

IMMUNIZATION IN SOMALIA

Infectious diseases, notably respiratory infections, diarrhoeal diseases and malaria are the leading causes of illness and death in Somali children. Vaccine-preventable diseases and epidemics continue to occur, and immunization coverage has not yet reached levels that prevent outbreaks. The vulnerability of children to infectious disease is aggravated by their poor nutritional status. Consequently, infant and under-five mortality rates in Somalia remain among the highest in the world at 133 and 225 per 1,000 live births respectively. The maternal mortality rate in Somalia is also estimated to be among the highest in the world at 1,100 deaths per 100,000 live births, with many health professionals fearing it could even be higher. (*The State of the World's Children 2004*).

Immunization activities in Somalia are critical. UNICEF continues to focus on supporting both fixed and campaign-type activities, including carefully-planned interventions targeting hard-to-reach groups of children and women. Collaboration with the private sector in Somalia is also expanding, allowing for greater reach of programmes. Equipment and supplies will continue to be provided; staff of health centres and local partners agencies will be trained; and awareness-raising activities will support these activities with much needed advocacy messages.

While providing immunization consistently throughout the country continues to be a major challenge, the polio eradication campaign, run jointly with the World Health Organization (WHO), has achieved a significant breakthrough. In a major boost for polio eradication efforts in Somalia, the country was removed from the list of polio-endemic countries in March 2004. This step forward is the result of nearly two years without any confirmed cases of the disease in the country. The next step in the process is obtaining polio-free status, and UNICEF, the WHO and partner agencies will continue with regular National Immunization Days until the disease is totally eradicated from Somalia. In addition to ending polio, the vaccination campaigns have acted as a vehicle for peace-building for over eight years, fostering cooperation among communities and achieving access to locations which had formerly been inaccessible due to insecurity. Agencies continue to work closely with traditional and Islamic leaders who have been a major force behind the eradication programme, actively participating in immunization campaigns and calling for communities to immunize their children.

The challenges

Implementing activities in Somalia is complicated. The long-running conflict has destroyed infrastructure and made access to even the most basic services a luxury. UNICEF and other humanitarian agencies are working to help rebuild the local capacity to provide these services, but the intermittent conflicts and harsh working environment present continued challenges. Access due to insecurity is a recurrent constraint, as is adequate funding for interventions.

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What your money can do

Immunization Shopping List (Prices include air transport to end-user)

US\$0.20	provides 1 BCG syringe.
US\$0.35	provides 1 auto destruct syringe.
US\$0.40	provides one capsule of vitamin A 10,000 IU.
US\$0.50	provides one capsule of vitamin A 200,000 IU.
US\$1.50	provides one vial of tetanus toxoid vaccine.
US\$1.50	provides one vial of DPT vaccine.
US\$2	provides 1 safety box.
US\$2	provides one vial of measles vaccine.
US\$2.9	provides one vial of BCG vaccine.
US\$4	provides one dose of polio vaccine.
US\$15	trains one vaccinator.
US\$1,800	buys one cold-chain refrigerator.