

The Measles Initiative to Reduce Childhood Mortality in the African Region

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*This presentation reflects the work and contribution
of Ministries of Health of many countries as well as
support and collaboration of many partners*

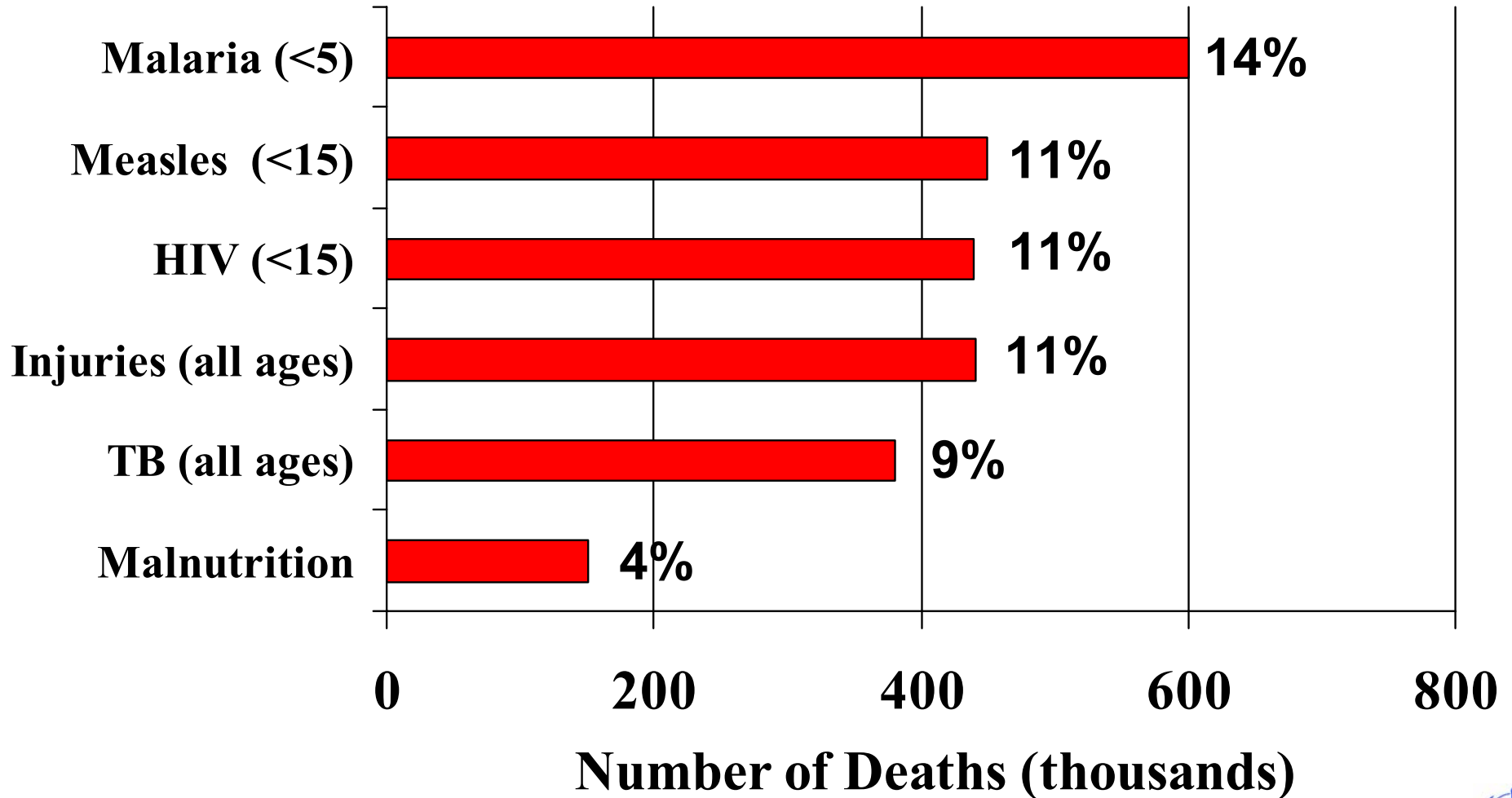


Annual Estimates of Vaccine Preventable Deaths - African Region

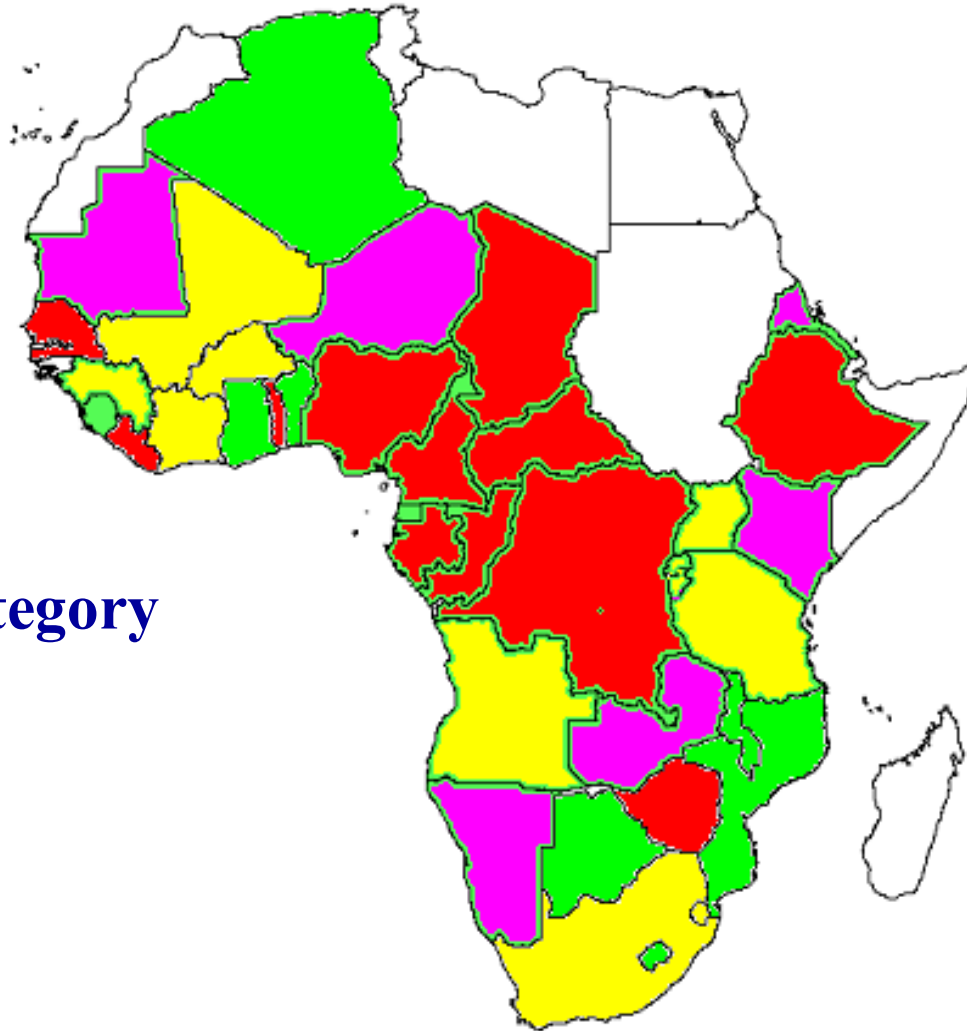
Measles	454,000
HiB	100,000 – 160,000
Hepatitis B	158,126
Pertussis	106,000 – 199,000
Neonatal Tetanus	93,141
Yellow fever	20,000 – 30,000
Total	1,025,000





Cause-Specific Childhood Deaths in Africa (4.2 million total annual deaths)



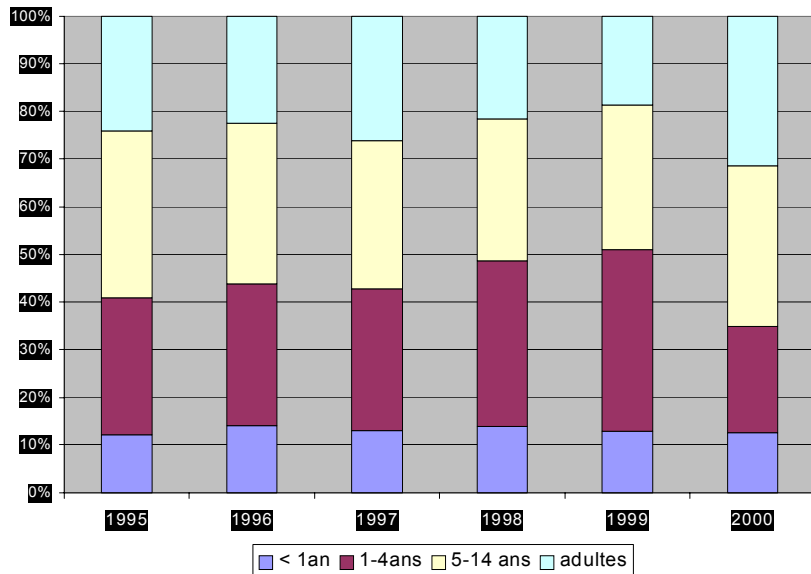
1st Opportunity – Routine Measles Coverage, AFR 2001



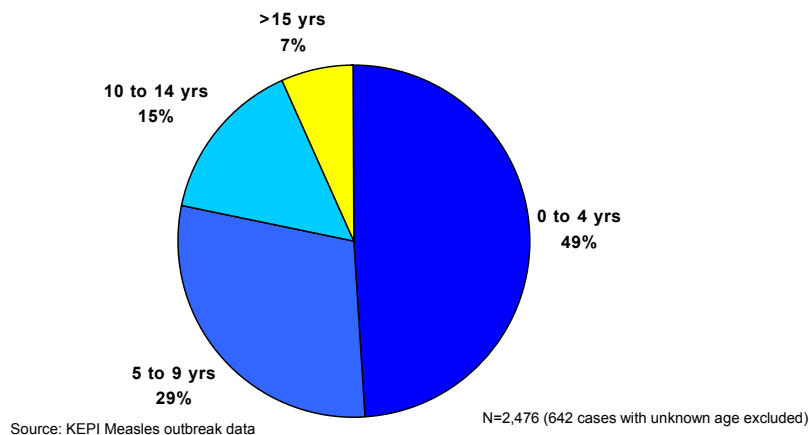
Coverage category

-  <50%
-  50 - <60%
-  60 - <75%
-  = / > 75%

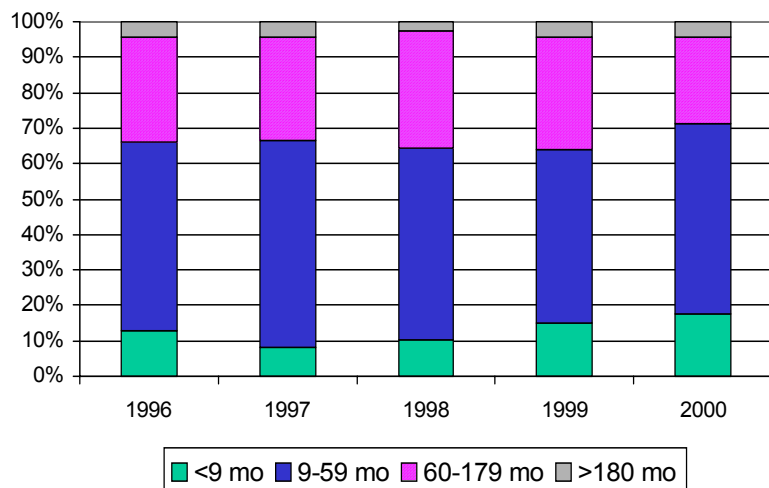
Burkina Sentinels Sites Measles Follow up (Age distribution)



Age distribution of measles Cases Kenya, 1998 – 2001



Ghana Central Prov. - Results from 3 Districts Age distribution of Measles Cases: 1996 - 2000



Even at moderate routine coverage, % cases in category 5-14yrs was ~30% with CFR ~2%





Strategies for achieving sustainable reduction of measles mortality



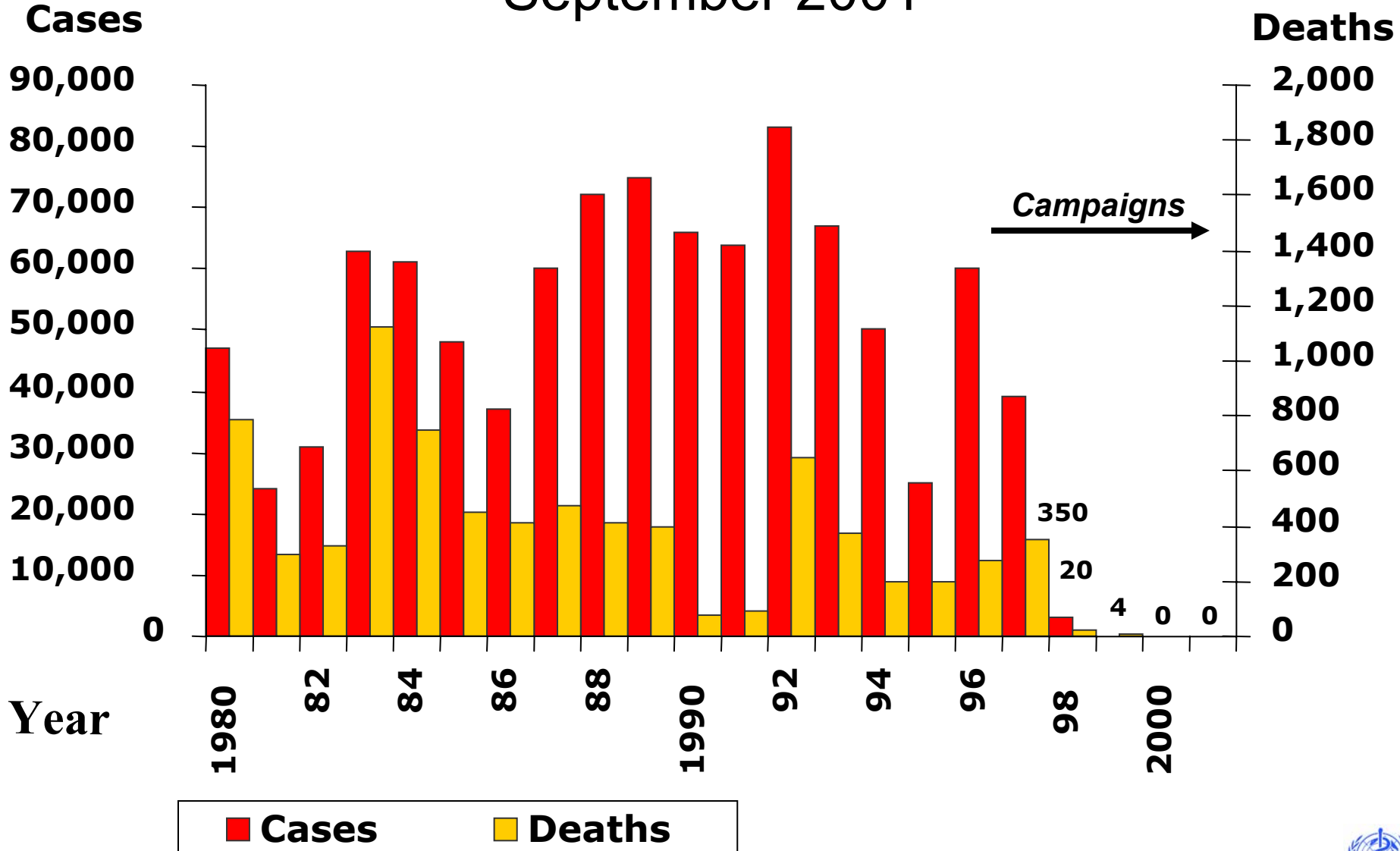
unicef

Goal

- ✓ Reduce the number of annual measles deaths by half by 2005.

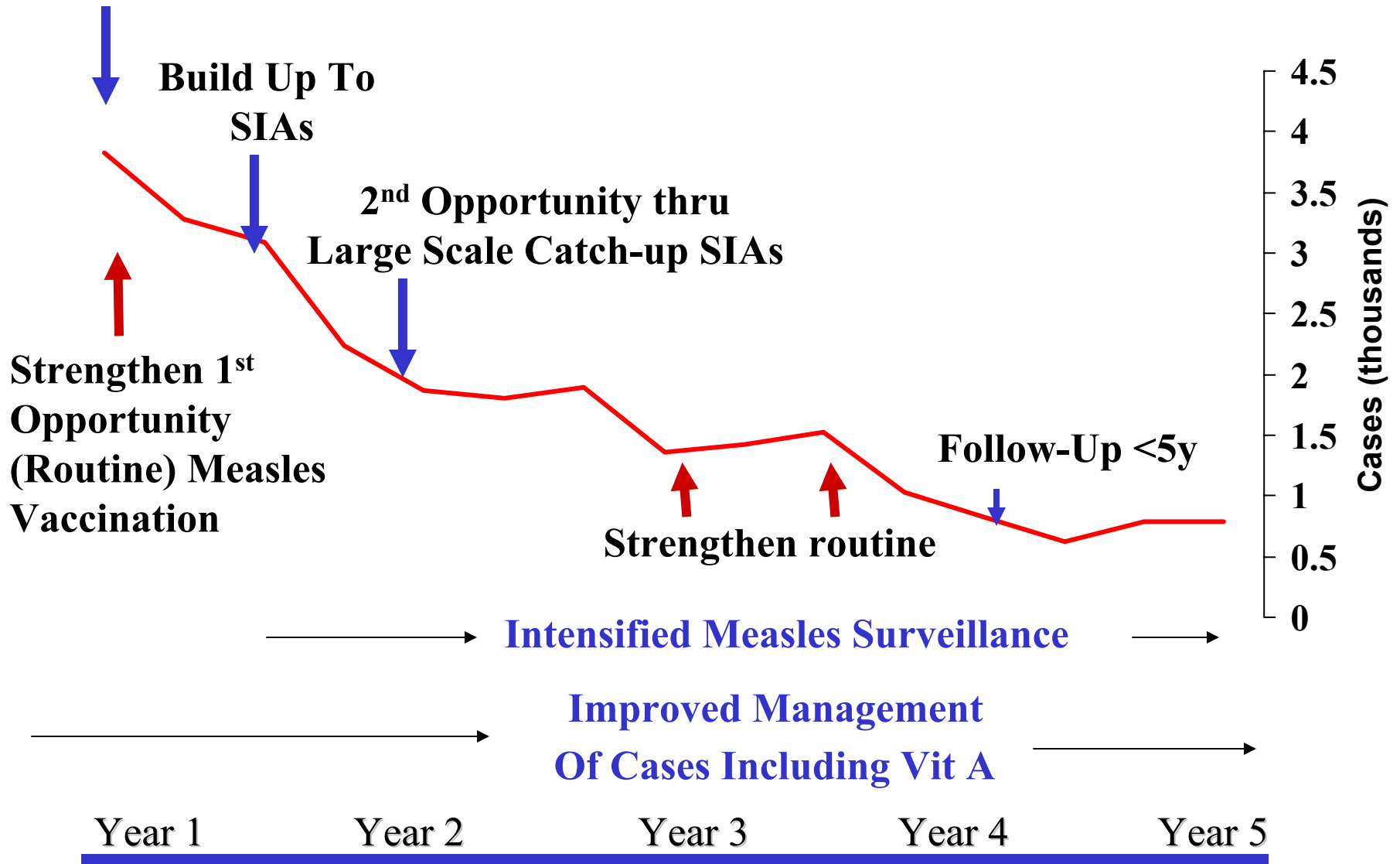
1. Routine immunization – achieve >90% routine vaccination coverage (in each district and nationally) with at least one dose of measles vaccine administered at 9 months of age or shortly thereafter.
2. Second opportunity for measles vaccination – for all children through routine or supplemental activities.
3. Measles surveillance – establish effective surveillance for measles to report regularly the number, age and vaccination status of children contracting or dying from measles, to conduct outbreak investigations and to monitor immunization coverage.
4. Improve management of complicated cases – including vitamin A supplementation and adequate treatment of complications.

Reported Measles Cases and Deaths by Year, 7 Southern African Countries, 1980 – September 2001

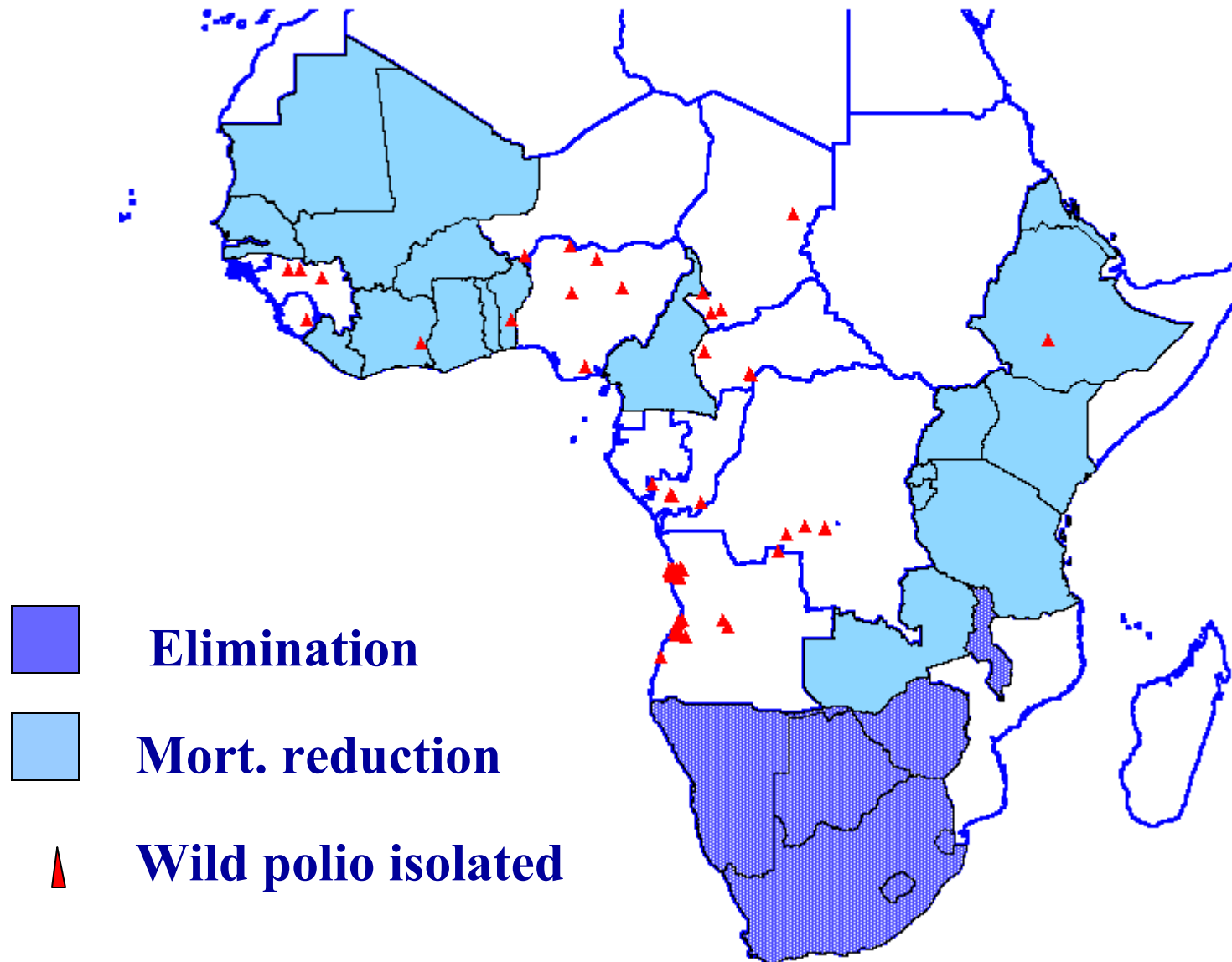


Determine local Measles Picture

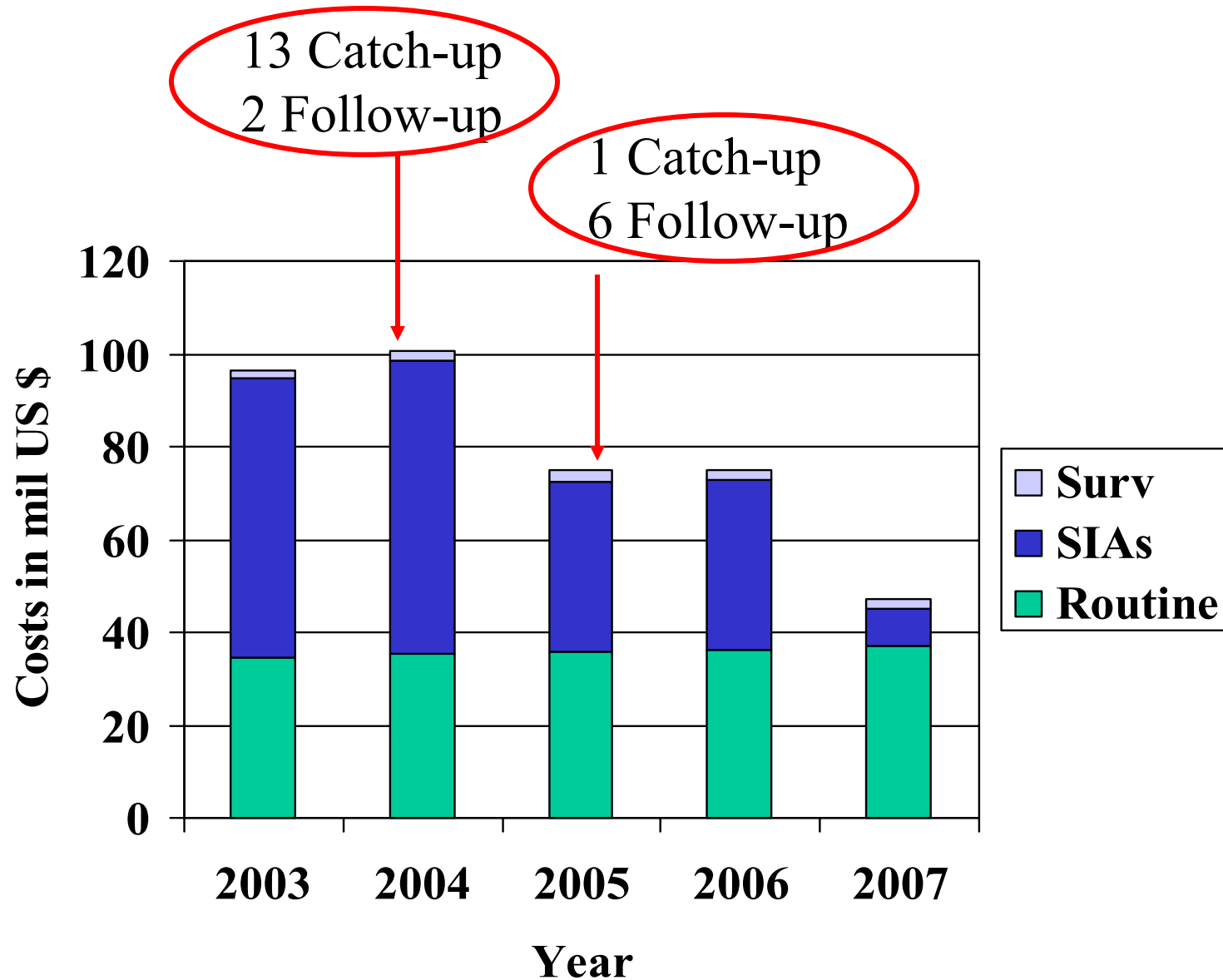
Measles Mortality Reduction: the Comprehensive Package



Priority Measles Control Focus Countries 1999 - 2000

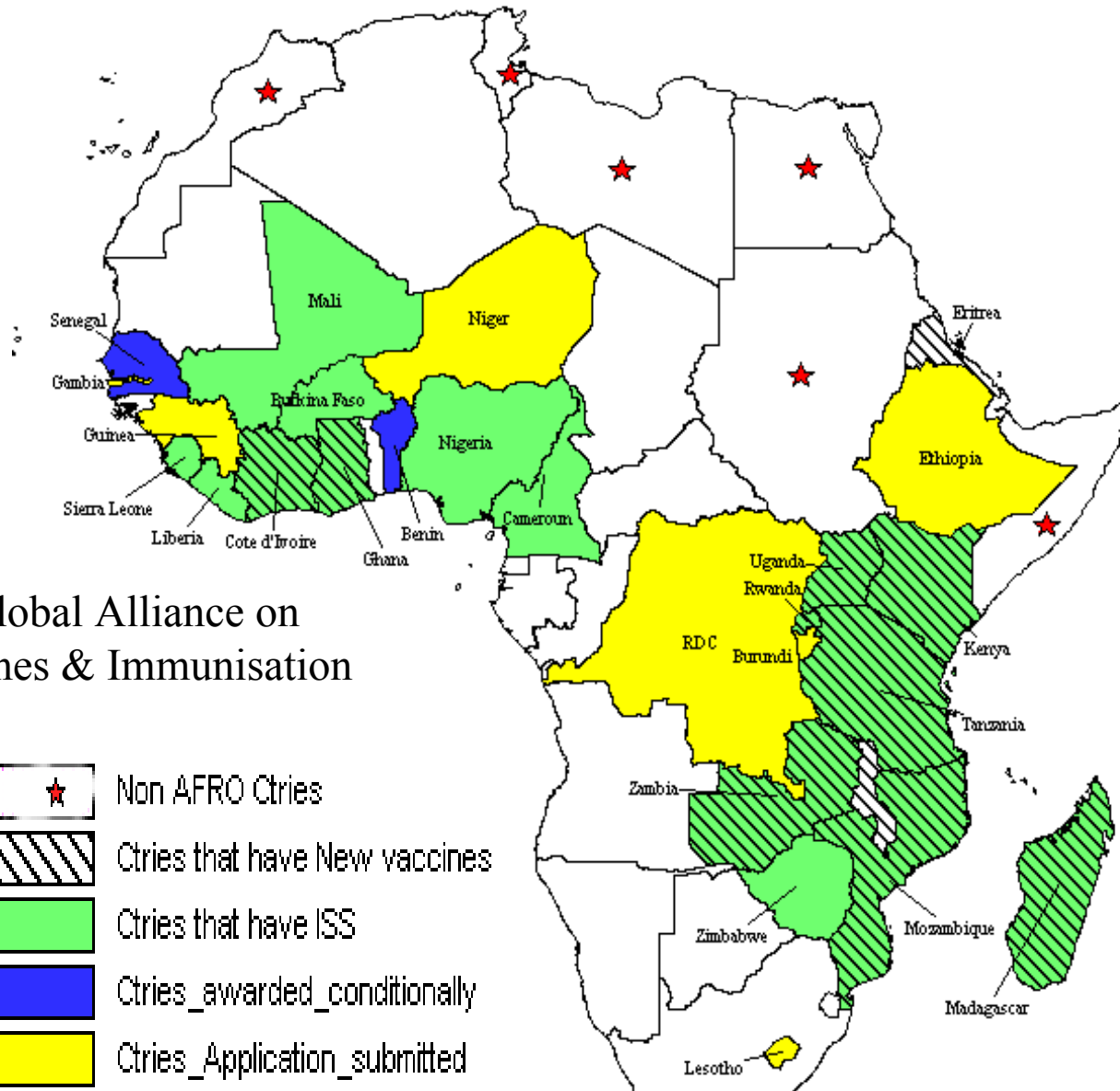


AFR Measles Control Plan – Cost Projections 2003-07



Revitalisation of Routine Immunisation

The Example of GAVI Support – AFR Early 2002



NB. GAVI = Global Alliance on Vaccines & Immunisation

-  Non AFRO Ctries
-  Ctries that have New vaccines
-  Ctries that have ISS
-  Ctries awarded conditionally
-  Ctries Application submitted



American Red Cross
Together, we can save a life



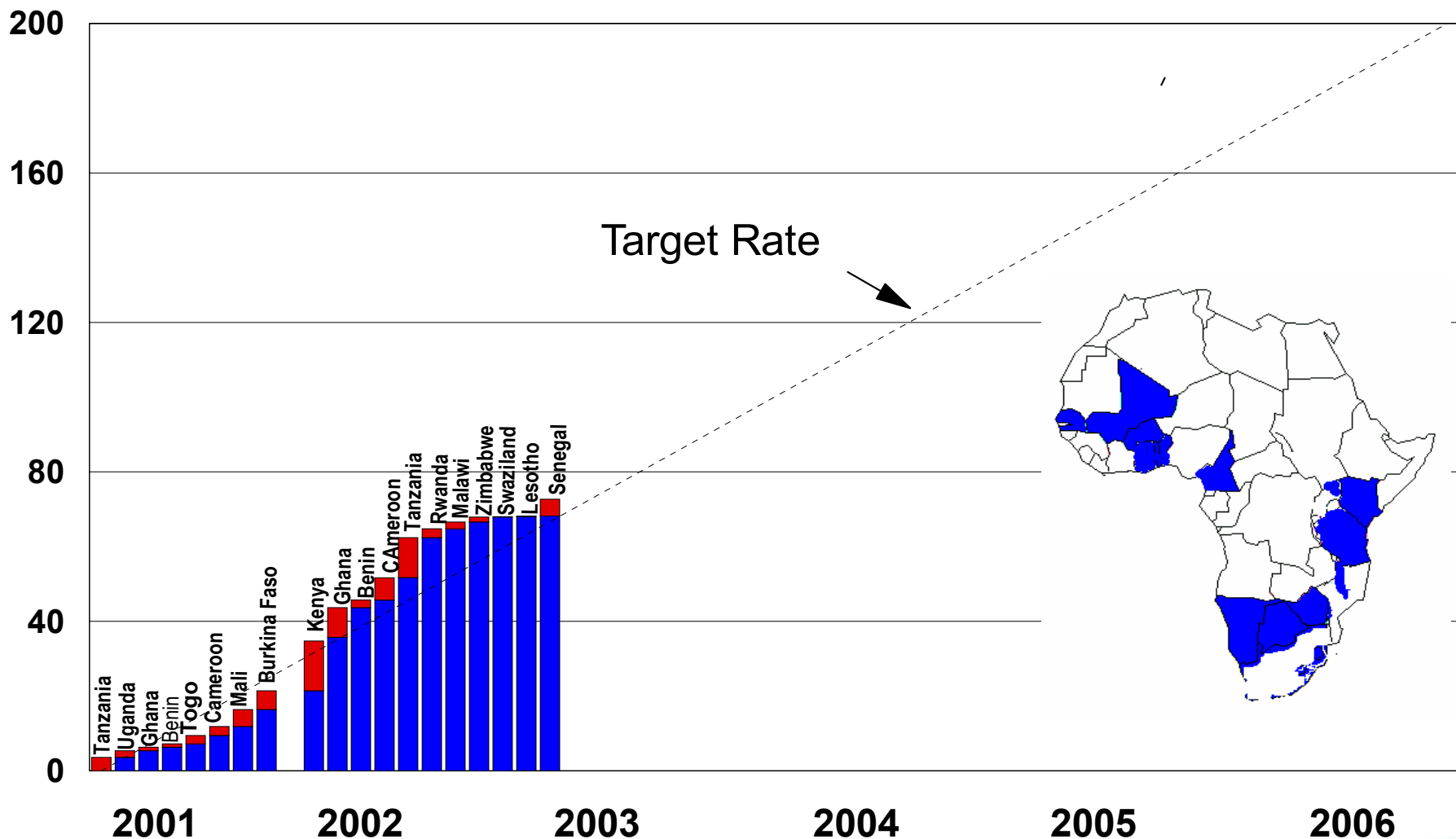
The Measles Partnership

*Approx. US\$ 60 million mobilised
to vaccinate ~ 70 million kids.*

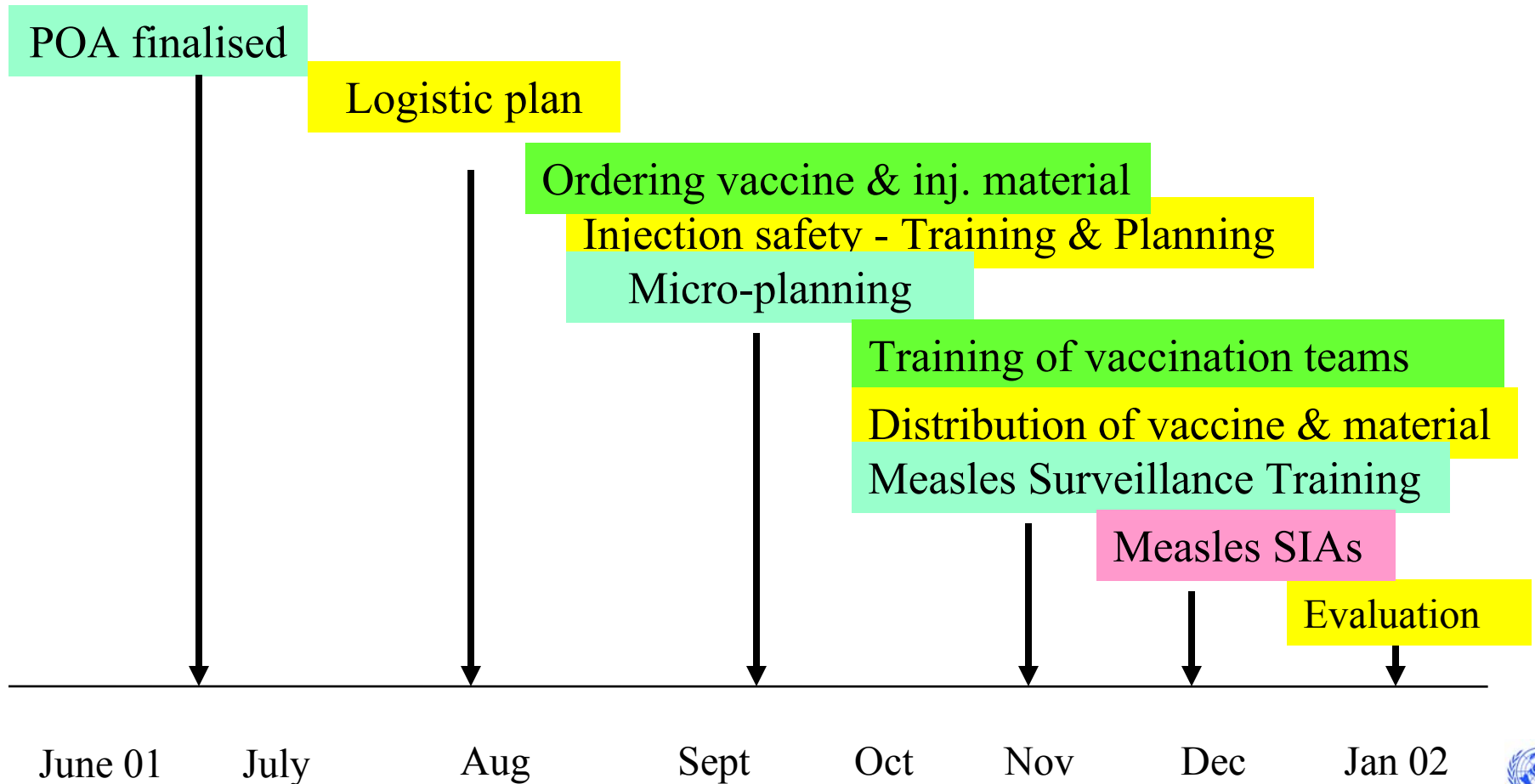
*Projections: over 80,000 measles
deaths annually prevented*

Progress of the Measles Initiative: Catch-up and Follow-up Campaigns, 2001-2002

Children Vaccinated (millions)



Build up to High Quality Measles SIAs AFR Experience



Cost of Vaccinating a Child with Measles Vaccine in Africa During a Mass Campaign

Measles vaccine ~ 0.15 USD

AD syringes ~ 0.10 USD

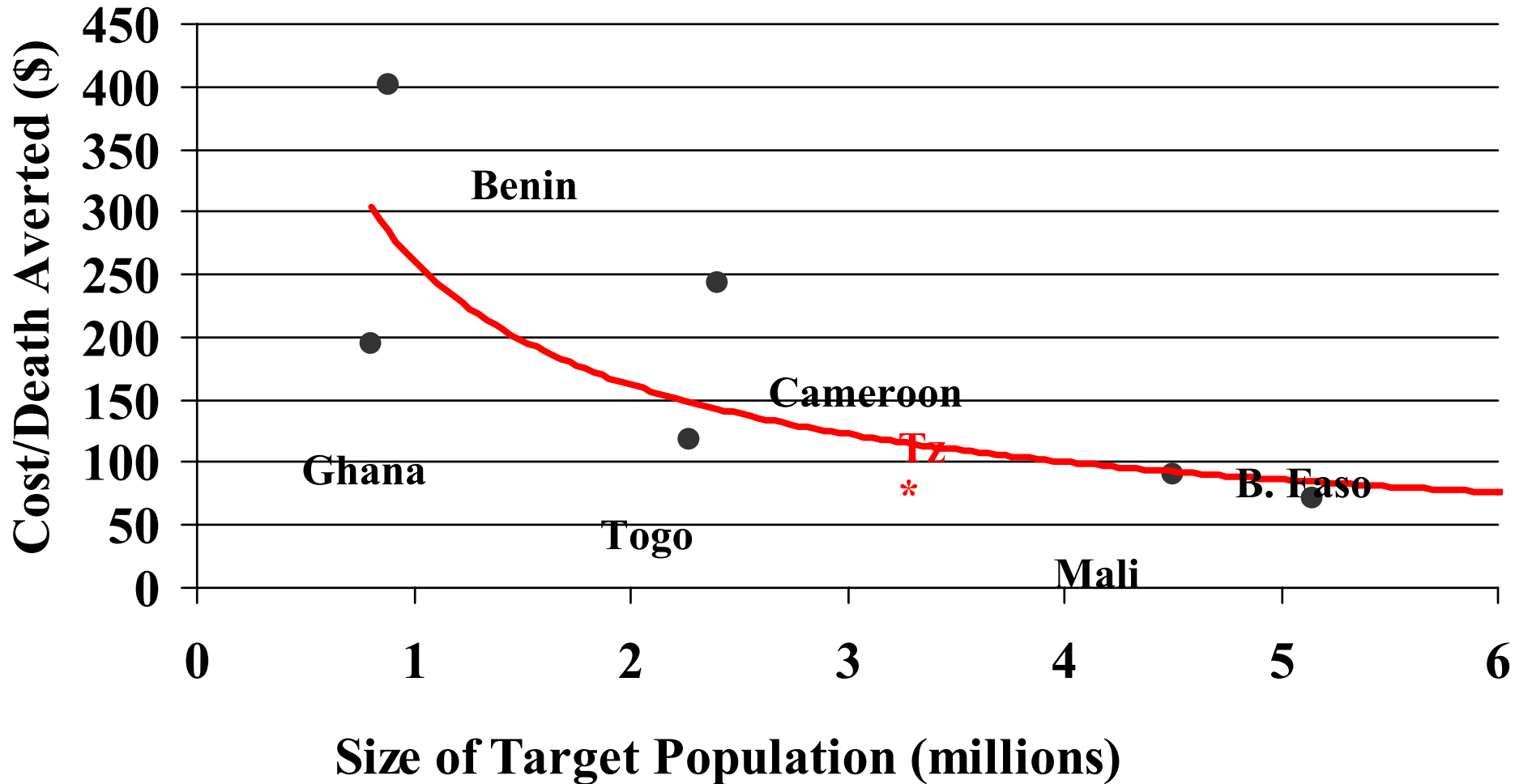
Operational costs ~ 0.40 USD

Social mobilisation ~ 0.10 USD

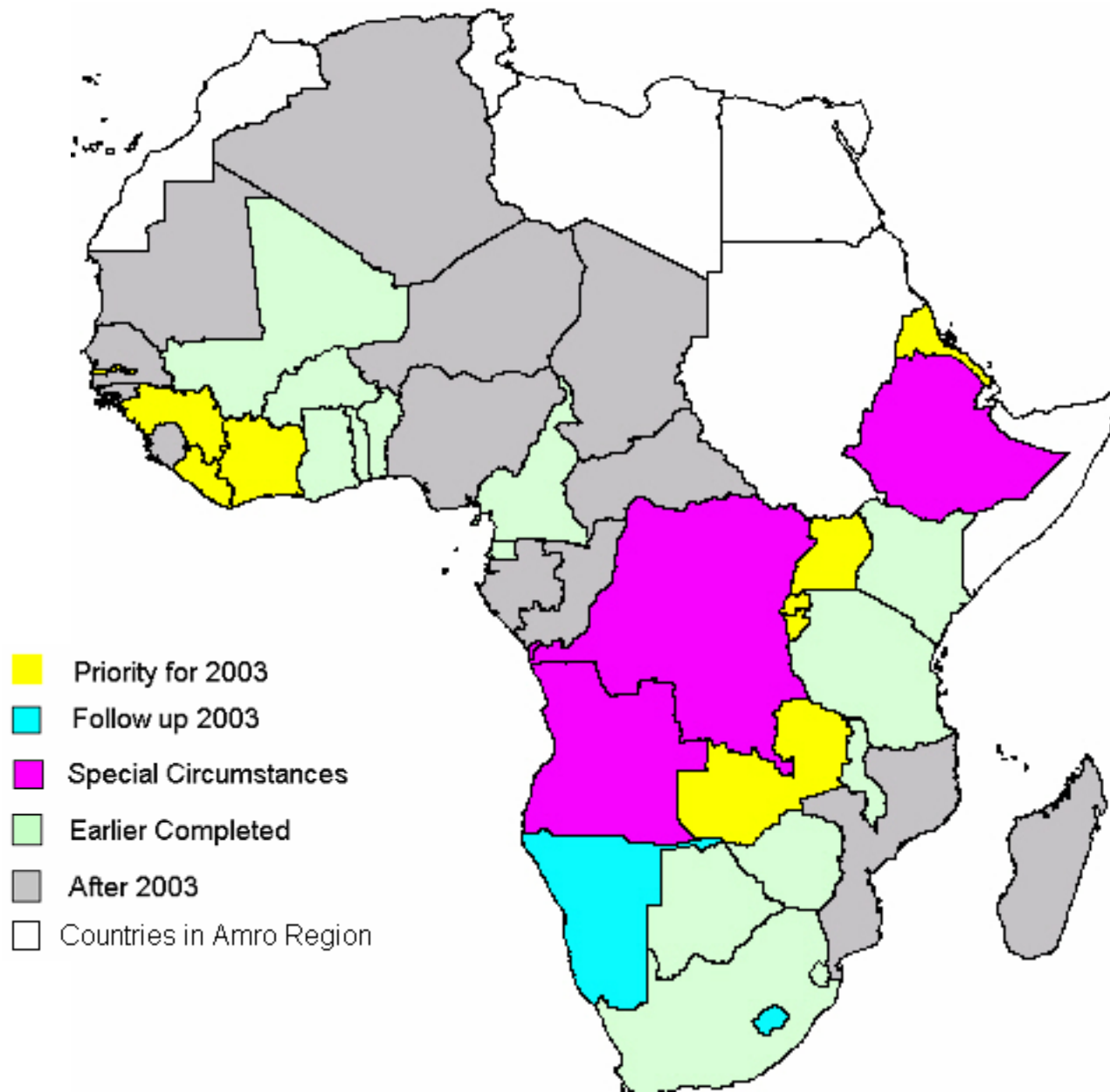
Total ~ 0.75 USD



Projected Cost/Death Prevented During Measles Campaigns by Size of Campaign

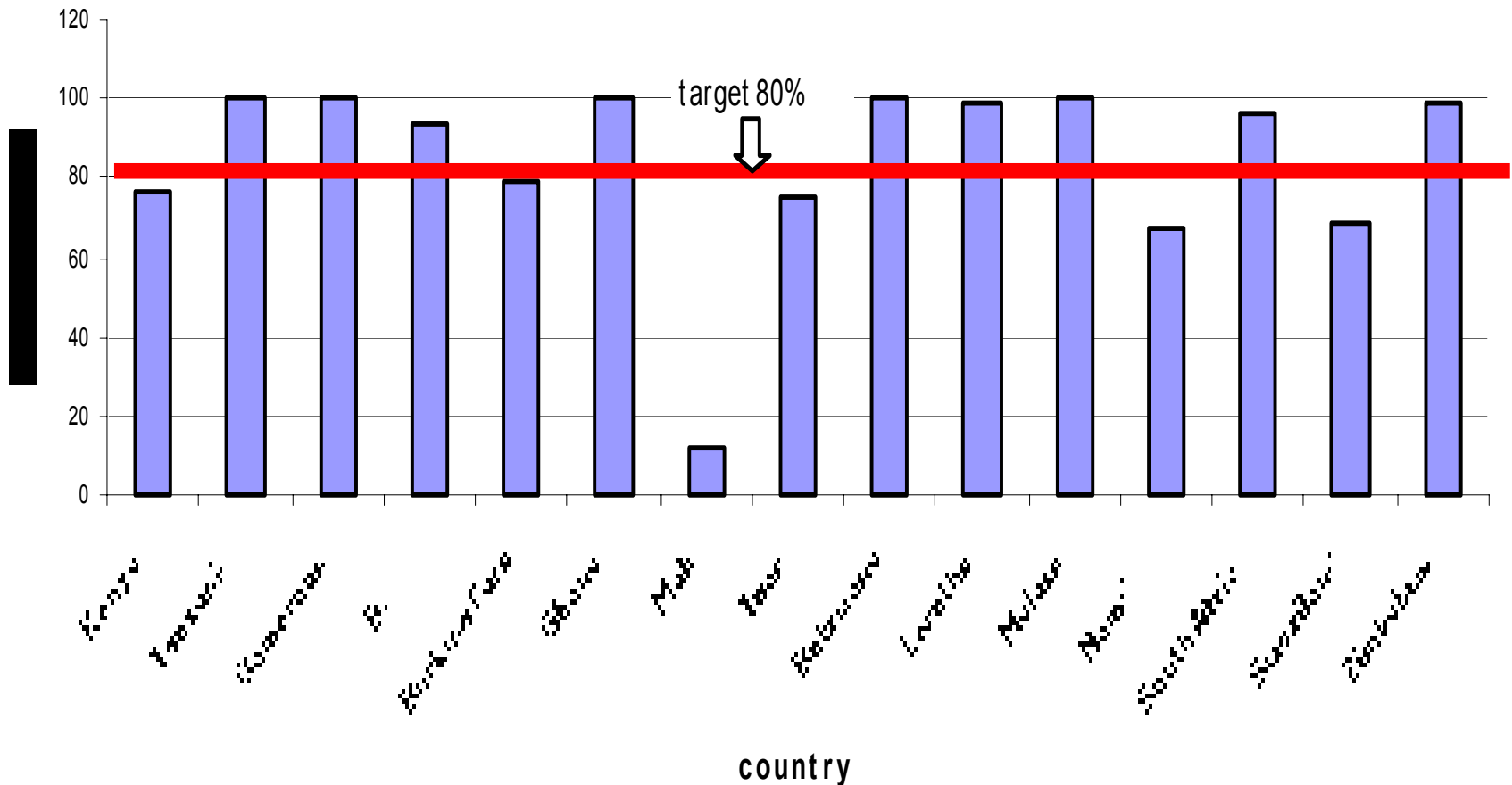


Status - 2nd Opportunity Measles Vaccination African Region, Dec 2002



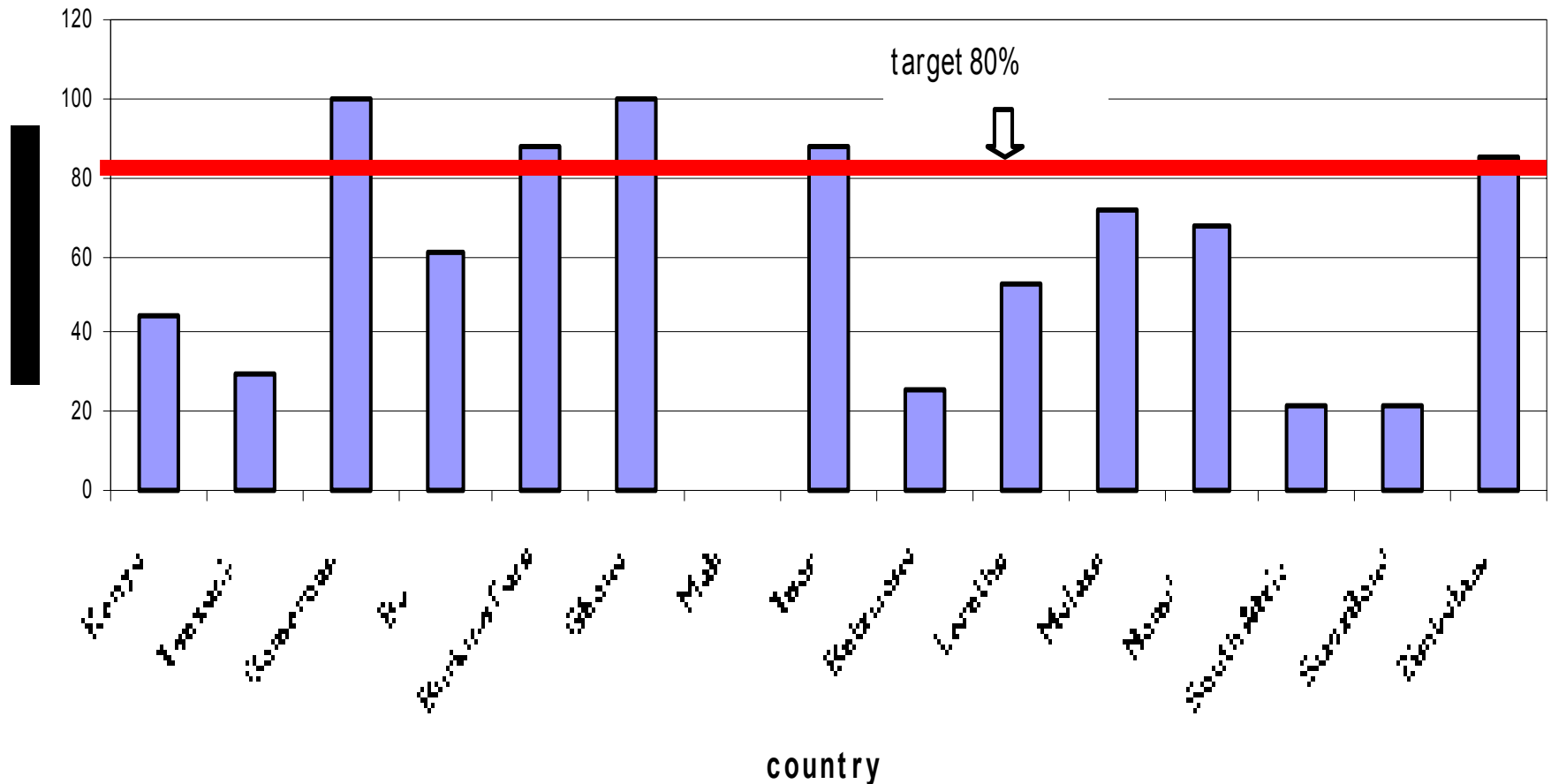
Measles Surveillance in AFR:

Proportion of Reported Cases with a Blood Specimen Taken for Lab. Confirmation

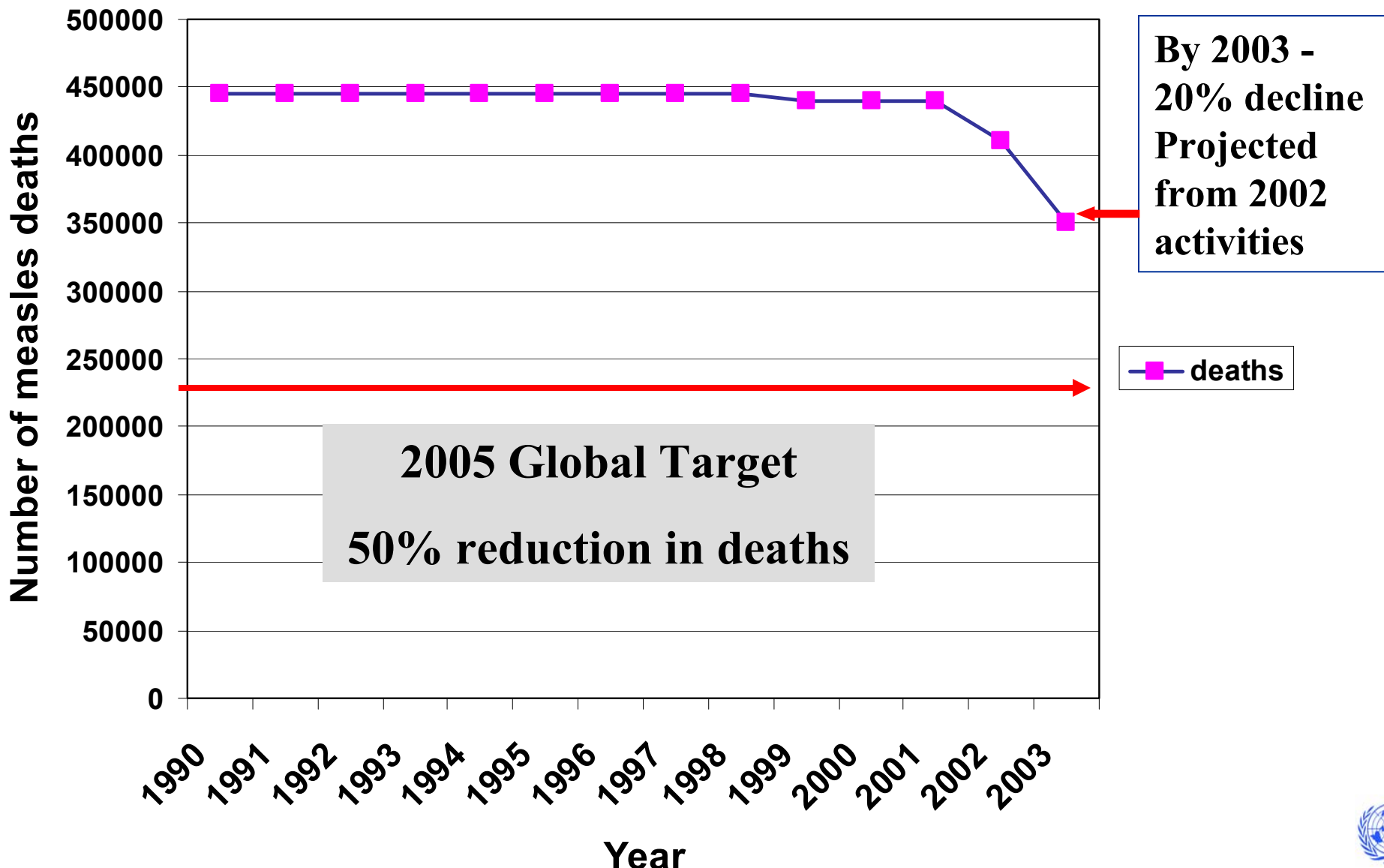


Measles Surveillance in AFR - 2

Proportion of Districts Reporting at Least 1 case per 100,000 Population



Projected Impact on Measles Mortality in the African Region (1990 - 2003)



Conclusion

- ① Real progress has been made in reducing measles mortality in the AFR region.
- ② More efforts needed in improving routine measles vaccination (1st Opportunity).
- ③ Need for more resources: allocation by Min. of Health and support from partners.
- ④ Need to further improve quality of immunization, monitoring, evaluation & surveillance.

