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منظمة الصحة العالمية
المكتب الإقليمي لشرق المتوسط

In the Name of God, the Compassionate, the Merciful

Message from

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to the

INTERCOUNTRY MEETING ON ACCELERATION OF MEASLES CONTROL

Sana'a, Republic of Yemen, 25–27 August 2001

Your Excellency, ladies and gentlemen, dear colleagues,

It gives me great pleasure to welcome you to this fourth intercountry meeting on acceleration of measles control organized by WHO. I wish to express my sincere thanks to the Government of the Republic of Yemen for hosting this workshop and for providing such excellent support and facilities. My thanks and deep appreciation are due to His Excellency Dr Abdul Nasser Munibari, Minister of Public Health and Population, for his interest and support and for honouring us with his presence and inaugurating this meeting today.

I wish also to welcome and extend sincere thanks to our colleagues from the Centers of Disease Control of Atlanta, UNICEF and WHO headquarters, for participating in this meeting and for their continuous interest, commitment and support to immunization activities in our Region.

Dear colleagues

As you may remember, after a regional goal was set in 1997 to eliminate measles from the Region by the year 2010, a regional plan was developed and countries were divided into two groups according to the status of polio eradication and the epidemiology of measles. Group 1, the measles control acceleration group, includes 8 countries and group 2, the elimination group, 15. This plan was then revised during a technical consultation convened in August 2000, according to the recommendations of the last measles technical working group meeting and of the meeting on preventing congenital rubella syndrome. This updated regional plan was presented to you in the third intercountry meeting on acceleration of measles control held last year in Cairo, and was used as a framework during the same meeting in the exercise about drafting national action plans. I hope these draft plans have been finalized and their implementation already started.

Dear colleagues

Despite the achievements made since 1997 in implementing the measles control and elimination strategy, measles is still a common disease in many Member States, especially in countries that are in the control phase as well as in those in the elimination phase that have not yet conducted their elimination catch-up campaign. During 2000, a total of 36 480 measles cases were reported throughout the Region, almost half of the number in 1999. But, as you know, measles is still under-reported as it is still considered a natural event and the great majority of mild cases do not appear at health facilities, in addition to the fact that the reporting system is still weak in some Member States.

Regional measles routine immunization coverage rate dropped last year to 79%. Pakistan and Sudan were the principal countries responsible for this decrease since their reported coverage figures decreased between 1999 and 2000 from 81% to 75% and from 77% to 61%, respectively. In addition, reported coverage figures from Afghanistan, Djibouti and Somalia remained very low (less than 35%).

These 6 countries are eligible for GAVI support and can benefit from the sub-account related to immunization services to improve their routine immunization activities. It is very pleasant to note that Afghanistan and Pakistan succeeded brilliantly in getting GAVI approval for support from the immunization services sub-account, in addition to the Republic of Yemen, from which a few clarifications were requested in order to get the same approval. I hope that Djibouti and Sudan, both of which have been requested to re-apply for the October review round for the same sub-account, will join the first three nominated countries. To increase the chances of Djibouti and Sudan in getting GAVI approval, the Regional Office has recently sent consultants to assist them in addressing the issues raised by the GAVI proposal independent review committee. We are also planning to provide the same support to Somalia before the end of this year.

Dear colleagues

Supplementary immunization activities are the second main strategy which aims to catch up with previously unreached children and prevent occurrence of outbreaks. Nevertheless, preliminary data suggest that targeted high-risk area campaigns have limited impact on measles transmission either in the areas in which they were conducted or in surrounding areas. For that reason, the updated regional plan of action recommends that campaigns should target large populations (i.e. nationwide or equivalent) and should only be implemented as part of a long-term comprehensive plan for measles control.

In this respect, I am pleased to note that the Republic of Yemen has recently conducted a nationwide measles campaign targeting 2.5 million children under 5 years of age, and is planning to conduct on January 2002 the second phase targeting 6 to 15 year-old children. I am also pleased to note that national plans are ready in Iraq to conduct a nationwide campaign for children under 5 years before the end of this year, with a second phase in 2002.

Supplementary immunization activities are as I said very important, but they should always be preceded by action to enhance the measles surveillance system. Unfortunately, surveillance remains weak in some Member States, especially in those

that are in the control phase. To address this issue and assist countries in strengthening measles surveillance activities, the WHO Eastern Mediterranean Office conducted technical follow-up visits to Egypt, Iraq and Republic of Yemen.

In this respect, I am pleased to note that most of the countries in the accelerated control phase, especially those which are very close to interruption of wild poliovirus transmission, have already started building on their experience with poliomyelitis eradication and have integrated measles into the AFP surveillance system or expanded the use of their national poliomyelities laboratories to measles outbreak investigation.

Dear colleagues

I know that your countries are currently fighting the battle against poliomyelitis, and I am confident that you will soon win this battle and build successfully on that experience to achieve your measles elimination plan. With this in view, I would like to take the opportunity to remind you once again that routine EPI is the cornerstone on which all EPI target disease elimination and eradication strategies should be built. For that purpose, routine immunization coverage should be monitored and analysed at district level monthly and defaulters should be traced and immediately caught up. All efforts should be made to improve the routine system, especially in GAVI-eligible countries which should not in any way lose this precious opportunity to build an efficient and sustainable routine immunization system.

You are therefore kindly requested to make full use of these three days to share experiences and exchange ideas; do not hesitate to raise all issues and constraints that you are facing and that can inhibit the proper implementation of your action plan. I am sure that during the next few days you will solve most of these problems.

I strongly believe that we will reach together the regional measles elimination goal in time and that coordinating efforts, moving forward collectively and ensuring national commitment and the full support of partners will constitute the essential ingredients for this success.

Finally, I would like to assure you that WHO will always support your national efforts in this regard. Once again I wish to express my sincere gratitude to all of you for your efforts and for participating in this meeting. I wish you all success in your deliberations and a pleasant stay in Sana’a.