



*In the Name of God, the Compassionate, the Merciful*

**Message from**

**DR HUSSEIN A. GEZAIRY**

**REGIONAL DIRECTOR**

**WHO EASTERN MEDITERRANEAN REGION**

**To the**

**INTERCOUNTRY MEETING ON MEASLES AND RUBELLA CONTROL AND**

**ELIMINATION**

**Amman, Jordan 27--29 November 2006**

Your Excellency, Ladies and Gentlemen, Dear colleagues,

It gives me great pleasure to welcome you to this important intercountry meeting on measles elimination. I wish to express my sincere thanks to the Government of Jordan for hosting this meeting and for providing such excellent support and facilities. My thanks and deep appreciation are due to His Excellency Engineer Said Samih Darwazeh, former Minister of Health, for the support he has given to health development in Jordan. I take this opportunity to congratulate H.E. Dr Sa'ad Kharabsheh for his appointment as the new Ministry of Health and we look forward to continued collaboration.

I would like to welcome members of the Regional Technical Advisory Group for the Expanded Programme on Immunization for the Eastern Mediterranean Region who are all participating in this meeting for the first time. I wish also to welcome and extend sincere thanks to the representatives of the various partner agencies, for making the effort

to come and for their continued interest, commitment and support to immunization activities in the WHO Eastern Mediterranean Region. In particular, I would like to welcome colleagues from the Regional Office for Europe who are here to follow up on work plans that were outlined in the MECACAR meeting in August and I wish specifically to acknowledge the presence of colleagues from the Centers for Disease Control and Prevention (CDC), Atlanta, and the American Red Cross Society. My thanks go also to our colleagues from WHO and UNICEF headquarters and regional offices as well as field officers participating in this meeting.

Dear Colleagues,

As you know, one of the most important goals in this Region is measles elimination by 2010. This target was decided in 1997, based on a resolution of the 41st session of the Regional Committee. Historically, measles has been a major cause of childhood mortality in the Eastern Mediterranean Region with more than 100 000 deaths occurring each year prior to implementation of elimination activities. Since passing the resolution for measles elimination, considerable progress has been made in lowering measles mortality, particularly through the use of supplementary immunization campaigns where approximately 125 million children have been vaccinated. Accordingly, WHO estimates that Member States have lowered the number of measles deaths by 62%, from 102 000 deaths in 1999 to 39 000 deaths per year in 2005. I congratulate you on this remarkable success.

I want to particularly recognize programme managers from Djibouti, Somalia, Yemen, Sudan and Iraq for their work in the past year in very difficult circumstances. Much of the remaining measles mortality in the Region occurs in Pakistan and I am pleased to note that the EPI programme in Pakistan is planning a nationwide campaign in 2007. This will be one of the largest measles campaigns ever conducted (targeting over 60 million children). Considerable resources have been mobilized to support this campaign and it is critical that the EPI programme in Pakistan take full advantage of technical assistance from WHO and UNICEF and ensure that this will be a high quality campaign. In particular, it will be important to take advantage of the experience and

capacity of the polio team to ensure high coverage in every district, particularly in hard-to-reach populations.

Dear Colleagues

While all of us agree on the value of measles campaigns in reducing measles mortality, we have to keep in mind that this effect is ephemeral if the EPI programme is unable to maintain high immunity against measles in cohorts born after catch-up campaigns. Unfortunately, this seems to be a problem in several of our Member States. In the past three years, measles outbreaks have become increasingly common in countries that have not well or fully implemented the recommended elimination strategy.

In particular, outbreaks have been reported in Iraq, Syrian Arab Republic, Saudi Arabia, Egypt and Lebanon. Similar outbreaks have occurred in several of these countries in the past 2–3 years and it seems that recommendations for action discussed in previous measles meetings have not been implemented. A common theme in these outbreaks is the occurrence of disease in all age groups, suggesting a wide range in age cohorts that are susceptible to measles. While many of these countries are reporting high routine coverage for 2 doses of measles vaccine, the surveillance data suggests otherwise; most of the children with measles in these outbreaks are unvaccinated. Iraq has responded to outbreaks with supplementary immunization campaigns and Lebanon is planning a nationwide campaign early next year. I am hoping that all countries experiencing such problems will have taken corrective action before our next meeting.

There has also been a resurgence of measles in Afghanistan which conducted a national campaign 2002, prompting the MOPH to accelerate their plans for conducting a follow-up campaign. I would encourage Member States using supplementary immunization activities as a second opportunity for measles elimination to review the experience of Afghanistan and make plans of action to prevent such outbreaks in the future.

Dear Colleagues

I would like to remind you that the regional goal for measles is elimination and that we only have 3 more years to reach that target. There is much work to be done. Measles cannot be eliminated without full commitment to implementing the recommended strategy in all countries of the Region. The strategy has been clearly effective in several countries and they are close to elimination. Libyan Arab Jamahiriya, Palestine and Tunisia have not had any laboratory-confirmed measles in 2006; Jordan has had only 1 case and Bahrain 3 cases. Oman and Islamic Republic of Iran are also close to elimination; however they continue to experience sporadic transmission that is likely to be a result of importation.

Demonstrating measles elimination will be challenging and will be the subject of much discussion over the next 3 days. There will be much discussion about the monitoring of indicators and programme performance. Strengthening laboratory-based surveillance for measles is a cornerstone of the elimination strategy and it is vital that plans of action are coordinated between epidemiologists and laboratory personnel. It is particularly important to ensure full participation of the laboratory focal points in the measles surveillance process. We cannot know if measles has been eliminated without serologic testing of all patients with suspected disease. In addition, we cannot characterize indigenous versus imported disease without genotyping all chains of transmission. We need practical strategies to achieve these goals.

During the course of this meeting, there will be considerable discussion about monitoring progress in measles elimination and you will hear about plans to certify measles elimination in the European Region. I would like you to discuss whether a certification process in the Eastern Mediterranean Region is needed. I fully expect that you will review and revise the process for monitoring indicators to better achieve the elimination goal, and that when we meet in the coming year you will be able to report more precisely on your progress.

Dear Colleagues

I strongly believe by coordinating efforts and ensuring national commitment and partners' full support we will succeed in reaching the measles elimination goal.

Once again I wish to express my sincere gratitude to all of you for your efforts and for participating in this meeting. I wish you all success in your deliberations and a pleasant stay in Amman.