WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Thirty-ninth Session

Supplementary Agenda item 2

SEA/RC39/18

3 September 1986

UNIVERSAL CHILD IMMUNIZATION

(Paper presented by the Government of Bangladesh)

The immunization coverage in Bangladesh against the six EPI diseases was poor. The infant mortality rate (IMR) is high, which is around 125 per 1000 live births as of 1984. Neo-natal tetanus is a common condition, so also measles, pertussis, diphtheria, and poliomyelitis. Primary tuberculosis also causes deaths of infants. As such the six diseases which could well be effectively prevented with immunization account for high proportion of infant deaths either directly or indirectly, together with diarrhoea, malaria and malnutrition.

It is a concern that chances for the child survival are poor and it significantly discourages, together with other social determinants, the non-acceptance of the family planning methods by most of the rural couples.

Therefore, it has become a national priority to implement the programme of Universal Child Immunization (UCI) as an important means towards ends of bringing down the IMR, support to family planning programme, and healthier child population, and finally the improved health status of the entire nation. A joint programme of UCI was formulated by UNICEF, WHO and the Government of People's Republic of Bangladesh in late 1985.

As such, UCI is designed to achieve an operational target as shown below for the coverage of the children under one year with one dose of BCG and measles, and three doses of DPT and OPV, keeping the same target for the women in the child-bearing age with two doses of TT:

End of 1985/1986	3 per cent
End of 1986/1987	15 per cent
End of 1987/1988	35 per cent
End of 1988/1989	80 per cent
End of 1989/1990	85 per cent

Following strategies will be used to achieve the targets:

(1) Well designed social mobilization in phases to generate both support and demand from the community; it will envisage community leaders at all levels and strata, the mass media, NGOs, etc. cutting across commercial, government, political and religious sectors, to ensure full participation of the community.

(2) Involving all the sectors and the departments of the government machinery.

(3) Improving the delivery of immunization services from the existing upazila health complexes.

(4) Acceleration by intensification of rural outreach services in upazilas in phases.

(5) Acceleration by intensifying the immunization activities in high access areas (four metropolitan cities and sixty district towns) in phases.

Regarding geographical coverage the targets would be:

Year	New	Cumulative
Rural upazilas:		
1985/1986	8	8
1986/1987	60	68
1987/1988	120	188
1988/1989	272	460
Metropolitan areas and district towns:		
1986/1987	10	10
1987/1988	20	30
1988/1989	34	64

In this connection, Bangladesh wishes to share its concern with, and would like to learn the valuable experiences of other member countries.

Bangladesh delegation feels that by sharing the experiences among the member countries on this important subject would help attaining the common objective of ensuring the child survival in the region.

Bangladesh delegation also wishes to express its thanks to WHO for its technical cooperation and the UNICEF coming forward with substantial resources for the UCI programme.