

**TESTIMONY OF
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OF INTERNATIONAL OPERATIONS
THE AMERICAN NATIONAL RED CROSS**

**AND ON BEHALF OF
KATHY CALVIN, PRESIDENT
UNITED NATIONS FOUNDATION**

**IN SUPPORT OF FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND
PREVENTION (CDC)**

**APPROPRIATIONS SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN
SERVICES, EDUCATION AND RELATED AGENCIES**

**UNITED STATES SENATE
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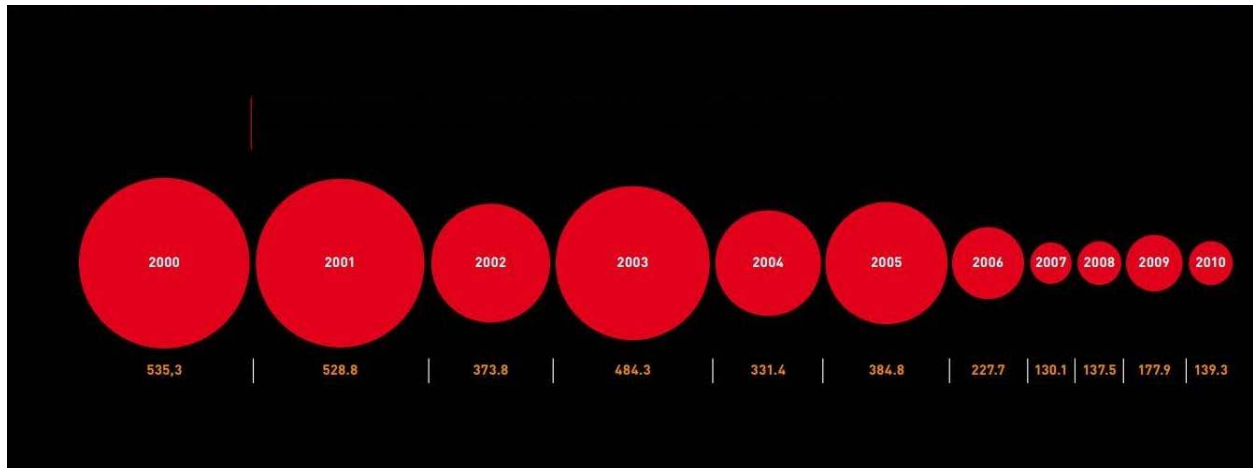
Chairman Tom Harkin, Ranking Member Jerry Moran, and Members of the Subcommittee, the American Red Cross and the United Nations Foundation appreciate the opportunity to submit testimony in support of measles control activities of the U.S. Centers for Disease Control and Prevention (CDC). The American Red Cross and the United Nations Foundation recognize the leadership that Congress has shown in funding CDC for these essential activities. We sincerely hope that Congress will continue to support the CDC during this critical period in measles control.

In 2001, CDC – along with the American Red Cross, the United Nations Foundation, the World Health Organization, and UNICEF – founded the Measles Initiative, a partnership committed to reducing measles deaths globally. In 2012, the Initiative expanded to include rubella control and adopted a new name, the Measles & Rubella Initiative (the Initiative). The Initiative aims to reach elimination goals for measles, rubella and congenital rubella syndrome. The current UN goal is to reduce global measles deaths by 95% by 2015 compared to 2000 estimates, and three of six WHO regions have set rubella control or elimination targets. The Initiative is committed to reaching these goals by providing technical and financial support to governments and communities worldwide.

The Measles & Rubella Initiative has achieved “spectacular”¹ results by supporting the vaccination of more than 1.1 billion children. Largely due to the Measles & Rubella Initiative, global measles mortality dropped 71%, from an estimated 548,000 deaths in 2000 to 158,000 in 2011 (the latest year for which data is available). During this same period, measles deaths in Africa fell by 84%. About 430 children still die from measles each day from a virus that can be countered with an effective, inexpensive vaccine; and each year more than 110,000 children are born with congenital rubella syndrome. In May 2012, the 194 member States of the World Health Assembly resolved to endorse the Global Vaccine Action Plan, which affirmed the elimination of measles and rubella by 2020 in at least five of six WHO regions as global goals.

¹ Unpublished data from Measles & Rubella, Annual Report 2012, page 11 (April 2013).

Figure 1: Estimated Number of Global Measles Deaths (in thousands), 2000-2010



Working closely with host governments, the Measles & Rubella Initiative has been the main international supporter of mass measles immunization campaigns since 2001. The Initiative mobilized more than \$1 billion and provided technical support in more than 80 developing countries on vaccination campaigns, surveillance and improving routine immunization services. From 2000 to 2011, an estimated 10 million measles deaths were averted as a result of these accelerated measles control activities at a donor cost of less than \$200/death averted, making measles mortality reduction one of the most cost-effective public health interventions.

Nearly all the measles vaccination campaigns have been able to reach more than 90% of their target populations. Countries recognize the opportunity that measles vaccination campaigns provide in accessing mothers and young children, and “integrating” the campaigns with other life-saving health interventions has become the norm. In addition to measles vaccine, vitamin A (crucial for preventing blindness in under nourished children), de-worming medicine (reduces malnutrition), and insecticide-treated bed nets (ITNs) for malaria prevention are distributed during vaccination campaigns. The scale of these distributions is immense. The Initiative and its partners have supported the distribution of more than 245 million doses of vitamin A, 113 million doses of de-worming medicine, 41 million insecticide-treated bed nets, and 137 million doses of polio vaccine. Doses of oral polio vaccines are frequently distributed during measles campaigns in polio endemic and high risk countries. The delivery of polio vaccines in conjunction with measles vaccines in these campaigns strengthens the reach of elimination and eradication efforts of these diseases. The delivery of multiple child health interventions during a single campaign is far less expensive than delivering the interventions separately, and this strategy increases the potential positive impact on children’s health from a single campaign.

The extraordinary reduction in global measles deaths contributed nearly 25% of the progress to date toward Millennium Development Goal #4 (reducing under-five child mortality). However, large outbreaks in several African, European and Asian countries in 2011 and 2012 have put the 2015 measles elimination goals at risk. These outbreaks highlight the fragility of the last

decade's progress. If mass immunization campaigns are not continued, measles deaths will increase rapidly with more than half a million deaths estimated for 2013 alone.

To achieve the 2015 goal and avoid a resurgence of measles the following actions are required:

- Fully implementing activities, both campaigns and strengthening routine measles coverage, in India since it is the greatest contributor to the global burden of measles.
- Sustaining the gains in reduced measles deaths, especially in Africa, by strengthening immunization programs to ensure that more than 90% of infants are vaccinated against measles through routine health services before their first birthday as well as conducting timely, high quality mass immunization campaigns.
- Accelerating the introduction of a second dose of measles containing vaccine into the routine immunization program of eligible countries with support from the GAVI Alliance.
- Securing sufficient funding for measles and rubella-control activities both globally and nationally. The Measles & Rubella Initiative faces a funding shortfall of an estimated US \$171 million for 2013-2015. Implementation of timely measles campaigns is increasingly dependent upon countries funding these activities locally. The decrease in donor funds available at a global level to support measles elimination activities makes increased political commitment and country ownership of the activities critical for achieving and sustaining the goal of reducing measles mortality by 95%.

If these challenges are not addressed, the remarkable gains made since 2000 will be lost and a major resurgence in measles deaths will occur.

By controlling measles and rubella cases in other countries, U.S. children are also being protected from the diseases. Measles can cause severe complications and death. A resurgence of measles occurred in the United States between 1989 and 1991, with more than 55,000 cases reported. This resurgence was particularly severe, accounting for more than 11,000 hospitalizations and 123 deaths. Since then, measles control measures in the United States have been strengthened and endemic transmission of measles cases have been eliminated here since 2000. However, importations of measles cases into this country continue to occur each year, particularly from Europe. The costs of these cases and outbreaks are substantial, both in terms of the costs to public health departments and in terms of productivity losses among people with measles and parents of sick children. Studies show that a single case of measles in the United States can cost between \$100,000 and \$200,000 to control. The US had 222 measles cases in 2011, the highest in 15 years and Canada experienced a large outbreak of over 800 cases.

The Role of CDC in Global Measles Mortality Reduction

Since FY 2001 and until 2013, Congress has provided between \$43.6 and \$49.3 million annually in funding to CDC for global measles control activities. These funds were used toward the purchase of measles vaccine for use in large-scale measles vaccination campaigns in more than

80 countries in Africa and Asia, and for the provision of technical support to Ministries of Health. Specifically, this technical support includes:

- Planning, monitoring, and evaluating large-scale measles vaccination campaigns;
- Conducting epidemiological investigations and laboratory surveillance of measles outbreaks; and
- Conducting operations research to guide cost-effective and high quality measles control programs.

In addition, CDC epidemiologists and public health specialists have worked closely with WHO, UNICEF, the United Nations Foundation, and the American Red Cross to strengthen measles control programs at global and regional levels, and will continue to work with these and other partners in implementing and strengthening rubella control programs. While it is not possible to precisely quantify the impact of CDC's financial and technical support to the Measles & Rubella Initiative, there is no doubt that CDC's support – made possible by the funding appropriated by Congress – was essential in helping achieve the sharp reduction in measles deaths in just eleven years.

The American Red Cross and the United Nations Foundation would like to acknowledge the leadership and work provided by CDC and recognize that CDC brings much more to the table than just financial resources. The Measles & Rubella Initiative is fortunate in having a partner that provides critical personnel and technical support for vaccination campaigns and in response to disease outbreaks. CDC personnel have routinely demonstrated their ability to work well with other organizations and provide solutions to complex problems that help critical work get done faster and more efficiently.

In FY 2011 and FY 2012, Congress appropriated approximately \$49 million each year to fund CDC for global measles control activities. This amount represents a \$2.7 million decrease from 2010. The American Red Cross and the United Nations Foundation respectfully request a return to FY 2010 funding levels (\$52 million) for FY 2014 for CDC's measles and rubella control activities to protect the investment of the last decade, and prevent a global resurgence of measles and a loss of progress toward Millennium Development Goal #4.

Your commitment has brought us unprecedented victories in reducing measles mortality around the world. In addition, your continued support for this initiative helps prevent children from suffering from this preventable disease both abroad and in the United States.

Thank you for the opportunity to submit testimony.