WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD **EB113/32**
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Reducing global measles mortality

Report by the Secretariat

1. In resolution WHA56.20 the Fifty-sixth World Health Assembly stressed the importance of achieving the global goal to reduce measles deaths to half the levels of 1999 (875 000) by year 2005. In 2001, there were an estimated 745 000 deaths globally, 95% of which occurred in only 45 countries. More than 50% of these deaths occurred in the African Region. The primary reason for high measles mortality is failure to deliver at least one dose of measles vaccine to all infants.

2. Measles deaths can be prevented by using currently available vaccines and strategies. The WHO-UNICEF strategic plan for measles mortality reduction 2001-2005 outlines a comprehensive strategy for the sustainable reduction of measles mortality. This includes strengthening of routine immunization services; providing all children with a second opportunity for measles immunization, either through routine services or periodic supplementary immunization activities; measles surveillance; and improved case management with vitamin A supplementation.

3. Coverage rates for measles vaccination vary significantly by region. WHO and UNICEF estimate that the global average for routine immunization coverage increased slightly from 72% in 2001 to 73% in 2002. Lower coverages are reported for the African, South-East Asia and Eastern Mediterranean Regions (see Figure 1). In 2002, 85% of Member States provided children with a second opportunity for measles immunization compared with 83% in 2001. Member States are providing a second opportunity for measles immunization by implementing a two-dose routine schedule and/or conducting periodic measles supplemental immunization activities.

4. By the end of 2003, supplemental immunization activities had been conducted in 13 of the 45 priority countries, supported by the Measles Initiative partnership.[1] This partnership mobilized more than US$ 80 million in support of supplemental immunization activities implemented from 2001 to 2003. Over 100 million children in Africa aged 9 months to 15 years received measles vaccination through this support.

5. The reporting and investigation of measles outbreaks has increased. International and interregional importation of measles virus has been detected and interventions undertaken. Efforts are being made to strengthen measles surveillance in all regions.

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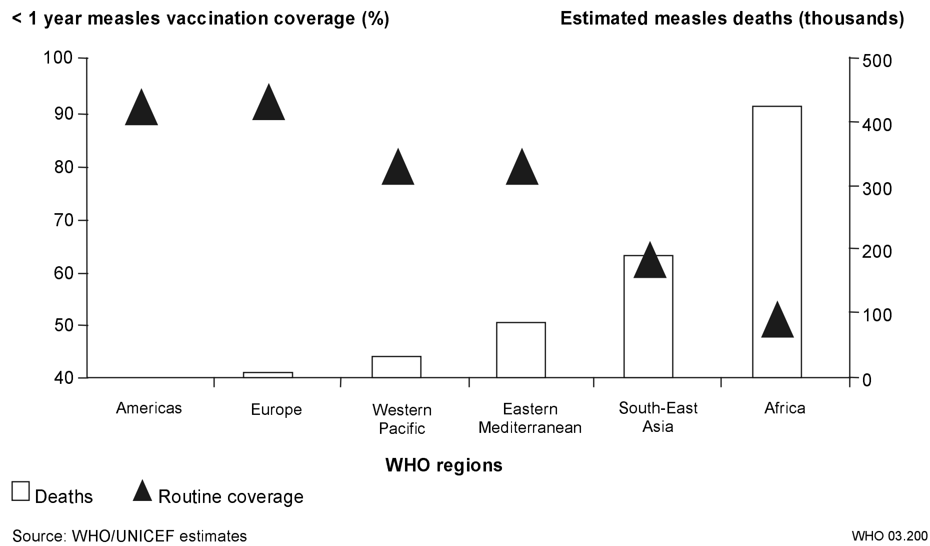
[1] Lead partners in the Initiative are the American Red Cross, Centers for Disease Control and Prevention, UNICEF, WHO and the United Nations Foundation.

Figure 1. Measles vaccination coverage and measles deaths by WHO region, 2001



6. The integration of efforts to reduce measles mortality with other health activities is being promoted. Vitamin A supplementation, anthelminthics, insecticide-treated bednets, and yellow fever vaccinations are among some of the public health interventions that have been delivered during measles campaigns. Country programmes and immunization systems have been reviewed to monitor implementation of strategies and plans.

7. Additional financial resources will be required to implement fully the comprehensive measles strategy over the next three years in the 45 priority countries which account for 95% of global measles deaths (see Figure 2).

Figure 2. WHO/UNICEF priority countries that account for 95% of measles deaths

8. The Cape Town Measles Declaration (October 2003) on the sustainable reduction of measles mortality has reinforced commitment of countries and their partners. WHO and UNICEF will work together on a global strategic plan for measles mortality reduction for the period 2005 to 2009. The plan will outline recommended immunization and surveillance strategies and summarize financial resources required for the 45 priority countries. It will also highlight the importance of strengthening partnerships, financial sustainability, and the need for enhanced efforts in the areas of communication and advocacy.

9. Priority countries need to implement more effectively the WHO-UNICEF strategic plan for measles mortality reduction 2001-2005 within national immunization programmes. A district-level focus on achieving and maintaining high levels of vaccination coverage through routine services needs to be promoted in all countries. In addition, all children should be offered a second opportunity for measles immunization, either through routine services or through periodic supplemental immunization activities.

10. Funding needs to be secured for strengthening routine immunization services and conducting planned periodic supplemental immunization activities in priority countries. The success of the Measles Initiative in Africa provides a possible model for other regions.

11. Country ownership of strategies and goals for measles mortality reduction is a prerequisite for achieving a sustained reduction in measles deaths. Partners can contribute to and complement country efforts. Synergy with other activities for strengthening routine immunization systems should be promoted. Efforts are being made to assure coordination between activities to reduce measles mortality and the work of the Global Alliance for Vaccines and Immunization (GAVI).

ACTION BY THE EXECUTIVE BOARD

12. The Executive Board is invited to note the present report.

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