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PROGRESS TOWARDS MEASLES ELIMINATION IN THE AFRICAN REGION BY 2020

Information Document

CONTENTS

Paragraphs

BACKGROUND

1. Member States of the WHO African Region have been implementing strategies for measles elimination since 2001, when the mortality reduction goals were first launched. These strategies include activities to increase routine measles vaccination coverage, provision of measles vaccines through Supplementary Immunization Activities (SIAs); monitoring measles incidence through case-based surveillance and improving case management.

2. In 2011, the WHO African Region adopted a strategy and a resolution for the elimination of measles in the Region by 2020.[1] The targets adopted for 2020 are: measles incidence of less than 1 case per million population; maintaining 95% measles immunization coverage at national level and in all districts; attaining 95% coverage in all scheduled measles SIAs and in response to outbreaks; and maintaining the targets for the two main surveillance performance indicators.

3. The Region passed resolution AFR/RC64/R4 endorsing the Regional Strategic Plan for Immunization 2014–2020.[2] The Strategic Plan calls on Member States to attain the elimination of measles and make progress towards the elimination of rubella and congenital rubella syndrome by 2020.

4. An independent mid-term review of the implementation of the measles elimination strategies was conducted in September 2016. This paper summarizes the progress made in the implementation of measles elimination strategies in the Region.

PROGRESS MADE

5. At the regional level, coverage with the first dose of measles-containing vaccine (MCV1) increased from 72% in 2011 to 74% in 2015.[3] Seven Member States[4] had attained 95% national MCV1 coverage by 2015.

6. As of December 2016, 25 Member States[5] had introduced the second dose of the measles vaccine (MCV2) in the routine immunization schedule. In 2015, the regional coverage with MCV2 was 18%.

7. A total of 392.8 million children were vaccinated in 71 SIAs in 43 Member States[6] between 2012 and 2016. The administrative coverage reached 95% or more in 53 of the 71 SIAs. These SIAs provided a platform for delivering other high-impact child survival interventions, including oral polio vaccine, anti-helminthics and vitamin A supplementation.

8. In 2016, 44 Member States[7] were implementing case-based surveillance for measles and rubella with laboratory confirmation. A total of 28 823 measles cases were confirmed from across

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1 Resolution AFR/RC61/R1, Measles elimination by 2020: a strategy for the African Region. *In Sixty-first session of the WHO Regional Committee for Africa, Yamoussoukro, Côte d'Ivoire, 29 August–2 September 2011, Final Report*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2011 (AFR/RC61/14) pp.7-8.

2 WHO, *Regional Strategic Plan for Immunization 2014–2020*, Brazzaville, World Health Organization, Regional Office for Africa, 2014 (Document AFR/RC64/5).

3 WHO-UNICEF Estimates of National Immunization Coverage accessed last from the web on 22 January 2017. http://apps.who.int/immunization_monitoring/globalsummary/timeseries/tscoveragebcg.html

4 Mauritius, United Republic of Tanzania, Seychelles, Algeria, Botswana, Gambia and Rwanda.

5 Algeria, Angola, Botswana, Burkina Faso, Burundi, Cabo Verde, Eritrea, Ghana, Gambia, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Sao Tome and Principe, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe.

6 All countries of the African Region except Algeria, Equatorial Guinea, Mauritius and Seychelles.

7 All Member States of the African Region except, Mauritius, Sao Tome and Principe and Seychelles.

the Region. The regional incidence of measles was 29.1 cases per million population, with 11 Member States[8] having an incidence of less than 1 per million. Twenty countries[9] attained the targets for the two main surveillance performance indicators:[10] (i) the non-measles febrile rash illness rate was 2.5 per 100 000, and (ii) 82% of districts investigated measles cases.

9. In summary, by the end of 2016, 19 Member States[11] were on track, while 15[12] were at risk and 13[13] were significantly off-track for measles elimination by 2020. Some of the major factors hindering regional progress include failure to improve routine immunization coverage levels; limited funding for surveillance and laboratory activities; insecurity in some Member States; delays in partner and local funding for SIAs; failure to achieve the targeted SIA coverage at national and/or subnational levels; inaccurate population denominators.

10. In order to attain the regional measles elimination goals by 2020, the independent mid-term review panel recommended renewed commitment to reinforce national ownership; mobilization of resources from partners and national sources, engaging local partners and community organizations to increase demand for vaccination.

NEXT STEPS

11. To address the remaining challenges and attain measles elimination by 2020, the following actions are proposed to Member States with the support of partners:

(a) reinforce national ownership and leadership;

(b) mobilize adequate financial and technical resources;

(c) develop or update national plans for measles outbreak preparedness and response;

(d) conduct operational research to identify the specific reasons for stagnation in vaccination coverage;

(e) scale up and tailor the implementation of strategies according to the country context;

(f) establish regional and national committees for the verification of measles elimination.

12. The Regional Committee is requested to note the progress made and endorse the proposed actions.

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[8] Cabo Verde, Guinea-Bissau, Botswana, Comoros, Madagascar, Malawi, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe.

[9] Cameroon, Chad, Congo, Gabon, Ghana, Guinea, Mali, Senegal, Sierra Leone, Togo, Botswana, Kenya, Lesotho, Madagascar, Mozambique, Rwanda, South Africa, Swaziland, Uganda and Zimbabwe.

[10] The two main surveillance performance indicators are; non-measles febrile rash illness rate (target of at least 2 per 100 000 population) and the proportion of districts that have investigated at least one suspected case of measles with blood specimen per year (target of 80% or more per year).

[11] Seychelles, Mauritius, Sao Tome and Principe, Cabo Verde, Algeria, Rwanda, Botswana, Ghana, Zimbabwe, United Republic of Tanzania , Zambia, Burkina Faso, Malawi, Lesotho, Burundi, Swaziland, Eritrea, Senegal and Gambia.

[12] Mozambique, Namibia, Togo, Uganda, Kenya, Benin, South Africa, Sierra Leone, Mali, Cameroon, Congo, Comoros, Niger, Côte d'Ivoire and Mauritania.

[13] South Sudan, Nigeria, Democratic Republic of Congo, Angola, Ethiopia, Central African Republic, Chad, Equatorial Guinea, Gabon, Guinea, Madagascar, Liberia and Guinea-Bissau.