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**PROGRESS TOWARDS MEASLES ELIMINATION BY 2020**

**Information Document**

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## BACKGROUND

1. Resolution AFR/RC61/R1 of the WHO Regional Committee for Africa endorsed the regional goal of measles elimination, with the following specific objectives: (a) to reduce measles incidence in all countries; (b) to increase access to immunization services in all districts; (c) to improve coverage during all scheduled measles supplementary immunization activities (SIAs) and outbreak response immunization activities; (d) to improve the quality of measles surveillance, as well as the epidemiological and virological investigation of measles outbreaks in all countries.
2. The African Regional Strategic Plan for Immunization 2014–2020 (RSPI) adopted in 2014 by the Sixty-fourth session of the WHO Regional Committee for Africa (AFR/RC64/5) also included the elimination of measles as one of its goals.
3. The regional measles elimination strategy included the following targets by 2020: (a) measles incidence of less than 1 case per million population at national level; (b) at least 95% measles immunization coverage at national level and in all districts; (c) at least 95% coverage in all scheduled measles SIAs, and in outbreak response immunization activities; (d) at least 80% of districts investigating one or more suspected measles cases within a year, and a non-measles febrile rash illness rate of at least 2 per 100 000 population at national level.

## PROGRESS MADE/ACTIONS TAKEN

4. The African Region did not attain the 2020 regional measles elimination goal since the programmatic targets have not been achieved at regional level and in many countries, as a result of systemic weaknesses, competing priorities, other disease outbreaks and instability in some countries. Immunization coverage has not increased due to systemic weaknesses mainly in populous countries. Gaps in surveillance funding have affected surveillance performance. In addition, the COVID-19 pandemic and the attendant response measures have adversely affected the implementation of the measles elimination strategy.
5. By the end of 2019, the African Region had attained 69% regional immunization coverage with the first dose of measles-containing vaccine (MCV1) and 33% coverage with the second dose of measles-containing vaccine (MCV2) according to WHO UNICEF estimates, compared to MCV1 coverage of 71% in 2011. In 2019, only seven of the 47 Member States of the Region achieved MCV1 coverage of 95% or more,<sup>1</sup> while eight more countries<sup>2</sup> had a coverage of 90% to 94% or more. As of the end of 2020, a total of 34 countries<sup>3</sup> had introduced MCV2 in their immunization programmes.
6. A total of 780 034 293 children were vaccinated through 134 nationwide and subnational SIAs between 2011 and 2020 in 44 Member States,<sup>4</sup> including catch-up measles-rubella SIAs targeting

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<sup>1</sup> Botswana, Cabo Verde, Eritrea, Mauritius, Rwanda, Sao tome and Principe, Seychelles.

<sup>2</sup> Burundi, Comoros, Ghana, Lesotho, Malawi, Sierra Leone, Senegal, Zambia.

<sup>3</sup> All countries in the African Region except Benin, Central African Republic, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Guinea, Guinea-Bissau, Mauritania, South Sudan, Uganda.

<sup>4</sup> All countries in the African Region except Algeria, Mauritius and Seychelles.

wide age groups in 28 countries.<sup>5</sup> Out of these 134 SIAs, 107 of them (80%) attained at least 95% administrative coverage.

7. In 2020, eleven countries<sup>6</sup> attained the targets for both main surveillance performance indicators,<sup>7</sup> with 29 countries<sup>8</sup> having over 80% of their districts investigating at least one suspected measles case, while 17 countries<sup>9</sup> had a non-measles febrile rash illness rate of 2 or more per 100 000. In 2020, a total of 43 950 confirmed measles cases were reported through the case-based surveillance system from across the Region. The regional incidence level was 38.4 cases per million inhabitants, with only 12 countries<sup>10</sup> having an incidence level of less than 1 per million inhabitants.

8. WHO and partners continue to support Member States to mobilize resources, build capacity, strengthen immunization systems, advocate for and implement strategies, monitor results, as well as share experiences.

### **NEXT STEPS**

9. The regional measles elimination goal has been incorporated into the Framework for the implementation of the Immunization Agenda 2030 in the WHO African Region,<sup>11</sup> with a view to continue supporting countries to attain measles elimination, within the framework of health systems strengthening, building political and community leadership, optimizing service delivery to target zero-dose and under-immunized children, and enhancing data systems for decision-making.

10. WHO and partners will:

- (a) provide high quality policy guidance and technical assistance to countries to implement strategies for measles elimination;
- (b) support countries to document and share best practices and conduct operational research to respond to programmatic questions to facilitate the successful implementation of strategies.

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<sup>5</sup> Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Congo, Côte d'Ivoire, Eritrea, Eswatini, Gambia, Ghana, Kenya, Lesotho, Malawi, Mauritania, Mozambique, Namibia, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, United Republic of Tanzania, Zambia, Zimbabwe.

<sup>6</sup> Comoros, Democratic Republic of the Congo, Eswatini, Gabon, Ghana, Guinea, Lesotho, Mozambique, Nigeria, Rwanda, United Republic of Tanzania.

<sup>7</sup> 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).

<sup>8</sup> Algeria, Angola, Benin, Burkina Faso, Cameroon, Chad, Comoros, Congo, Democratic Republic of the Congo, Eswatini, Ethiopia, Gabon, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Togo, Uganda, United Republic of Tanzania, Zimbabwe.

<sup>9</sup> Burundi, Central African Republic, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Gabon, Gambia, Ghana, Guinea, Lesotho, Mozambique, Namibia, Nigeria, Rwanda.

<sup>10</sup> Algeria, Cabo Verde, Comoros, Eswatini, Guinea-Bissau, Lesotho, Mali, Mauritania, Mauritius, Sao Tome and Principe, South Africa, Zimbabwe.

<sup>11</sup> Framework for the implementation of the Immunization Agenda 2030 in the WHO African Region. Paper to be presented to the Seventy-first Regional Committee.

11. Member States are requested to:
  - (a) provide strong leadership to accelerate the implementation of strategies towards measles elimination, as part of the African regional Immunization Agenda 2030;
  - (b) implement innovative and evidence-driven interventions to improve routine immunization coverage, reach unreached populations through high-quality routine services and periodic supplementary immunization activities, and implement plans for preparedness and response to measles outbreaks.