

Taking the initiative

Eliminating a disease from the world is no easy task. All too often failure to reach an elimination target outweighs the achievements made along the path to elimination. But now there is good news from the global measles elimination programme, which has not only exceeded its target for 2005, but it is under budget and ahead of schedule.

In 2001 the WHO and UNICEF formulated a global plan for reducing measles mortality. The target set was a 50% decrease in the number of measles deaths by 2005 compared with 1999. Now a preliminary analysis of the 2004 data from Africa indicates that there has been a 60% reduction in measles mortality. This achievement means that more than 200 million children in Africa have been vaccinated against measles, and one million lives have been saved since 1999. So to what can the measles programme attribute its success?

Most African parents know that measles is a dangerous disease, and ministers of health are fully aware of the magnitude of the problem. There is high demand for the vaccine, which is safe, effective, inexpensive, and very amenable to large-scale immunisation. The programme owes much of its success to the Measles Initiative, a partnership started in 2001 to support measles-mortality reduction in Africa. Initial partners included WHO, UNICEF, the US Centers for Disease Control and Prevention, the American Red Cross, and the United Nations Foundation. Since then other private and public sector partners have joined, bringing in expertise and substantial funding. By galvanising support from ministries of health of African countries, having a clear strategy, and a business-like management approach to public health, this unique partnership has excelled where other disease programmes have failed.

From the start the measles programme was smart in that it built upon the infrastructure of the polio programme. But unlike polio, the measles community took a different course from the WHO's top to bottom approach of disease control where they call the shots, raise the money, and set the strategy. Instead the Measles Initiative took a bottom up approach. They worked from a country-level upwards, providing a framework, establishing local ownership of the programme, and then providing support on top.

Whereas other disease-control programmes are starved of funds, the measles programme always remained financially healthy. A key contributor to the programme's success has been to continually monitor the impact of immunisation. Good surveillance systems monitor coverage and disease. Performance-related data collection is a powerful tool for raising funds, since donors like to see what they are getting for their investment.

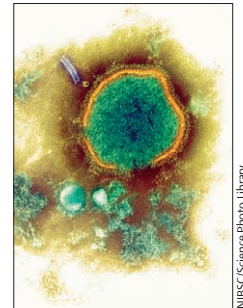
There are now plans to tackle south Asia and the remaining countries of Africa. The strategy used in Africa was adapted from the one used in the Americas in the early 1990s. The Measles Initiative believes the same approach will work elsewhere. But high-burden countries like India, Nigeria, Pakistan, and Indonesia will be challenging. Here mortality reduction is likely to be much harder and slower. Nevertheless the partnership remains optimistic, and early next year will announce a new target to reduce global measles mortality by 90% by 2009.

Already some experts are discussing whether eradication (defined as the sum of regional elimination) should be pursued. In theory it is feasible but a clear priority must be to finish polio eradication first. Measles is much more infectious than polio and greater than 90% of children will need to be vaccinated to stop on-going transmission, compared with 80% to stop polio. Injection safety and rapid population growth in some parts of the world are also challenges, and if polio is anything to go by, social, cultural, and political barriers could exist. A more realistic goal would be to substantially improve routine measles immunisation, thereby sustaining elimination efforts as shown in the Americas.

The measles programme has also brought with it other life-saving services including insecticide-treated bednets, vitamin A, deworming tablets, and oral polio vaccines. The marrying up of disease programmes is increasingly being seen as the most cost-effective and sustainable way forward to deal with multiple health problems at one time.

As part of a much broader commitment to children, efforts to eliminate measles is likely to play a much bigger role towards achieving the Millennium Development Goal of reducing under-5 mortality by two-thirds by 2015. Other infectious disease control programmes would do well to learn lessons from the Measles Initiative.

■ *The Lancet Infectious Diseases*



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