



the Ministry of Public Health and Population 25 April 2024 – Interview with Dr Mohammed Hajar, Advisor on Immunization to the Ministry of Public Health and Population, and one of the greatest minds behind the Essential Programme on Immunization (EPI) in Yemen.

“I only came to this interview because EPI is one of my grandchildren.” These were the very first words uttered by Dr Mohamed Hajar, a man in his late seventies, as he entered the office for the interview.

“In Yemen, from 1970 to 1976, there was only the smallpox vaccine and field teams working to cover the governorates,” he went on. “But in 1977, the national Expanded Immunization Programme was established, and included basic vaccines, namely diphtheria, whooping cough, poliomyelitis, measles, tuberculosis, and tetanus for women. We started in only 3 governorates: Sana’a, Taiz and Hodeidah, because they had adequate roads and electricity.”

Before EPI, vaccinations were only provided through foreign teams such as the Peace Corps, Save the Children, a Norwegian group in Ibb governorate and a Swedish group in Taiz – all of which would provide people with vaccines without the administration of any national

programme. But when EPI began, these international initiatives were introduced within its framework, and they were provided with EPI vaccines and associated forms. Immunization focal points under the supervision of the Ministry of Public Health and Population then followed up on coverage in each governorate.

Coverage was confined to these 3 governorates until the primary health care and immunization programmes were integrated in 1982. As a result, care units were expanded across Yemen’s governorates. Most units had a vaccination officer and a health worker, which increased immunization coverage. This also helped revitalize the primary health care programme, as demand for immunization was greater than for primary health care services.



Dr Hajar continued to recount the history of EPI: “In 2004, the second dose of the rubella vaccine was approved, while in 2005 the pentavalent vaccine [combined diphtheria-tetanus-pertussis vaccine, hepatitis B and Haemophilus influenzae vaccine] was

introduced, having a significant impact in mitigating the incidence of these diseases. But one of the most important achievements was in 2009, when Yemen was declared free of the wild poliovirus. There has been no trace of the virus since 2006.”

Integrated efforts continued to strengthen the national EPI with new and improved vaccines, reducing the spread of the targeted viruses in Yemen. Vaccine preservation systems have also been strengthened, with cold chain systems a vital component. About 15 cold rooms, along with many refrigerators and coolers, have been added, and transport mechanisms enhanced at all subnational levels.

Manuals were developed and teams trained to help share knowledge and improve performance. All relevant documents were also provided, including records, children and women’s cards, and templates for daily and monthly reports from the subdistrict level to central level.

In the 1990s and early 2000s, polio immunization was carried out from fixed locations. In 2004, the strategy switched to house-to-house campaigns to ensure full coverage of all children aged under 5 years in all locations, including remote areas. This strategy continued until 2021, when the polio vaccine was confined to fixed sites in many areas in Yemen.



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