<th>Target</th>
<th>None</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>SO 1</td>
<td></td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

**Number of countries in the SEA Region with ≥95% national coverage for two doses of measles and rubella containing vaccine.**

<table>
<thead>
<tr>
<th>Target</th>
<th>None</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>SO 1</td>
<td></td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

### BACKGROUND

The Six-sixth session of the WHO Regional Committee for South-East Asia, in September 2013 adopted the regional goal of measles elimination and rubella control by 2020. To provide impetus to progress towards reaching this goal, the Regional Director, Dr Poonam Khetrapal Singh, in 2014, announced “Measles elimination and rubella control by 2020” as one of her Flagship Priorities for the Region.

This Flagship, which has since been updated to include eliminating both diseases, is directly linked to the health targets of the goals of the Sustainable Development Agenda of 2015—unless, as well as target 3.0 on universal access to safe, effective, quality and affordable vaccines for all. This Flagship also contributes to the target of WHO’s Thirteenth General Programme of Work of bringing affordable vaccines for all. This Flagship also contributes to the goals of the Sustainable Development Agenda on child mortality and maternal health, and to eradicating poverty.

### ACHIEVEMENTS

**The Region has achieved a 15% reduction in mortality due to measles in 2017 compared with the corresponding figure for 2000. The reduction in mortality was substantial during the period 2014 to 2017 (30%).**

An estimated 1.7 million children were reached through supplementary immunization activities in 2017 and an additional 10 million children have already introduced rubella containing vaccine (RCV).

**Case-based surveillance for measles and rubella has been initiated in all countries and alignment with the regional guidelines. Congenital rubella syndrome (CRS) surveillance has been initiated in all 11 countries.**

**Progress towards the measles elimination and rubella control goal by strategic objective (SO) for countries in the Region.**

<table>
<thead>
<tr>
<th>Country</th>
<th>SO 1</th>
<th>SO 2</th>
<th>SO 3</th>
<th>SO 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhutan</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DPR Korea</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>India</td>
<td></td>
<td></td>
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<tr>
<td>Indonesia</td>
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<tr>
<td>Maldives</td>
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<td>Myanmar</td>
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<td>Nepal</td>
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<tr>
<td>Pakistan</td>
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<td>Sri Lanka</td>
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<tr>
<td>Thailand</td>
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<tr>
<td>Timor-Leste</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Progress towards the measles elimination and rubella control goal by strategic objective (SO) for countries in the Region.**

As of December 2015, the SEA Region — home to one-fourth of the global population — contained around 25% of the global burden of reported measles cases and 37% of the global burden of reported rubella cases.

Three of the 15 globally high-burden countries for measles ([Indonesia](#), [India](#), [Bhutan](#)) and rubella ([Indonesia](#), [India](#) and [Bangladesh](#)) are in the SEA Region.

**The current rate of decline in measles incidence is not sufficient to achieve the 2020 target.**

The figures show that the Region is unlikely to achieve the measles elimination goal by 2020 but is on track to achieve the rubella control goal by 2020.

The Regional Strategic Plan for measles elimination and rubella control in the South-East Asia Region (2014–2020) was adopted with the following strategic objectives.

**Strategic Objective 1**
 Achieve and maintain at least 90% vaccination coverage with two doses of measles & rubella containing vaccines in each district of each country.

**Strategic Objective 2**
 Develop and sustain a sensitive and timely surveillance system for measles and rubella.

**Strategic Objective 3**
 Develop and maintain an accredited measles and rubella laboratory network.

**Strategic Objective 4**
 Strengthen support and triggers to achieve the three objectives.

### BACKGROUND

The Six-sixth session of the WHO Regional Committee for South-East Asia in September 2013 adopted the regional goal of measles elimination and rubella control by 2020. To provide impetus to progress towards reaching this goal, the Regional Director Dr Poonam Khetrapal Singh, in 2014, announced “Measles elimination and rubella control by 2023.” The Regional Strategic Plan for measles elimination and rubella control in the South-East Asia Region (2014–2020) was adopted with the following three strategic objectives.

The Flagship Area, which has since been updated to include eliminating both diseases, is directly linked to the health target 2.2 of the goals of the Sustainable Development Agenda of 2015, as well as target 3.0 on universal access to safe, effective, quality and affordable vaccines for all. This Flagship also contributes to the target of WHO’s Flintstone General Programme of Work of bringing 1 billion people under the coverage of essential health services. This includes the goal of increasing coverage of the second dose of measles containing vaccine to 70%, which will eventually pave the way for measles elimination and rubella/CRS control in the Region.

### TARGETS

#### Key Performance Indicators

**Number of countries in the SEA Region with functional national verification committees for measles elimination.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>11</td>
</tr>
<tr>
<td>2019</td>
<td>11</td>
</tr>
<tr>
<td>2023</td>
<td>11</td>
</tr>
</tbody>
</table>

**Number of countries in the SEA Region with ≥95% national coverage for two doses of measles and rubella containing vaccine.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>11</td>
</tr>
<tr>
<td>2019</td>
<td>11</td>
</tr>
<tr>
<td>2023</td>
<td>11</td>
</tr>
</tbody>
</table>

**Number of countries in the SEA Region with ≥90% of the global population vaccinated for 12 months in the presence of a well-performing surveillance system.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>0</td>
</tr>
<tr>
<td>2018</td>
<td>0</td>
</tr>
<tr>
<td>2023</td>
<td>11</td>
</tr>
</tbody>
</table>

### PROGRESS

As of December 2018, the SEA Region – home to one fourth of the global population – contained around 25% of the global burden of reported measles cases and 31% of the global burden of reported rubella cases.

Three of the 15 globally high burden countries for measles (India, Indonesia and Thailand) and 4 and rubella (India, Indonesia, Sri Lanka and Bangladesh) are in the SEA Region.

#### Progress towards the measles elimination and rubella control goal by strategic objective (SO) for countries in the Region.

**SO 1**

- Indonesia (3) and Bangladesh (14)

**SO 2**

- Bhutan, DPR Korea, India

**SO 3**

- Bangladesh, Malaysia

**SO 4**

- Myanmar, Nepal

The figures show that the Region is unlikely to achieve the measles elimination goal by 2020 but is on track to achieve the rubella control goal by 2020.

### ACHIEVEMENTS

- The Region has achieved a 60% reduction in mortality due to measles in 2017 compared with the corresponding figure for 2000. The reduction in mortality was substantial during the period 2000-2017.
- An estimated 277 million children were reached through supplementary immunization activities in 2017 in the Region.
- As of the end of 2018, all 11 countries are administrating two doses of MCV in their routine immunization and 10 countries have already introduced rubella containing vaccine (RCV).
- Case-based surveillance for measles and rubella has been initiated in all countries in alignment with the regional guidelines. Congenital rubella syndrome (CRS) surveillance has been initiated in all 11 countries.
- WAO proposes to set up on ambitious yet attainable goal of eliminating both diseases with a target to interrupt the transmission of indigenous measles and rubella by 2020. The Regional Strategic Plan for measles elimination and rubella control in the South-East Asia Region (2014–2020) was adopted with the following strategic objectives.

#### Health-related targets of the Sustainable Development Goals

- CO2 mitigation
- 3.8 health targets
- Vaccines for all

### Footnotes

1. [https://www.who.int/immunization_monitoring/resources_country_summary/rubella]{https://www.who.int/immunization_monitoring/resources_country_summary/rubella}
Immunity gaps for measles and rubella remain:
- Measles and Rubella containing vaccine 1 & 2 coverage is below the desired levels.
- Policy/Programmatic frameworks barriers to vaccinating older children and adults exist.
- There is increasing vaccine hesitancy in areas where vaccine acceptance was high.
- Surveillance sensitivity remains below the desired targets in four out of the 11 countries of the Region in 2018.

The mid-term review conducted in 2017 had noted a financial deficit of US$ 1.3 per live birth in the funds required to optimally implement the current strategies. These have an impact on:
- Ramp-down of polio funding which was crucial to maintain surveillance network in five large countries.
- Dealing with non-priority countries that have an increased case burden.
- Providing laboratory network support including for diagnostic test procurement services.
- Immunization and surveillance data quality is a challenge. Data quality issues prevent the calculation of the exact disease burden as well as identify areas with immunity gaps.

**IMPACT OF ACHIEVING FLAGSHIP TARGET**

**CHALLENGES**

- Sustain the interruption of transmission of endemic measles in Bhutan, Maldives, DPR Korea, Sri Lanka and Timor-Leste; and rubella and congenital rubella syndrome control in Bangladesh, Bhutan, Maldives, Nepal, Sri Lanka and Timor-Leste.
- Also ensure the continued and robust functioning of NVCs till global measles eradication is achieved.

**THE WAY FORWARD**

**SUSTAIN**

- Accelerate efforts to strengthen acute fever and maculopapular rash surveillance and bridge the immunity gaps against measles and rubella among the populations of all countries of the Region.
- In Indian context: Innovate to expand the reach of measles and rubella vaccines for everyone, everywhere.
- Deploy innovative approaches to strengthen case-based surveillance for fever and rash to ensure functional and highly sensitive surveillance system.

**ACCELERATE**

- Deploy innovative approaches to strengthen case-based surveillance for fever and rash to ensure functional and highly sensitive surveillance system.

**INNOVATE**

- Innovate to expand the reach of measles and rubella vaccines for everyone, everywhere.
- Innovate to expand the reach of measles and rubella vaccines for everyone, everywhere.

**IMPACT OF ACHIEVING FLAGSHIP TARGET**

**MEASLES**

- Annually half a million measles deaths will be averted in the Region.
- At least one million cases will have been prevented and that will save 2 weeks of DALYs for every case of measles thwarted.

**RUBELLA**

- Annually 105,000 cases of congenital rubella syndrome will be prevented. The cost of a CRS case management (treatment and disability support) has been estimated to be US$ 4,200 for low-income countries, US$ 57,000 per case in middle-income countries and US$ 140,000 over a lifetime in high-income countries.
- The loss of DALYs for every CRS case averted will be between 27 years in low- and middle-income countries to 18 years in high-income countries.
Immunity gaps for measles and rubella remain:
- Measles and Rubella containing vaccine 1 & 2 coverage is below the desired levels.
- Policy/Programmatic framework barriers to vaccinating older children and adults exist.
- There is increasing vaccine hesitancy in areas where vaccine acceptance was high.
- Surveillance sensitivity remains below the desired targets in four out of the 11 countries of the Region in 2018.

The mid-term review conducted in 2017 had noted a financial deficit of US$ 1.3 per live birth in the funds required to optimally implement the current strategies. These have an impact on:
- Ramp-down of polio funding which was crucial to maintain surveillance network in five large countries.
- Dealing with non-priority countries that have an increased case burden.
- Providing laboratory network support including for diagnostic kit procurement services.
- Immunization and surveillance data quality is a challenge. Data quality issues prevent the calculation of the exact disease burden as well as identify areas with immunity gaps.

### Impact of Achieving Flagship Target

#### Measles
- Annually half a million measles deaths will be averted in the Region.
- At least one million cases will have been prevented and that will save 2 weeks of DALYs for every case of measles thwarted.
- Annually 105 000 cases of congenital rubella syndrome will be prevented. The cost of a CRS case management (treatment and disability support) has been estimated to be US$ 4200 for low-income countries, US$ 57 000 per case in middle-income countries and US$ 140 000 over a lifetime in high-income countries.
- The loss of DALYs for every CRS case averted will be between 27 years in low- and middle-income countries to 18 years in high-income countries.

#### Rubella
- Sustain the interruption of transmission of endemic measles in Bhutan, Maldives, DPR Korea, Sri Lanka and Timor-Leste; and rubella and congenital rubella syndrome control in Bangladesh, Bhutan, Maldives, Nepal, Sri Lanka and Timor-Leste.
- Also ensure the continued and robust functioning of WHO’s global measles eradication is achieved.

### THE WAY FORWARD

**Sustain**
- Sustain the interruption of transmission of endemic measles in Bhutan, Maldives, DPR Korea, Sri Lanka and Timor-Leste; and rubella and congenital rubella syndrome control in Bangladesh, Bhutan, Maldives, Nepal, Sri Lanka and Timor-Leste.
- Also ensure the continued and robust functioning of WHO’s global measles eradication is achieved.

**Accelerate**
- Accelerate efforts to strengthen acute fever and maculopapular rash surveillance and bridge the immunity gaps against measles and rubella among the populations of all countries of the Region.
- Innovate to expand the reach of measles and rubella vaccines for everyone, everywhere.
- Deploy innovative approaches to strengthen case-based surveillance for fever and rash to ensure functional and highly sensitive surveillance system.

**Innovate**
- Accelerate efforts to strengthen acute fever and maculopapular rash surveillance and bridge the immunity gaps against measles and rubella among the populations of all countries of the Region.
- Innovate to expand the reach of measles and rubella vaccines for everyone, everywhere.
- Deploy innovative approaches to strengthen case-based surveillance for fever and rash to ensure functional and highly sensitive surveillance system.