

PROPOSALS FOR INTER-COUNTRY COORDINATION

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On the basis of experiences to date in the mass campaign against smallpox and measles, communicated to the President of the Republic of Niger, His Excellency Diorio Hami, we have been authorized to submit to all the interested neighbour states of Niger a plan for joint action, from both the medical and the administrative points of view, for the effective control of smallpox and measles.

The importance of coordination between countries was recognized by the OCCGE at its interministerial meeting at Niamey in December 1967. Only by close coordination would it be possible to avoid propagation of communicable diseases, and in particular of smallpox and measles, from one country to another.

Control of these diseases is necessary, in fact, not only when epidemics occur but also also under supposedly normal conditions.

1. Control during Epidemics

(a) In order to protect the population of the frontier areas and to avoid propagation of smallpox and measles, vaccination teams should be permitted to penetrate a neighbouring country up to a distance of about 50 km for the purpose of carrying out vaccinations around an infected focus and to vaccinate any groups of nomads encountered. Such action should be preceded by official notification to the administrative, political and public health authorities of the country concerned;

(b) All information collected concerning the epidemic should be communicated to the competent public health authorities of the adjoining countries, both in the case of smallpox and that of measles;

(c) The public health authorities of the neighbouring countries should be informed of the movements of groups of nomads and of their crossings of the frontiers, so that preventive measures can be taken.

2. Control during normal periods: attack and maintenance

(a) The attack phase of vaccination should consist of joint vaccination on both sides of the frontier and up to a depth of about 150 km into the interior of the countries concerned;

(b) The maintenance vaccination phase should provide for vaccinators at all entry points into neighbouring countries so that any travellers not holding vaccination cards may be vaccinated. We call for a check on vaccination cards at the frontier. This is perfectly normal, since in preventive medicine what is sauce for the goose is sauce for the gander. No distinction must be made between travellers by air, land, sea or river. Every traveller crossing the frontier must be subject to the same public health requirements, since disease does not choose any particular method of entering a country. It may perhaps prefer, like us, to travel fast, i.e. by air, or by land, sea or river if it is not in a hurry, but whatever the route, it is sure to reach its destination sooner or later. To illustrate what I mean: every traveller between Lomé and Cotonou, two large

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cities in neighbouring countries, must produce an international vaccination certificate if he travels by air, but if he travels by land he is not subject to any public health requirements whatever;

(c) A monthly statement of the number of cases of communicable disease by geographical region, should be sent to each neighbouring country. The Government of the Republic of Niger, in fact has already sent letters to all countries adjoining Niger to ask them to cooperate in the control of smallpox and measles. This action was decided upon as a result of the difficulties encountered at the frontiers. For example, numerous cases of smallpox and measles were detected during 1967-1968 in the regions of Konni and Mainé-Soroa, on the Nigerian frontier; Menaka, on the frontier of Mali; and Botou, on the frontier of Upper Volta.