

PROGRESS FOR CHILDREN

A REPORT CARD ON IMMUNIZATION

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CHILD IMMUNIZATION

**IMMUNIZATION
REMAINS VITAL TO
CHILD SURVIVAL**

The world has just 10 years in which to fulfil the promise of the Millennium Declaration and the Millennium Development Goals. These Goals provide a blueprint for human progress on the most important issues of our time – including hunger and poverty, child and maternal health and survival, education, gender equality, combating deadly diseases and protecting the environment. Making headway on an individual goal can yield results on others, and an integrated approach to interventions is the surest pathway to sustainable development.

Children are at the heart of the Millennium Development Goals, for they are the most vulnerable in society and their needs are often the greatest. Achieving the Goals will mean a better future for children and a more secure world in which they will live. Yet for all the progress that has been made in our world of ingenuity and innovation, it is unconscionable that there are still 10.6 million children who die each year, mainly of preventable causes.

Few things yield greater benefits for the health, well-being and survival of children than immunization. This report card – part of a series in which UNICEF monitors progress for children in the lead-up to 2015 – measures the world's performance in this critical area.

The benefits of immunization are indisputable. It is a proven, cost-effective means of reducing morbidity, disability and mortality among children. In 2003 alone, it prevented more than 2 million deaths. Immunization also stimulates the development of health systems and represents a sound economic investment, contributing to better health and to poverty reduction.

The consequences of failing to sustain and enhance immunization cannot be overstated: the re-emergence of diseases that were formerly under control, the spread of diseases to countries where they had already been eliminated, and the continuing toll taken by death and disability upon millions of children in developing countries.

Vast progress was made during the 1980s, leveling off in the 1990s. Recapturing that momentum is vital to one critical Millennium Development Goal – reducing under-five mortality by two thirds between 1990 and 2015 – and will undoubtedly make significant contributions to others.

In the years since the Millennium Declaration, new vigour has been invested in the drive towards universal immunization. Several global partnerships have had conspicuous success in mobilizing substantial resources for immunization and in bringing together both the public and private sectors in the pursuit of shared goals.

In addition, in May 2005 the World Health Organization and UNICEF launched a Global Immunization Vision and Strategy for the period 2006 to 2015. More recently, UNICEF joined others to announce a Partnership for Maternal, Newborn and Child Health, which will galvanize valuable leadership on these issues.

We hope that these partnerships, and this infusion of new energy, will make significant and sustained contributions to child survival. The children of the world are counting on us all.



Ann M. Veneman
Executive Director, UNICEF

Scoring the goal:

Coverage against measles

In 2003, 103 countries and territories had already achieved protection against measles of 90 per cent of children under one year of age. In 68 of these countries, coverage of the measles vaccine (MCV) was 95 per cent or more in 2003, a level that UNICEF projects will be sustained; and in 35 countries, coverage was 90 to 94 per cent, a level likely to be sustained. Of 90 countries that did not achieve 90 per cent coverage in 2003, 16 are likely to achieve it in 2010, 55 will require improvements in order to achieve it in 2010 and 19 need to reverse declining coverage.

- Achieved and will sustain:** Countries that achieved MCV coverage of 95 per cent or more in 2003.
- Achieved and likely to sustain:** Countries that achieved 90 to 94 per cent coverage in 2003.
- Likely to achieve:** MCV coverage was below 90 per cent in 2003, but the average annual rate of increase (AARI) since 1990 exceeds the AARI required to reach 90 per cent coverage in 2010.
- Improvement required:** Coverage was below 90 per cent in 2003 and the AARI since 1990 was less than the AARI required to reach 90 per cent coverage in 2010. These countries are not likely to achieve the goal without major efforts.
- Need to reverse decline:** Coverage was below 90 per cent in 2003 and the AARI since 1990 has been negative by more than one half of 1 percentage point.
- No data.**

IMMUNIZATION: MANY

Vaccines have saved the lives of millions of children over the last three decades. But there are still millions more who are unprotected by immunization.

Millennium Development Goal (MDG) 4 is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this, as well as contributing significantly to MDG 5 – improving maternal health and reducing maternal mortality, and MDG 6 – combating HIV/AIDS, malaria and other diseases.

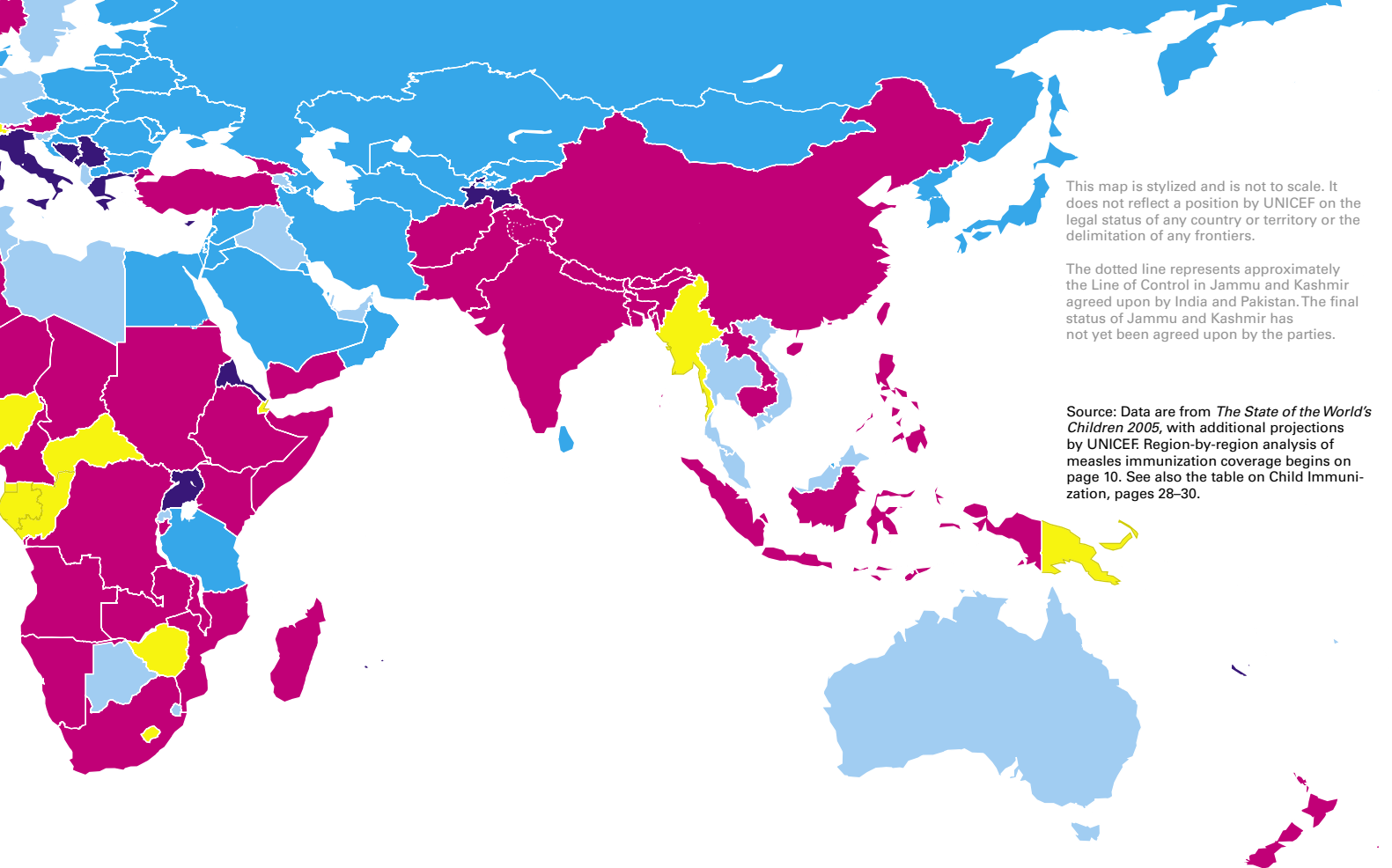
Immunization has saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Yet over 27 million children below the age of one and 40 million pregnant women worldwide are still overlooked by routine immunization services.¹

As a result, vaccine-preventable diseases are estimated to cause more than 2 million deaths every year. These include 1.4 million deaths of children under five, and of these, the 395,000 who currently die from measles, the 290,000 who fall to pertussis (whooping cough) and the 257,000 who perish as a result of neonatal tetanus.²

A further 1.1 million young children die from infections of pneumococcus and rotavirus, for which vaccines will soon be available. It is expected that improvements and cost reductions in the current vaccines will make them available in the near future to all children who need them.

The effectiveness of immunization is thoroughly proven. Unlike most other health and development interventions, immunization does not simply raise the chances that children will resist a disease: it virtually guarantees they will.

Each year since 1990, routine immunization with vaccines against diphtheria, pertussis and tetanus has reached more than 70 per cent of all children, an extraordinary accomplishment considering that more than 130 million children are born each year and need to be immunized. Combined with accelerated disease control programmes, routine services have contributed significantly to child survival, averting more than 2 million deaths a year and preventing countless episodes of illness and disability.



MORE LIVES TO SAVE

Immunization also provides a network and a mechanism by which health services can make contact with the children and women whom they need to reach with other interventions, such as vitamin A supplementation, the delivery of insecticide-treated bednets to combat malaria, and deworming medicine.

Such an integrated approach is not only the most effective way to protect the health of all children, including the most marginalized. It is also a cost-effective way of building up health systems through which the overall impact of immunization on child survival becomes far greater than the sum of its parts.

PROGRESS TOWARDS IMMUNIZATION GOALS

The year 2005 is a milestone in which to assess not only progress towards the specific immunization goals and the MDG of reducing under-five mortality by 2015, but other international goals and targets for immunization as well.

At the UN General Assembly Special Session on Children in 2002, the international community adopted the specific target of ensuring by 2010 the full immunization of children under one year of age at 90 per cent nationally, with at least 80 per cent coverage in every district or equivalent administrative unit. Other key immunization targets formed part of the 'World Fit for Children' agenda:

- Reduce measles deaths by half by 2005
- Certify the global eradication of polio by 2005
- Eliminate maternal and neonatal tetanus by 2005
- Extend the benefits of new and improved vaccines and other preventive initiatives to children in all countries.

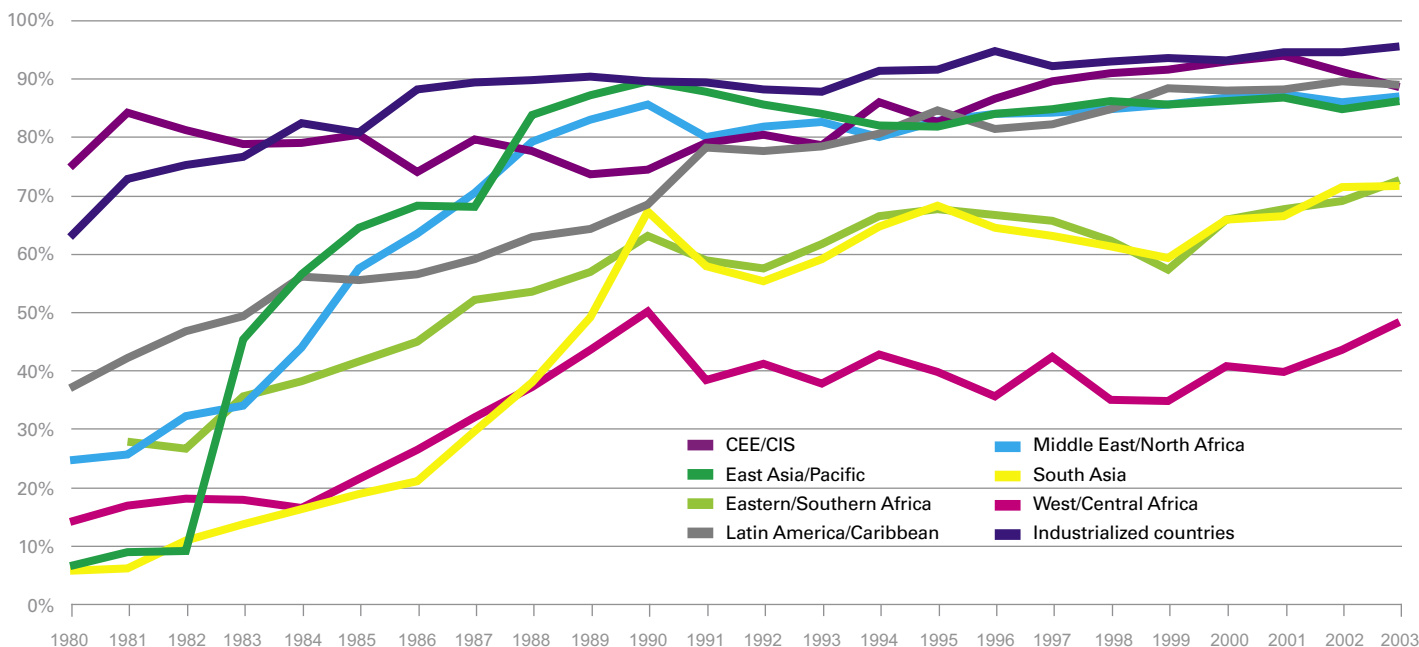
National and district coverage (DPT3)

Global immunization coverage increased dramatically during the 1980s but then levelled out during the 1990s. An estimated 20 per cent of children under one year of age in 1980 were immunized with DPT3 (three doses of the combined vaccine against diphtheria, pertussis and tetanus); coverage

DPT3 coverage, 1980-2003

Coverage of the DPT3 vaccine is lower in Eastern/Southern Africa, South Asia and West/Central Africa than in other regions.

Source: *The State of the World's Children 2005*.



rose to 75 per cent by 1990 and remained between 70 per cent and 75 per cent until 2000, keeping up with population growth. In 2003 coverage was slightly higher: 78 per cent, although well short of the 2010 target of 90 per cent.³

The global data refer to annual routine immunization coverage levels of DPT3, which is a proxy indicator. (Routine immunization against measles is analysed region by region beginning on page 10.)

With coverage in the mid- to high-80s per cent, three regions – East Asia/Pacific, Latin America/Caribbean and Middle East/North Africa – are inching toward the 90 per cent target for DPT3; coverage in the Central and Eastern Europe/Commonwealth of Independent States (CEE/CIS) region has declined to 88 per cent in 2003 from a high of 91 per cent in 1988. Coverage in South Asia (71 per cent) and sub-Saharan Africa is substantially lower, and of the two African regions, Eastern/Southern Africa (72 per cent) has performed better than West/Central Africa (48 per cent).

In some developing countries – such as Bangladesh, Bolivia and Brazil – immunization rates increased substantially in the 1990s. In others, particularly in sub-Saharan Africa where conflict and natural disasters have caused large population displacements, coverage plummeted, leaving millions of young children vulnerable to disease. In addition, the political and economic changes that followed the break-up of the Soviet Union led to tumbling immunization rates in Central and Eastern Europe and Central Asia. One result was a major epidemic of diphtheria in the early 1990s, in which 30,000 people died.⁴

Forty-one developing countries have now met the target for 2010 established at the UN Special Session on Children of 80 per cent coverage in every district for DPT3. Many other countries, in Africa and elsewhere, have made progress towards increasing coverage in their lowest-performing districts and developed strategies for accessing the hard-to-reach with immunization.

Constraints of health delivery systems; a lack of needed human and financial resources; rapid turnover of trained health workers, especially at district levels; weak supervision and use of data; competing health priorities; as well as the inability of some public health programmes to fully reach very poor families, minorities and those living in remote locations or amid conflict, these are some of the reasons why routine coverage has plateaued.

To improve coverage, national and district planning needs to target underserved and unreached populations in all areas as a priority and be accompanied by specific strategies and sufficient resources to reach them. Many countries, for example, use the Reach Every District (RED) approach, which seeks greater equity and availability of routine immunization services. Most countries use a combination of routine services and supplementary activities.

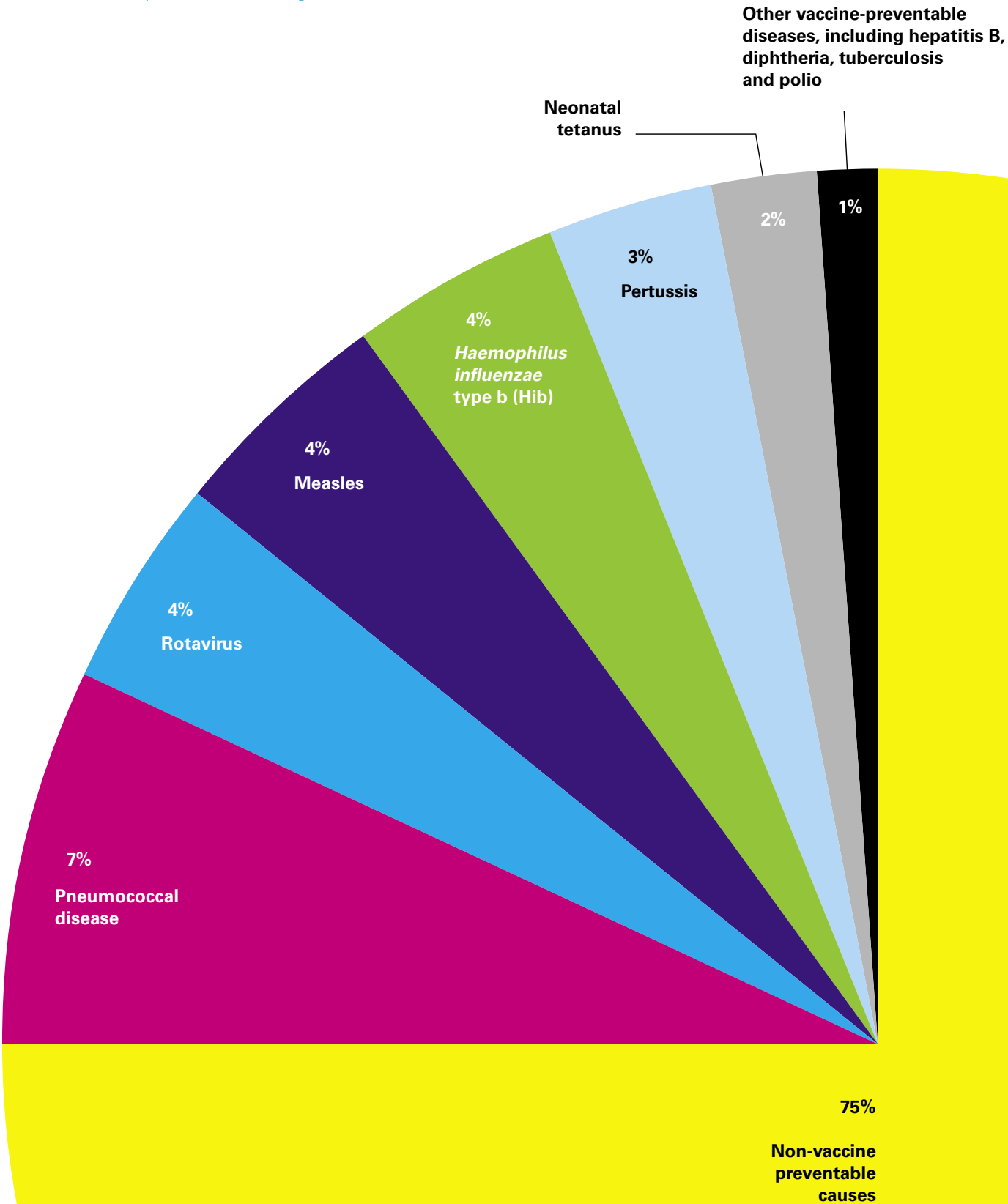
Measles mortality reduction

Measles is one of the biggest single killers among the vaccine-preventable diseases, causing an estimated 530,000 deaths in 2003, with 395,000 of these in children under five: around 4 per cent of under-five deaths globally.⁵ But progress has been made in reducing the number of child

Under-five deaths by cause, 2000-2003

Vaccine-preventable diseases cause an estimated 1.4 million deaths in children under five each year, with a further 1.1 million deaths from pneumococcal disease and rotavirus. Vaccines against pneumococcal disease and rotavirus may be widely available in developing countries by 2008–2009.

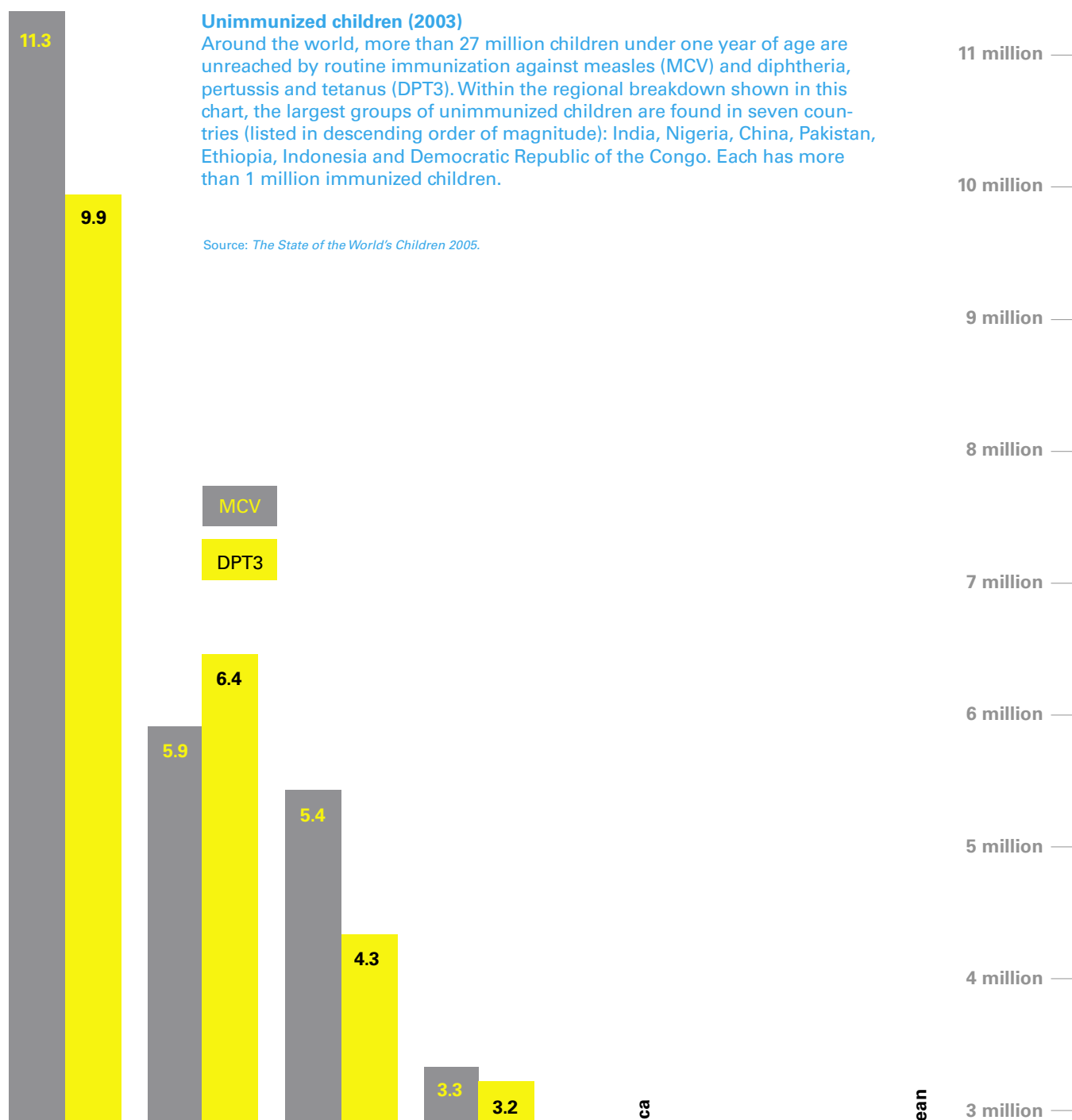
Sources: *World Health Report 2005* and 'Facts and Figures: Global Immunization Data'.



Unimmunized children (2003)

Around the world, more than 27 million children under one year of age are unreached by routine immunization against measles (MCV) and diphtheria, pertussis and tetanus (DPT3). Within the regional breakdown shown in this chart, the largest groups of unimmunized children are found in seven countries (listed in descending order of magnitude): India, Nigeria, China, Pakistan, Ethiopia, Indonesia and Democratic Republic of the Congo. Each has more than 1 million unimmunized children.

Source: *The State of the World's Children 2005*.



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