Myanmar has been witnessing unprecedented large-scale immunization campaigns this year. The country, with a population of over 62.3 million, has targeted 17.4 million children, the entire cohort of 9 months to 15 year-old children in the country, with the measles and rubella (MR) vaccine. The Government of Myanmar embarked on a grand mission to achieve the World Health Organization’s South-East Asia Regional goal of measles elimination and rubella control by 2020.

Expectations were high, and to accelerate progress towards this goal, Myanmar’s Ministry of Health, with support from WHO and other partners like UNICEF and GAVI, the Vaccine Alliance, launched a national Measles Rubella Vaccine campaign in January-February 2015 targeting all children in the age group of 9 months to 15 years irrespective of their previous immunization status.

The national MR campaign was conducted in two phases – the first phase in January 2015 targeted school children 5 years to 15 years of age in approximately 45,000 schools run by the government, private agencies and monasteries. The second phase targeted approximately 65,000 villages/urban wards in February 2015 vaccinating children from 9 months to 5 years of age plus children missed out in the school phase – children who do not attend school.

The figures reflect the scale of the operation. The national measles and rubella vaccination
campaign launched in Nay Pyi Taw, Myanmar’s capital city, is the country’s largest-ever public health intervention.

Behind the numbers, there is also the inspiring story of the extraordinary determination with which WHO has teamed up with the local government and stakeholders at various levels to defeat measles and rubella.

Measles is one of the major causes of child mortality. Rubella is usually mild in children, but for some people, especially pregnant women and their babies, rubella can be serious. “Measles and rubella remain a threat to the survival and development of children and women in Myanmar,” says WHO Myanmar Representative, Jorge Mario Luna.

WHO estimates suggest that the highest congenital rubella syndrome (CRS) burden globally is in South-East Asia, with 46% of the 103 000 cases. Adolescent women need to be protected with the rubella vaccine before child bearing, because if a mother contracts the disease during pregnancy, the child could be born with several congenital problems, such as blindness, deafness and even congenital heart disease, all of which are a burden on the family and society. Also, the additional vaccine dose provides supplementary protection to all children. Investing in this combined vaccine will help accelerate national, regional and global progress in controlling this life-threatening disease.

“It was not easy. It took an enormous effort and advocacy to convince everyone including parents why even older children needed to be vaccinated. We had many meetings with the Education Ministry, teachers and school authorities. We also had to convince the parents on safety issues,” says Dr Vinod Bura, WHO Myanmar, Medical Officer for Immunization, who was closely involved with the Government of Myanmar from initial stages in planning these campaign.

All the hard work has not gone unnoticed.

On 26 March 2015, the Myanmar Government felicitated representatives of WHO, UNICEF, other UN agencies, and international and local nongovernmental organizations, who were part of the campaign. The ceremony in Nay Pyi Taw was led by Vice President Dr Sai Mauk Kha and attended by all union ministers, deputy ministers and members of the National Health Committee.

**Leveraging regional experience in polio eradication**

In supporting Myanmar to mount the national Measles Rubella Vaccine campaign, WHO drew on its regional experience in microplanning and advocacy in polio eradication. As Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia, observes, “The direct benefit of polio eradication is clear in terms of lives saved and life-long disability prevented. It proves that such an achievement can also be reached for diseases such as measles and rubella.”

One of the most heartening aspects of the Measles Rubella Vaccination campaign has been the high quality of coverage. In the first phase, which targeted children in 45 000 schools across the country, 93% coverage was achieved, says Dr Bura. In the second phase, which targeted 65 000 villages for children who do not go to school or who missed out on the vaccination during school hours, the coverage at 93% was equally impressive. Therefore most of the 17.4 million children in Myanmar were covered in the campaign. The missing children will be covered in following immunization rounds.
Even parts of the country ravaged by conflict and intercommunal tensions, such as Rakhine and Kachin States, witnessed unprecedented mobilization of health staff, volunteers and community leaders, pushing the immunization coverage to levels comparable to the national average.

What did it take to achieve such high quality of coverage?

“It required meticulous advance planning. For example, 20 million invitation cards were sent to parents asking them to get their children vaccinated. This card was a key advocacy tool and it informed parents about the background of the initiative and the rationale for including all children in the age group,” says Dr Bura.

Simultaneously, extensive social mobilization was carried out in all communities using mass media. Country-wide, mobilization of nurses, teachers and efforts of countless community leaders were major factors for the successful immunization campaigns.

WHO coordinated strategic preparatory activities such as establishment of a Central Executive Committee; development of planning; and technical training guidelines for health workers, school teachers and volunteers. Village/ward-wise micro plans were established such as a master list of all eligible children, advocacy meeting with various stakeholders, for example, the department of education, local authorities, Myanmar Medical Association, Myanmar Maternal and Child Welfare Association (MMCWA), and national and international NGOs.

All health workers were retrained with special emphasis on injection safety practices, prevention and management of adverse events following immunization (AEFI). The cold chain and vaccine, and logistic supply chain were strengthened. WHO deployed additional international technical experts to support the preparedness and planning. Some children remained unimmunized because either they were sick or their parents were traveling or they lived in inaccessible remote areas. Four major AEFI cases were recorded during the campaign. However, detailed investigations did not show any association of these AEFI with the MR vaccine.

What explains the success of the MR vaccination campaign?

The prime reason for success is the high level of political commitment in Myanmar towards eliminating measles and rubella. Secondly, there was excellent preparedness, supported by technical assistance from WHO and UNICEF. The success of this campaign can be credited to the dedicated front-line health workers and teachers who made meticulous micro plans in health centres and schools and mobilized the community to ensure that all children received this life-saving vaccine.

Committed to eliminating the measles disease and controlling congenital rubella syndrome by the year 2020, Myanmar has included MR vaccines in routine immunization beginning May 2015.