mostly consisted of facility-based care. Training of local staff started with nursing schools. Because of the overwhelming workload, male and female nurses were soon running most peripheral services. District governments in some countries started clinics and small district hospitals, but in most countries mission hospitals provided 50–80 per cent of hospital beds. Public health focused on environmental protection, in particular on early efforts to provide safe water and improved sanitation facilities in urban areas.

Health services in francophone and other European colonies were uniquely different from those in anglophone countries, since the latter placed great emphasis on the Grandes Étidémies programme. In this, separate levels of a national network focused on a single disease, such as sleeping sickness, leishmaniasis, leprosy and other high-prevalence conditions affecting the capacity to work. Mass care was provided by mobile units, often generously equipped with complete travelling facilities. The rationale was that relying on outreach to treat patients at mass gatherings was more effective in reaching larger numbers of people than instituting care in static facilities. Repetitive cycles of treatment focused on simple curative interventions rather than on prevention and control. As in Africa, the early Chinese hospitals were mainly established by missionaries. A national public health system began in the 1920s with efforts to control the rapidly spreading pneumonic plague in the province of Manchuria.

An important historical footnote is that the first published case study of successful community-based primary health care concerns a project of this period. The project took place in Ding Xian (formerly Ting Hsien), about 200 kilometres south of Beijing. In this province of about half a million people, health care was provided by health workers who were the forerunners of China’s ‘barefoot doctors’. For a quarter of a century and for more than a fifth of the world’s population, China had one of the most equitable health systems ever designed. This experience provided important lessons for planning the 1978 International Conference on Primary Health Care that took place in Alma-Ata, Union of Soviet Socialist Republics (now Almaty, Kazakhstan).

Early in the century, such countries as Denmark, the Netherlands, Norway and Sweden managed to reduce maternal mortality very quickly. The way in which skilled attendance at birth was organized appears to have been the major factor contributing to these gains. In the case of these four countries, efforts focused on providing professional care close to where women lived, mainly by enhancing the skills of community midwives.²

The reduction in measles deaths reflects support and commitment by the Measles Initiative to boosting immunization coverage and by national governments to following the WHO/UNICEF comprehensive strategy for reducing measles mortality. The strategy consists of four key components:

• Provide at least one dose of measles vaccine, administered at nine months of age or shortly after, through routine vaccination coverage of at least 90 per cent of children in each district and nationally.
• Give all children a second opportunity for measles vaccination.
• Establish effective surveillance.
• Improve clinical management of complicated cases – including vitamin A supplementation.

Measles control activities are contributing to health-system development in several ways – for example, through promoting safe injection practices, developing enhanced cold chain capacity for vaccination storage and establishing a global public health laboratory network. In addition, vaccination campaigns are often combined with such other essential interventions as vitamin A supplementation, deworming medicines and the distribution of insecticide-treated mosquito nets.

A new global goal was set at the World Health Assembly in May 2005 – to reduce measles deaths by 90 per cent by 2010, compared to 2000 data. The target is challenging, and its attainment will require sustaining the progress made in those countries that performed well and making large inroads in countries with high numbers of measles deaths, such as India and Pakistan. There is some way to go in the fight against measles – 345,000 people died of the disease in 2006, and 90 per cent of them were children under five. This highly contagious disease remains an important cause of under-five deaths, accounting for about 4 per cent of the global burden. It weakens children’s immunity to other life-threatening diseases and conditions, including pneumonia, diarrhoea and acute encephalitis, and remains one of the leading causes of vaccine-preventable deaths among children.

The success of efforts to reduce measles in 1989–2005 has shown what can be done if political will, financial commitment and sound strategies on the part of international partners and national governments are implemented to deliver proven, cost-effective treatments. Provided that this degree of commitment is sustained, there is every reason to believe that the new target can be met, helping advance progress towards Millennium Development Goal 4.

See References, page 106.

**Lessons Learned from Evolving Health-Care Systems and Practices**

The Measles Initiative

The Measles Initiative shows how a well resourced, targeted and managed global vertical initiative can reach scale rapidly and produce dramatic results. The initiative is a partnership that groups UNICEF and WHO with other leading international agencies and prominent private organizations. Launched in 2001, the Measles Initiative adopted the goal set at the UN General Assembly Special Session on Children in May 2002 to reduce deaths due to measles among children between 1999 and 2005. It has been the main sponsor of the mass campaign to boost measles vaccination, which has resulted in vaccinating more than 217 million children between 2001 and 2005 – mostly in Africa.

The results have exceeded the UN target: Measles deaths fell by 60 per cent between 1999–2005. Africa contributed 72 per cent of the absolute reduction in deaths. Estimates conclude that immunization helped avert almost 7.5 million deaths from the disease.

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