Global eradication of measles

63\textsuperscript{rd} World Health Assembly

Information for media

Dr Peter Strebel, Medical Officer, Department of Immunization, Vaccines and Biologicals, World Health Organization

1. WHO Member States accepted the report to the World Health Assembly entitled \textit{Global eradication of measles} on 20 May 2010. I would like to bring you up to date on the global measles situation, the new targets that countries have endorsed and the formidable challenges we are now up against in the fight against this often deadly disease.

2. We have had a lot of past success. Measles deaths among children under five years of age have fallen by 89\% from 1.1 million in 1990 to 118 000 in 2008 accounting for nearly 25\% of the total decline in child mortality over this period.

3. The success and momentum have led many countries to set their sights on a more ambitious goal i.e. global eradication of measles which means that the transmission of the virus would stop. However, no target date for achieving global eradication of measles has been set.

4. Rather, at the Assembly yesterday, Member States endorsed a series of interim targets as milestones towards the eventual global eradication of measles. These targets are set for 2015 and are to:
   - achieve at least 90\% measles vaccination coverage nationally and 80\% coverage in all districts;
   - reduce measles cases to <5 per million; and
   - reduce measles mortality by 95\% compared to 2000 levels.

5. While these targets are achievable, there are barriers to reaching them in the near term and indeed to even maintaining the tremendous gains made so far. These include:
   - weak immunization and disease surveillance systems;
   - difficulties in vaccinating hard-to-reach populations (including in areas affected by conflict or natural disaster); and
   - lack of political and financial commitment.

6. Starting in 2008, there has been a considerable decline in funding and political commitment for measles control that has resulted in the stagnation of progress. Being one of the most contagious diseases, measles is making a rapid comeback.
Over the period 2009 to May 2010, there have been large measles outbreaks in Angola, Benin, Botswana, Bulgaria, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Cote d’Ivoire, Democratic Republic of the Congo, Ethiopia, Guinea, Indonesia, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Philippines, Senegal, Sierra Leone, Somalia, South Africa, Swaziland, Tanzania, Thailand, Togo, United Kingdom, Viet Nam, Zambia and Zimbabwe. In the African Region alone, more than 1100 measles deaths and over 64 000 measles cases have been reported over the past 12 months.

7. More alarmingly, WHO estimates that the combined effect of decreased financial and political commitment could result in a return to over 500 000 measles deaths a year by 2012, wiping out the gains made over the past 18 years. If measles outbreaks continue to spread in this way, the achievement of Millennium Development Goal 4 — reduction of child mortality by 2/3 — will be in jeopardy.

8. It costs less than US$1 to vaccinate a child against measles. The donor investment in measles mortality reduction over the period 2000-08 resulted in the prevention of an estimated 4.3 million deaths at US$184 per death averted. Without a doubt, the economic benefits of the investment far outweigh the cost.

9. To avoid a worldwide resurgence of measles including the reversal in progress towards MDG 4 and achieve the new targets, the following must be addressed:

- In addition to reinforcing their immunization systems as a whole, countries must continue conducting nationwide preventive vaccination campaigns every two to four years, targeting children born since the last campaign; and

- Donors must increase their investment in reducing global measles mortality. The shortfall in external funds needed for the remainder of 2010 is US$50 million. This donor investment will go towards strengthening immunization systems, implementing high quality measles vaccination campaigns, and linking measles control activities with other life-saving health interventions to improve child survival.

Further information:

*Health Topics: Measles*
http://www.who.int/topics/measles/en/

*Global eradication of measles*, report to the World Health Assembly: