

THE EDITORIAL

Universal Child Immunization (UCI) By  
1990—Bangladesh Perspective

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On October 25, 1985 at the United Nations 40th anniversary, 57 countries signed a declaration reaffirming the commitment to immunize by 1990 all children against six preventable diseases viz, tuberculosis, measles, poliomyelitis, whooping cough, tetanus and diphtheria. This ambitious goal was set after a series of conferences and workshops held between 1982 to 1985 with the objective of improving global child survival. Some of the facts that have led to the decision is that fewer than 40% of infants in the developing world receive a third dose of DPT or polio vaccine and fewer than 20% of children receive measles vaccine. These poor coverage rates cause 3 million children to die annually from measles, neonatal tetanus and whooping cough and over a quarter of a million to be crippled by poliomyelitis. In Bangladesh, no reliable epidemiological data are available on causes of deaths; however, estimates based on limited studies indicate that infant mortality remains very high, ranging from 112 to 150 per 1000 live births, a rate more than ten times that of developed countries. The mortality rate of neonates ranges from 70 to 117 per 1000 live

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births. More than thirty percent of these deaths are attributable to neonatal tetanus. According to a GCB/UNICEF/WHO statement, 223,000 children in Bangladesh die annually from tetanus, 20,000 to 40,000 die from measles and pertussis results in another 4,800 deaths. About 10,000 children become paralysed from polio every year. All these deaths and diseases can be prevented by immunizing mothers and children at the proper time. With this knowledge, the Government of Bangladesh launched the Expanded Programme on Immunization (EPI) in 1979 with vaccines against the six diseases. Unfortunately, the coverage for children has remained at an extremely low figure, less than 2% of all children.

In the framework of the Universal Child Immunization (UCI) by 1990, Bangladesh has launched a highly ambitious program to immunize 85% of the children below 2 years with DPT, polio, measles, BCG and women of reproductive age with tetanus toxoid by 1990. The programme has begun in eight upazilas or subdistricts, and is currently being expanded to sixty more upazilas. The field operational strategy adopted by the national UCI program is that each ward (population 6,000—8,000) will be divided into 4 blocks, and each block will be subdivi-

ded into 4 vaccination spots (fixed facilities). A joint team of a Health Assistant (male) and a Family Welfare Assistant (female) will work one day per week in each ward. After completion of the vaccines schedule of target population in all the first spots of four blocks, the team will move to the 2nd spots and thus continue in the same fashion until all 16 spots have been covered. The time to cover 16 spots has been estimated to be one year. Initial reports from EPI and WHO officials suggest that the results of this strategy may be very promising.

The challenge that would be faced in the current strategy is to keep track of newborn children. During the target recording period efforts should be maximized to include all eligible persons. The continuation of the strategy as planned may be much more difficult than has been predicted. As the program will be rapidly expanding from eight pilot upazilas to 460 upazilas within four years, the intensive level of supervisory support that has been introduced in the pilot upazilas may not be feasible on a broad scale. Also, the sustainability of social mobilization is largely dependent upon on the political support to the new strategy of communication called "channeling" through Health workers, community leaders

and managerial dynamism at all levels. Operations research and fielding of alternate strategy for better coverage and cost effectiveness should be instituted. NGOs could play an important role in this regard.

One of the four specific actions suggested by the EPI Global Advisory Group is that immunization should be done by all curative and preventive health services. The Bangladesh Medical Association would be the most logical organization to organize active involvement of all doctors in the accelerated national immunization programme. Doctors should play a significant role through regular counselling of their patients and friends about the importance of vaccination and encourage parents to bring their children for vaccination. Immunization of children and mothers should be made available by all medical practitioners free of cost. Duplication of services can be avoided through a proper record keeping system.

Monitoring and impact assessment will ensure not only better implement-

ation of the present strategy but equip the program managers and policy makers with the opportunity to modify the strategy, should there be any need. Revision of the present operational strategy will be required when 10,000 new Family Welfare Assistants are in place during the Third Five Year Plan period (1986—1990).

UCI should not be viewed as a vertical program. It must rather be implemented as a part of the Government of Bangladesh (GOB) maternal and child health program : ORS, EPI, family Planning and safe birth practices. Precautionary measures are warranted not to overburden the field workers by adding too much load at a time. Careful planning must be in place for gradual introduction of each element of the package.

Greater participation of the community leaders and village volunteers will be the key force in achieving the goal of universal child immunization by 1990.