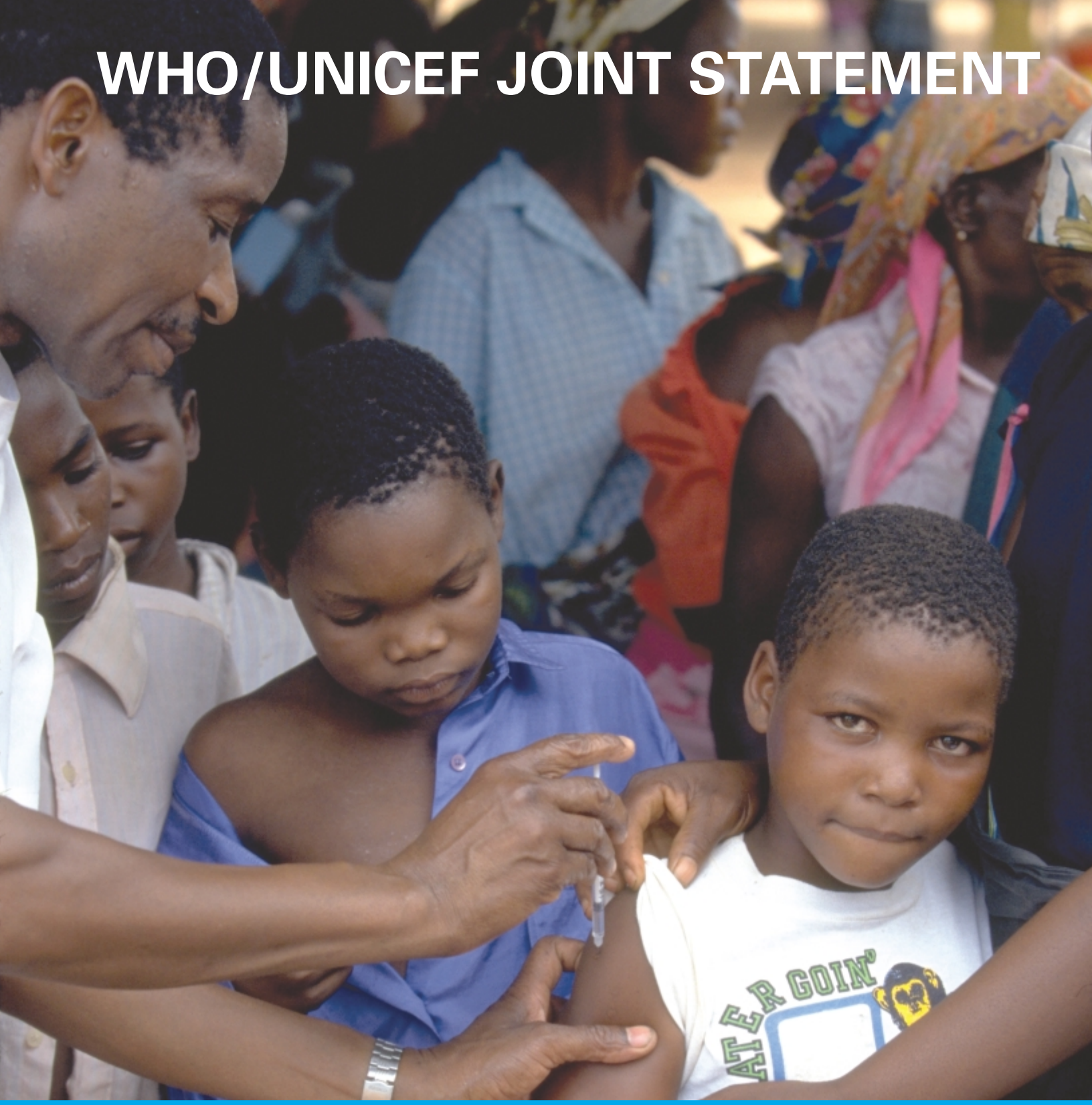
# WHO/UNICEF JOINT STATEMENT



# REDUCING MEASLES MORTALITY IN EMERGENCIES

WHO

unicef

Immunization is an essential part of a child's right to the highest attainable standard of health. This joint statement outlines optimal strategies to reduce measles mortality during and after emergencies. The goals are to reduce the number of measles deaths and interrupt transmission of the measles virus. Through encouraging and supporting national commitment and rapid action, and coordination with UNICEF and WHO, all vulnerable children can be protected against measles.

# OVERVIEW

## MEASLES IS A MAJOR KILLER OF CHILDREN IN EMERGENCIES

In emergencies, immunizing children against measles is among the most cost-effective preventive public health measures – particularly for displaced populations housed in camps.

A large share of global measles deaths occur in countries undergoing or recovering from complex emergencies, those where large numbers of civilians are affected by war or civil strife, food shortages or displacement. Infection rates soar because damage to infrastructure and health services interrupts routine immunization.

In 2002 alone, measles killed some 614,000 children worldwide. There were some 30 million cases of measles globally that year.

## EVERY CHILD'S RIGHT: IMMUNIZATION AGAINST MEASLES

All children have the right to survival and good health; immunization helps fulfil these rights. National authorities and humanitarian organizations have an obligation to protect children against measles.

The primary reason for high measles morbidity and mortality during complex emergencies is that many children are not immunized against measles. Many measles deaths can be prevented by carrying out supplemental immunization activities (SIAs) as rapidly as possible. Well-planned SIAs have proved to be highly successful in complex emergencies.

Measles immunization produces a very high health return on investment. Typically, it costs only US$0.80 to vaccinate a child against measles during SIAs – including the vaccine, safe injection equipment and operational costs – and approximately $160 to avert a death.



*A toddler is vaccinated against measles in Kabul.*

# JOINT STATEMENT

## REGARDING COUNTRIES EXPERIENCING COMPLEX EMERGENCIES

Urgent, structured and coordinated supplementary immunization activities, together with vitamin A supplementation, are the most effective means of reducing measles mortality during and after complex emergencies. UNICEF and WHO will fully support national authorities and other partners to ensure that all children are immunized against measles.

### *Guiding principles*

*Reducing measles mortality:* Measles, diarrhoea, acute respiratory infections, malaria and malnutrition are the major killers of children in complex emergencies. Of these, measles is the only condition against which an effective vaccine currently exists.

*A priority strategy:* Measles immunization, together with vitamin A supplementation, is a priority health intervention during and after emergencies. Immunization should include all children from 6 months through 14 years of age. At a minimum, children from 6 months through 4 years of age must be immunized. The choice of the ages covered will be influenced by vaccine availability, funding, human resources and local measles epidemiology. National authorities should develop and implement a measles control plan as rapidly as possible, ensuring high coverage and the maintenance of cold chain/logistics and immunization safety.

*Leadership:* WHO and UNICEF will jointly provide technical support to national measles control activities in collaboration with local authorities, United Nations country teams and the broader humanitarian community, including non-governmental organizations, Red Cross organizations and other partners.

## PROGRESS AND CHALLENGES

Reported annual measles cases declined by almost 40 per cent between 1990 and 1999. Nonetheless, measles still takes an enormous toll: in 2002 there were some 30 million cases globally, with an estimated 614,000 child deaths. In at least 15 countries, more than 50 per cent of children were not immunized against measles by their first birthday.

Measles transmission is now at very low levels, or has been interrupted, in many countries in many regions. In seven southern African countries that carried out mass measles vaccination campaigns between 1996 and 1998, measles mortality fell by 99 per cent. Similar progress has been made across the Americas. These results clearly indicate the impact of a comprehensive measles immunization strategy.

Through concerted efforts in 2000–2002, 220 million children were vaccinated against measles in 21 priority countries, including 9 undergoing emergencies, preventing an estimated 255,000 measles deaths. Simultaneously, measles surveillance systems were established in all of these countries.

Developing countries are strongly committed to tackling measles. At the Special Session on Children in May 2002, United Nations Member States unanimously adopted the goal of cutting measles mortality in half by 2005 (with 1999 as the baseline year). This goal was reaffirmed by a World Health Assembly resolution in May 2003. The WHO-UNICEF Measles Mortality Reduction and Regional Elimination Strategic Plan 2001–2005 outlines the key interventions required to achieve this goal, including increased routine coverage, periodic supplementary immunization activities and careful surveillance.

The recent success in reducing measles transmission and mortality in every region is proof positive that it is fully possible to prevent the remaining 614,000 annual deaths of children from measles. No child should die of this preventable disease.

### UNICEF/WHO 45 PRIORITY COUNTRIES FOR REDUCING MEASLES MORTALITY

*Together, these countries account for 94 per cent of the global deaths caused by measles*

Afghanistan, Angola, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Eritrea, Equatorial Guinea, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, India, Indonesia, Kenya, Lao PDR, Liberia, Madagascar, Mali, Mozambique, Myanmar, Nepal, Niger, Nigeria, Pakistan, Papua New Guinea, Rwanda, Senegal, Sierra Leone, Somalia, Sudan, Togo, Uganda, United Republic of Tanzania, Viet Nam, Zambia

# AFGHANISTAN: POST-EMERGENCY CAMPAIGN

Measles immunization coverage in Afghanistan has been very low (generally under 40 per cent) in the past decade, and the country's measles mortality rate is the second highest in the world. Weak, hungry children are particularly at risk of measles and other life-threatening diseases. Of all vaccine-preventable diseases, measles is the largest killer of children in Afghanistan, accounting for 40 per cent of childhood deaths.

## POLITICAL COMMITMENT

The Afghan Minister of Public Health launched the National Measles Immunization Campaign in December 2001, in collaboration with UNICEF, WHO and other partners. With malnutrition worsening following several years of drought, the aim of the measles campaign was to immunize at least 90 per cent of Afghan children between the ages of 6 months and 12 years. By December 2002, when the campaign ended, over 12 million children had been vaccinated. The campaign has helped save the lives of over 35,000 children.

## COVERAGE

Vaccinators reported an overwhelming response from mothers and caregivers, who flocked to immunization posts. High coverage was achieved in all areas, despite security concerns and limited access in some regions. Over 94 per cent of children between the ages of 6 months and 12 years were immunized, sufficient to prevent any large measles outbreak. The campaign also placed special emphasis on reaching older girls, who are otherwise less likely to be immunized.

*FRONT COVER: Children queue up for a measles vaccination at a camp for people displaced by flooding in Mozambique.*
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