

**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)**

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

UNITED STATES HOUSE OF REPRESENTATIVES

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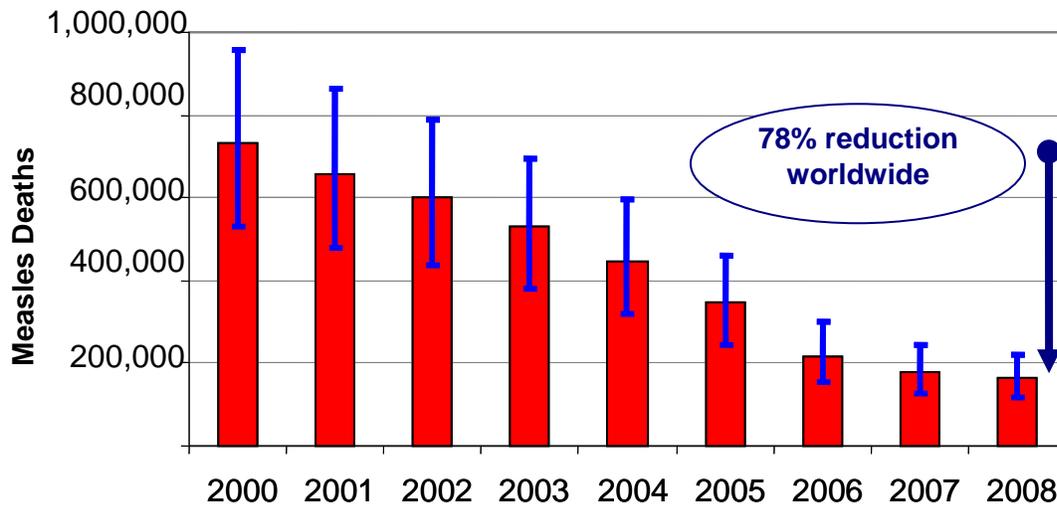
Chairman David Obey, Ranking Member Todd Tiahrt, and Members of the Subcommittee, the American Red Cross and the United Nations Foundation appreciate the opportunity to submit testimony in support of measles control activities of the U.S. Centers for Disease Control and Prevention (CDC). The American Red Cross and the United Nations Foundation recognize the leadership that Congress has shown in funding CDC for these essential activities. We sincerely hope that Congress will continue to support the CDC during this critical period in measles control.

In 2001, CDC – along with the American Red Cross, the United Nations Foundation, the World Health Organization, and UNICEF – founded 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 700 million children. Largely due to the Measles Initiative, global measles mortality dropped 78%, from an estimated 733,000 deaths in 2000 to 164,000 in 2008. During this same period, measles deaths in Africa fell by 92%, from 371,000 to 28,000.

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

Figure 1: Estimated Number of Global Measles Deaths, 2000-2008



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 \$720 million and provided technical support in more than 60 developing countries on vaccination campaigns, surveillance and improving routine immunization services. From 2000 to 2008, an estimated 4.3 million measles deaths were averted as a result of these accelerated measles control activities at a donor cost of \$184/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 opportunity 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 (reduces malnutrition), 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 40 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.

By the end of 2008 all WHO regions, with the exception of one (South East Asia), achieved the 2010 goal two years ahead of target. The extraordinary reduction in global measles deaths contributed an estimated 25% of the progress to date toward Millennium Development Goal #4 (reducing under-five child mortality). However, at the height of global achievements in measles control, a sharp decline in commitments threatens to erase the gains of the last decade and a global measles resurgence is likely. If mass immunization campaigns are not continued, an

estimated 1.7 million measles-related deaths could occur between 2010-13, with more than half a million deaths in 2013 alone.

To achieve the 2010 goal and avoid a resurgence of measles the following actions are required:

- Accelerating activities, both campaigns and further efforts to improve routine measles coverage, in India since it is the greatest contributor to the global burden of measles.
- Sustaining the gains in reduced measles deaths, especially in Africa, by strengthening immunization programs to ensure that more than 90% of infants are vaccinated against measles through routine health services before their first birthday as well as conducting timely, high quality mass immunization campaigns.
- Securing sufficient funding for measles-control activities both globally and nationally. The Measles Initiative faces a funding shortfall of an estimated US \$47 million for 2011. Implementation of timely measles campaigns is increasingly dependent upon countries funding these activities locally. The decrease in donor funds available at global level to support measles elimination activities makes increased political commitment and country ownership of the activities critical for achieving and sustaining the goal of reducing measles mortality by 90%.

If these challenges are not addressed, the remarkable gains made since 2000 will be lost and a major resurgence in measles deaths will occur.

By controlling measles cases in other countries, U.S. children are also being protected from the disease. Measles can cause severe complications and death. A 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. In 2008, several measles outbreaks in the United States, all linked to importation of the virus from overseas, led to the largest number of U.S. measles cases since 1996. These cases resulted in dozens of hospitalizations and the costs of response to the outbreaks were substantial, both in terms of the costs to public health departments and in terms of productivity losses among people with measles, parents of sick children, and people exposed to measles cases.

The Role of CDC in Global Measles Mortality Reduction

Since FY 2001, Congress has provided approximately \$43.6 million annually in funding to CDC for global measles control activities. These funds were used toward the purchase of approximately 415 million doses of measles vaccine for use in large-scale measles vaccination campaigns in more than 60 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 eight 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 2010, Congress has appropriated approximately \$51.9 million to fund CDC for global measles control activities. The American Red Cross and the United Nations Foundation thank Congress for the increase in financial support from past years. We respectfully request level funding for FY 2011 for CDC's measles control activities to prevent a global resurgence of measles and a loss of progress toward Millennium Development Goal #4.

Your commitment has brought us unprecedented victories in reducing measles mortality around the world. In addition, 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.