

## Global crusade to combat measles

An ambitious international immunization program aims to halve the number of deaths attributable to measles by 2005. There are now more than 30 million cases of measles a year and they result in nearly 900 000 deaths, even though the vaccine costs just US\$0.26 per person and has been available for more than 30 years (see page 1614).

Coordinated by the World Health Organization and UNICEF, the Global Measles Strategic Plan will spend US\$984 million to combat the problem. "A lot had been done in the most affected countries, but on an uncoordinated and intermittent basis," says WHO spokesperson Melinda Henry. "There is renewed interest in immunization as a cost-effective intervention thanks to the Global Alliance for Vaccines and Immunization [GAVI], coupled with a concern for the high death toll."

Formed in 1999, GAVI ([www.vaccinealliance.org/](http://www.vaccinealliance.org/)) is an alliance of public- and private-sector partners that includes the Bill and Melinda Gates Children's Vaccine Program; it is chaired by WHO's director general.

Under the global strategy, the 2 UN agencies will collaborate with countries involved to assess current measles immunization programs, identify reasons for low routine coverage and develop a 3- to 5-year plan to reduce mortality and implement an immunization strategy. The organizations will help countries vaccinate all children once and provide a second opportunity to encourage as many people as possible to have their children immunized. The aim is coverage of more than 90% of children. In 1999, measles coverage below 50% was reported by 14 countries, mostly in Africa.

Dr. Suomi Sakai, UNICEF's chief of immunization activities, says coverage levels above 90% are needed to stop measles-related deaths. Of all health interventions, says WHO, measles immunization carries the highest health return for the money spent. — *Barbara Sibbald, CMAJ*

## Special CDC Web site debunks Internet's medical urban legends

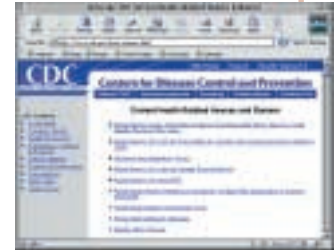
Medical hoaxes and urban legends are becoming so common on the Internet that the US Centers for Disease Control and Prevention (CDC) created a special Web site to counter them.

In early April the site ([www.cdc.gov/hoax\\_rumors.htm](http://www.cdc.gov/hoax_rumors.htm)) carried warnings about 9 rumours and hoaxes, including one involving Internet "news" that bananas from Costa Rica cause necrotizing fasciitis.

CDC spokesperson John Burckhardt says the hoax/rumours page was launched 2 years ago and is updated any time "there is an appreciable expression of public interest or concern regarding a topic about which the CDC has a responsibility to inform."

The most recent postings point out that HIV cannot be transmitted through contact with the material used to make a new feminine sanitary pad and that a child in Texas did not die of a heroin overdose after being stuck by a used needle found in a play area.

Burckhardt says the page focuses on Internet hoaxes, but this "also has the effect of covering media such as newspapers, since they quickly move information to the Internet." — *Patrick Sullivan, CMAJ*



## Can we afford medicare? Romanow to find out

Roy Romanow promises that his new commission on health care will examine all the options — including privatization — in its search for a sustainable system.

Sustainability is the buzzword surrounding the \$15-million Commission on the Future of Health Care in Canada, which is to report in 18 months. A previous national review, the National Forum on Health launched by the prime minister in 1994 ([www.hc-sc.gc.ca/english/forum\\_e.htm](http://www.hc-sc.gc.ca/english/forum_e.htm)), made 2 major recommendations — for national home care and pharmacare programs. Neither was implemented because the forum "didn't come up with how we can afford this system," said Health Minister Allan Rock. This time, however, Rock expects his 1-man commission will come up with ideas for a "sustainable, affordable system."

Rock says the proliferation of new technology, treatments and ways of providing service, when coupled with patients' "increasing expectations," means that the country has to rethink its priorities. However, that "doesn't mean we will depart from our principles. The genius of the [5] principles [in the Canada Health Act] is that they can adapt to the changing circumstances of time."

The provinces and territories all reaffirmed their commitment to those principles — universality, accessibility, comprehensiveness, portability between provinces and public administration — when they signed a health accord with Ottawa last September.

Romanow, the former premier of Saskatchewan, acknowledges that consensus may not be possible. "It may well be that I'm just going to have to call it as I see it, with some tough decisions and some tough fallout on either side."

His commission will spend the next 9 months gathering facts, and will then issue an interim report. It will spend the final 9 months talking with Canadians, governments, health professionals and others about the system's sustainability, accessibility and effectiveness. The final report is due in November 2002.

Romanow, who resigned from the Saskatchewan legislature in February, faces a tough haul in Quebec, where Premier Bernard Landry has already questioned his ability to remain objective. "I'm hopeful we can get their cooperation," says Romanow. "In any case, nothing is stopping us from meeting with Quebecers." — *Barbara Sibbald, CMAJ*