



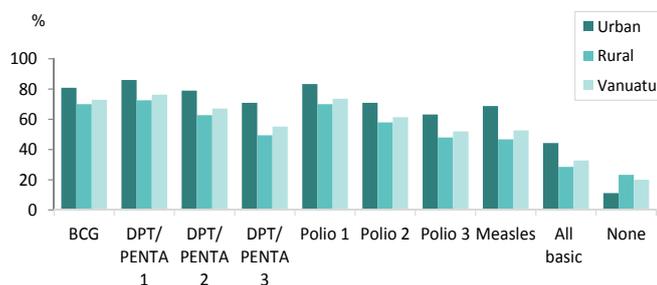
Many childhood deaths can be prevented by immunising children against certain diseases and ensuring that they receive prompt and appropriate treatment when they become ill.

Universal immunisation of children against the eight vaccine-preventable diseases (tuberculosis, diphtheria, whooping cough [pertussis], tetanus, hepatitis B, haemophilus influenza, polio and measles) is crucial in reducing infant and child mortality.

Vaccinations

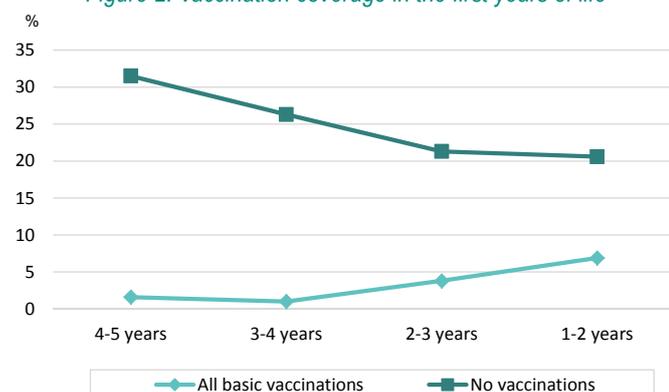
According to the 2013 Vanuatu DHS, one in every three (33%) children aged 12–23 months was fully vaccinated at the time of the survey (Fig. 1). Male babies are more likely (35%) than female babies (30%) to have received all basic vaccinations. Children living in urban areas are more likely to be fully immunised (44%) than children in rural areas (28%), perhaps reflecting easier access to services in town. And a mother's education appears to affect immunisation rates, with 47% of children whose mothers have secondary education being fully immunised, compared with 25% of children whose mothers have only primary level education.

Figure 1: Coverage by type of vaccination, Children aged 12–23 months



DHS results indicate that vaccination rates have improved over the past four years. This is reflected in the proportion of children who had received no vaccinations by 12 months of age; this proportion has declined from 31% among children aged 4–5 years at the time of the survey, to about 21% among children 1–2 years of age at the time of the survey (Fig. 2).

Figure 2: Vaccination coverage in the first years of life



According to World Health Organization guidelines, children are considered fully immunised when they have been vaccinated against BCG, received three doses of DPT and polio, and one measles vaccination by the age of twelve months. Despite the higher trends in BCG, DPT and polio immunisation rates, only one in ten children aged 12–23 months had been vaccinated against measles (12%). And unlike solid BCG, DPT and polio immunisation coverage in the first years of a child's life, measles vaccination had not improved much in the five years before the DHS.

Birth weight

With most births taking place in a health facility, most babies are weighed at birth (87%). About 11% of children born in the five years prior to the survey had a birth weight of less than 2.5 kg. Factors contributing to children being more likely to have a low birth weight include being their mother's first child, the mother being younger than 20 years old, the mother being a smoker of cigarettes or tobacco, and the mother having no education.

Acute respiratory infections (ARI)

Acute Respiratory Infection (ARI) is a leading cause of child morbidity and mortality worldwide, and early diagnosis and treatment can prevent many of the deaths caused by ARI. The good news for Vanuatu is that the ARI incidence is very low, with only 3% of children under age five having shown symptoms in the two weeks preceding the survey.

Fever

Around one in ten children under five years was reported to have experienced a fever in the two weeks prior to the survey. Children living in urban areas were more likely (15%) to have had fever in the two weeks preceding the survey than children in rural areas (12%). The number of children taken to a health facility or provider to receive treatment for a fever is higher in rural areas (61%) than in urban areas (48%). About 23% of children reported to have had a fever received antibiotic drugs.

Diarrhoea

During the two weeks prior to the survey, around 12% of children in Vanuatu under five years were reported to have had diarrhoea. This rate is a little higher than the incidence recorded in the 2007 DHS for Solomon Islands, Marshall Islands and Tuvalu, and the 2010 DHS survey in Kiribati (around 10%). The incidence of diarrhoea with blood was very low, affecting only 1% of 1,517 children.

The highest incidence of diarrhoea was amongst children between 6 and 11 months (15.6%) and between 12 and 23 months (15.5%), with young boys slightly more affected than girls. Forty-four per cent of the children with diarrhoea were taken to a health care provider and most were treated with oral

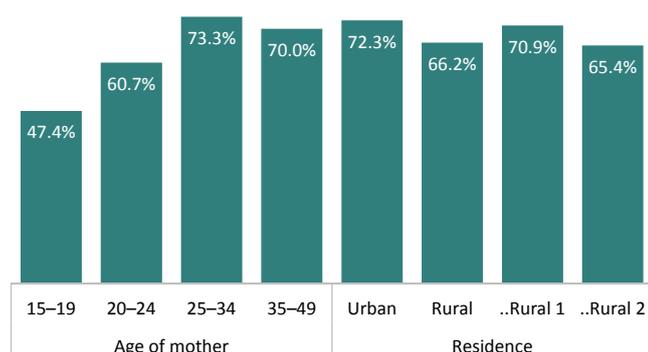


rehydration salts (ORS), or a mix of ORS and recommended home fluids.

Oral rehydration salts

There is common knowledge of ORS packets in Vanuatu and 68% of women who gave birth in the five years preceding the survey know about them. A woman is more likely to know about ORS as she gets older, with only just under half of all women aged 15–19 years knowing about them, compared with 70% of women aged 35–49 years (Fig. 3).

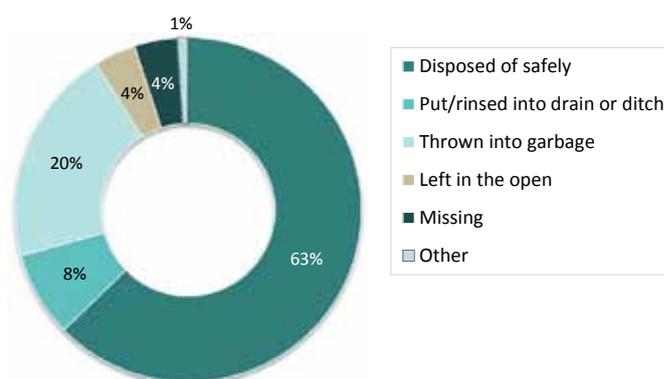
Figure 3: Percentage of women who know about ORS packets or pre-packaged liquids



Disposal of excreta

Proper disposal of human faeces is extremely important in preventing diseases from spreading. Sixty-three per cent of children’s stools are disposed of hygienically in Vanuatu. Most frequently, stools are thrown directly into the garbage, rinsed in a ditch or drain or left out in the open. As a child gets older, it is far more likely that their stools will be disposed of safely (35% for children aged less than six months, compared with 88% for children aged 48–59 months). Children living in the poorest households are more likely (74%) to have their stools disposed of safely than those living in the wealthiest households (39%) – perhaps a reflection of a greater use of disposable nappies amongst the latter.

Figure 4: Disposal of children’s stools



Policy note

As in many other Pacific countries where Demographic and Health Surveys have been carried out, the vaccination rate for measles is lower than the other basic vaccinations. Further information needs to be sought about why so few babies are being vaccinated against measles in the first 12 months of their life.

With diarrhoea incidence markedly higher than in many other Pacific Island countries where DHS have been carried out, having affected 12% of children in the reference period prior to the survey, and rehydration knowledge as high as 68%, more attention might be given to younger mothers, with only just under half of all 15–19 years old, and 60% of 20–24 years old able to report correct knowledge of using ORS packets and how to reduce the incidence of diarrhoea.

There could also be some stepped-up public health guidance on the hygienic disposal of nappies, particularly in densely populated urban areas, where the use of disposable nappies is higher than in rural areas.