The goal of controlling rubella is now a reality in Bangladesh. For this to be sustained, the nation must continue advocacy, social mobilization and programme communication. Unwavering political support towards this commitment is just as crucial as establishing intersectoral and social linkages, and creating demand for immunization services. These will ensure that Bangladesh reaps the long-term benefits of investments in health.

What made Bangladesh successful in combating rubella and CRS?
- Strong leadership
- Careful planning and implementation
- Strong health system
- A passionate workforce that took ownership of the programme
- Community participation
- Quality assurance
- Rigorous monitoring

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Bangladesh: An overview

Bangladesh remains committed to reducing child morbidity and mortality from vaccine-preventable diseases. Decades of vaccination campaigns, outbreak response vaccination and vigilant surveillance have decided controlled rubella in the country. It is a triumph for the whole nation: a combined effort of the leadership and health staff, bolstered by the enthusiastic response of the community in getting themselves and their children vaccinated. We hope to build on this achievement for a healthier nation.

Significant events

- MCV1 introduced in Expanded Programme on Immunization (EPI)
- MCV1 introduced in EPI; National Verification Committee (NVC) for Measles and Rubella established
- MCV2 and MR1 introduced in EPI
- Case-based surveillance for rubella introduced*
- MR catch-up campaign
- National Polio and Measles Laboratory (NPML) last accredited
- MCV2/MRCV2

Data quality self-assessment (DQS)

DQS is used by mid-level managers and supervisors of Government of Bangladesh and WHO surveillance medical officers network. They use this tool to monitor immunization activities and data accuracy. Seen below is the quality index of the immunization safety component showing high levels of quality maintenance.


Year


Trend of rubella cases (2012–2017)

- 1979
- 2003
- 2008
- 2012
- 2014
- 2015
- 2017
- 2018

Sources:

For population estimates, cohort component method considering 2011 census population as base year.

Bangladesh Demographic and Health Survey (BDHS) 2014.

*There is no rubella-specific surveillance. Rather all measles IgM negative samples are tested for rubella IgM as per the National Guideline.

The water lily is the national flower of Bangladesh and is representative of the many rivers that run through the country. Known for its pristine beauty, the water lily is a harbinger of a vibrant and healthy future for Bangladesh.
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**Immunization service delivery system components in rural area**

1 union = 3 wards
1 ward = 8 sub-blocks
Two sub-blocks are covered in a week at each of the rural wards, thus covering all 8 sub-blocks in a month. The cycle repeats every month.