9 OCTOBER 2017 | Cox's Bazar, Bangladesh – The vaccine has arrived. Micro-plans are complete. And hundreds of health workers and volunteers have been mobilized and trained to carry out an epic mission: The delivery of 900 000 doses of oral cholera vaccine (OCV) to more than 650 000 men, women and children now crowded into settlements and camps near Cox's Bazar, Bangladesh.

Less than 24 hours from the campaign's 10 October start, Dr Roderico Ofrin, Regional Emergency Director for WHO South-East Asia, is systematic. "We have assessed the risk. We have procured the vaccine. We have mobilized the vaccinators and are sensitizing communities. The Ministry of Health and Family Welfare, WHO and partner agencies are working with machine-like efficiency to stop any chance the diarrheal disease has of taking root," he says. "Given the risks, the intervention will likely save many, many lives."

Since late August more than half a million people have poured into Bangladesh from Rakhine state, Myanmar. They've joined hundreds of thousands of people already crowded into camps and settlements in the Cox's Bazar area, further straining access to safe water, sanitation and hygiene (WASH). As outlined in a risk assessment carried out by national authorities and supported by WHO, UNICEF, IOM and MSF, the potential for cholera to take hold is real; the need to act urgent.

Speaking after the vaccine's arrival in Dhaka on Saturday, WHO Representative to Bangladesh Dr N Paranietharan says the Health Sector's drive, focus and unity made the intervention possible. "From the onset of this emergency WHO, UNICEF and other Health Sector partners have been working hand-in-glove with the Ministry and with each other to protect, promote and secure health. That has allowed us to be bold and dynamic in our approach," he says. "The decisiveness and efficiency with which the campaign has been planned reflects the Sector's ability to respond to facts on the ground with maximum impact."

Come Tuesday that impact will be delivered with full force. More than 200 mobile vaccination teams will fan-out across 12 camps and settlements to shake, pop and deliver 650 000 thumb-size vials of the vaccine. That initial phase will be followed by a second round later this month targeting 250 000 children between one and five years old, for whom the second dose provides added protection.

It is critical that the campaign – which is the second largest of its kind, ever – is accompanied by a full-volume scale up in WASH. "Mass vaccination will provide vital protection against cholera, especially for the next six months," Dr Ofrin says. "But it is not a substitute for clean water, adequate sanitation and good hygiene. Diarrheal diseases other than cholera can still spread, meaning there is no time for complacency. WASH must be scaled up and fortified immediately."

WHO's technical and operational support to the campaign is part of its immediate and ongoing

emergency health response. Since August WHO has helped plan and implement a measles, rubella and polio campaign that has provided life-saving protection to more than 100 000 children. It has mobilized essential medicines and medical supplies to brace health services delivery at all levels, from basic to tertiary. And it has rolled-out an Early Warning, Alert and Response System that will ensure a rapid response if and when a disease outbreak occurs. To strengthen these and other life-saving interventions, WHO is appealing for USD 10.2 million.

"As the first responder and provider of last resort, WHO has mobilized its full technical and operational capacity to support pressing health needs," says Dr Poonam Khetrapal Singh, Regional Director for WHO South-East Asia. "The OCV campaign is a massive undertaking, but it is one that is prudent given the risks. WHO is fully committed to protecting and promoting the health and wellbeing of this immensely vulnerable population."

http://www.searo.who.int/mediacentre/sear-in-the-field/who-partners-gear-for-world-second-largest-ocv-campaign/en/