

MEASLES AND RUBELLA STRATEGIC FRAMEWORK 2021–2030



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ACRONYMS AND ABBREVIATIONS

2YL	second year of life
COVID-19	coronavirus disease 2019
CP	core principle
CRS	congenital rubella syndrome
CSO	civil society organization
Gavi	Gavi, the Vaccine Alliance
Gavi 5.0	Gavi, the Vaccine Alliance 2021–2025 strategy
GPW13	Thirteenth General Programme of Work 2019–2023 (WHO)
HCD	Human Centred Design 4 Health
IA2030	Immunization Agenda 2030
IT	information technology
ITFDE	International Task Force for Disease Eradication
MCV1	first dose of measles-containing vaccine
MCV2	second dose of measles-containing vaccine
MI4A	Market Information for Access to Vaccines
MOSRP	Measles Outbreak Strategic Response Plan
MOV	missed opportunities for vaccination
MRSP 2012–2020	Global Measles and Rubella Strategic Plan 2012–2020
MRSF 2021–2030	Measles and Rubella Strategic Framework 2021–2030
PAHO	Pan American Health Organization
PHC	primary health care
PIRI	periodic intensification of routine immunization
ROI	return on investment
SAGE	Strategic Advisory Group of Experts on Immunization (WHO)
SDGs	Sustainable Development Goals (United Nations)
SIA	supplementary immunization activity
SP	strategic priority
TIP	tailoring immunization programmes
UHC	universal health coverage
UN	United Nations
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

Measles remains a major cause of morbidity and mortality worldwide, with an estimated 9.7 million cases and more than 140,000 measles-related deaths in 2018 (1). It is one of the most contagious diseases and requires maintaining high population immunity to prevent outbreaks. Measles outbreaks can serve as a tracer indicator (a sort of “canary in the

coal mine”) of health inequities and can help identify gaps in immunization programmes and primary health care (PHC) systems.

Rubella remains endemic in many countries, and congenital rubella syndrome (CRS), which has long-term health consequences, continues to be reported.



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