

**TESTIMONY OF
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THE AMERICAN NATIONAL RED CROSS
AND ON BEHALF OF
THE HONORABLE TIMOTHY E. WIRTH, PRESIDENT,
UNITED NATIONS FOUNDATION**

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

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

UNITED STATES SENATE

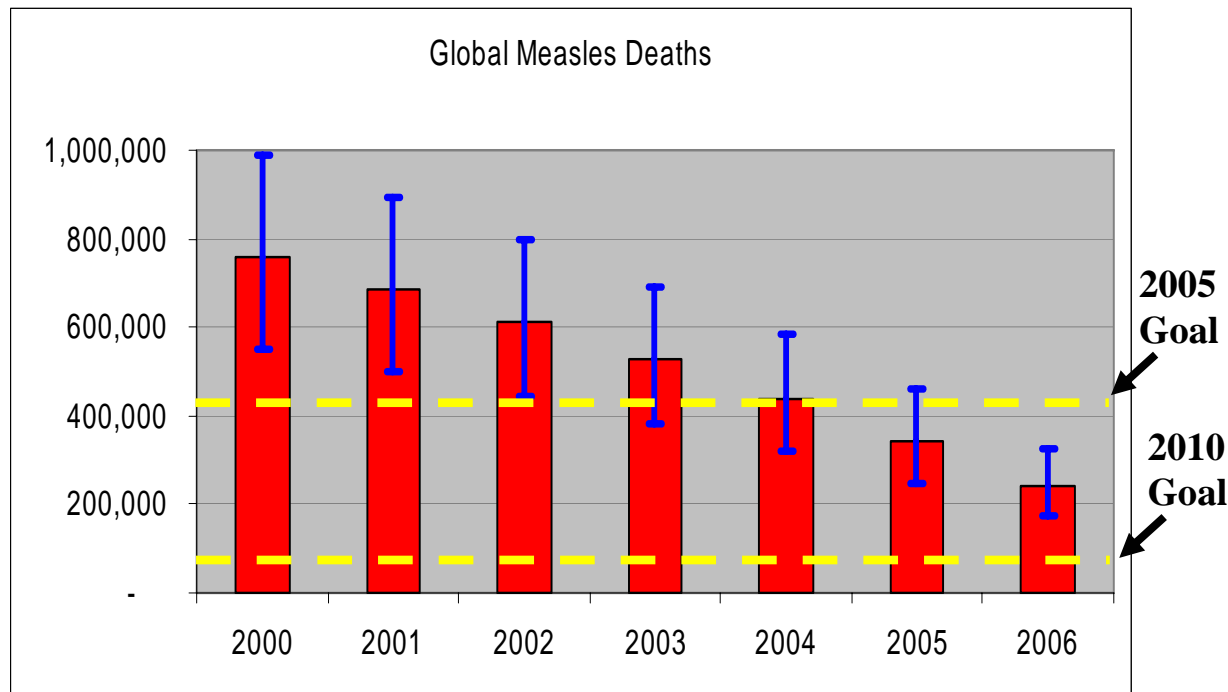
April 28, 2008

Chairman Harkin, Senator Specter, 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.

In 2001, CDC – along with the American Red Cross, the United Nations Foundation, the World Health Organization, and UNICEF – became one of the spearheading partners of the Measles Initiative, a partnership committed to reducing measles deaths globally. The current UN goal is to reduce measles deaths by 90% by 2010 compared to 2000 estimates. The Measles Initiative is committed to reaching this goal by providing technical and financial support to governments and communities worldwide.

The Measles Initiative has achieved “spectacular”¹ results by supporting the vaccination of more than 500 million children. Largely due to the Measles Initiative, global measles mortality dropped 68%, from an estimated 757,000 deaths in 2000 to 242,000 in 2006. During this same period, measles deaths in Africa fell by 91%, from 396,000 to 36,000.

¹ The Lancet, Volume 8, page 13 (January 2008).



Working closely with host governments, the Measles Initiative has been the main international supporter of mass measles immunization campaigns since 2001. The Initiative mobilized more than \$635 million and provided technical support in more than 50 developing countries on vaccination campaigns, surveillance and improving routine immunization services. During the period 2001-2006, the donor investment of 429 million USD resulted in the prevention of 2.3 million deaths, i.e. 184 USD per 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 opportunities 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, and insecticide-treated bed nets (ITNs) for malaria prevention are distributed during vaccination campaigns. The scale of these distributions is immense. For example, more than 31 million ITNs were distributed in vaccination campaigns in the last few years. 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.

Countries are well positioned to achieve the 2010 goal and to take a bold step towards achievement of the 2015 Millennium Development Goal #4 of reducing under-five child mortality. The Measles Initiative is now supporting the full implementation of measles mortality reduction activities in South Asia, where the measles burden remains high. In addition, The Initiative is continuing efforts in Africa to sustain and improve on the current success.

Achieving these goals will require the continued and expanded support of CDC for the purchase of vaccine and the provision of technical expertise.

By controlling measles cases in other countries, U.S. children are also being protected from the disease. A major 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.

The Role of CDC in Global Measles Mortality Reduction

Since FY 2001, Congress has provided approximately \$42m annually in funding to CDC for global measles control activities. These funds were used toward the purchase of more than 400 million doses of measles vaccine for use in large-scale measles vaccination campaigns in more than 50 countries in Africa and Asia, and for the provision of technical support to Ministries of Health in those countries. 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.

While it is not possible to precisely quantify the impact of CDC's financial and technical support to the Measles 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 six 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 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 2008, Congress has appropriated approximately \$41.8 million to fund CDC for global measles control activities. The American Red Cross and the United Nations Foundation thank Congress for the financial support that has been provided to CDC in the past and this year. We respectfully request a total of \$51.8 million for FY 2009 funding for CDC's measles control

activities so that the gains made to date can continue and the 2010 goal of a 90% reduction in measles deaths can be achieved.

The additional funds we are seeking for CDC are critical for:

- Sustaining the great progress in measles mortality reduction in Africa by strengthening measles surveillance and strengthening the delivery of measles vaccine through routine immunization services to protect new birth cohorts;
- Conducting large-scale measles vaccination campaigns in South Asia, especially in India, thus protecting millions of children;
- Conducting nationwide measles vaccination campaigns in countries, such as the Philippines, lacking access to traditional and new funding sources.

Your commitment has brought us unprecedented victories in reducing measles mortality around the world. Measles can cause severe complications and death. It's important to note that measles control globally also protects children in the United States from the disease. The Americas as a region eliminated endemic measles in 2002, but each year countries in the region have outbreaks of imported measles cases. These outbreaks cause needless suffering and accrue public health costs which in the US are upwards of \$150,000 to respond to each case. Therefore, 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.