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2012: Year of Intensification of Routine Immunization in the South-East Asia Region: Framework for increasing and sustaining coverage

Progress has been made in protecting the children in countries of the WHO South-East Asia (SEA) Region against vaccine-preventable diseases. Receipt of three doses of diphtheria – tetanus-pertussis (DTP3) is the commonly used indicator for assessing the effectiveness of routine immunization services.

The Global Immunization Vision Strategy (GIVS) adopted at the Fifty-eighth World Health Assembly envisages achieving 90% DTP3 coverage at national level and 80% coverage at district level by Member States. In the SEA Region, the DTP3 vaccine coverage increased from 66% in 2000 to 73% in 2009. Seven countries in the Region have achieved the national-level coverage target of 90%. Due to such increase in coverage of routine immunization, the incidence of vaccine- preventable diseases has come down significantly in these countries. However it is estimated that approximately 10 million children living in Member States of the SEA Region do not receive the DTP3 vaccination during their first year of life, making them vulnerable to disease, disability and death from vaccine-preventable diseases.

Immunization is a highly cost-effective means to improving child survival and presents immense opportunities to make substantial gains in health, bringing the Member States in the Region closer to achieving the MDG4 for child mortality reduction.

Based on the review of the situational analysis for coverage of routine immunization in the Region, Member States need to intensify the routine immunization comprising BCG, OPV, DPT and measles vaccines to reach the unreached and bridge the gaps, thereby ensuring that none is left behind, and that equitable access for universal coverage is achieved. The proposed regional framework for increasing and sustaining routine immunization coverage describes the key determinants, goal, strategies and priority areas, and concludes with initiatives required to be taken by the Region, as well as by Member States.

The following three strategies have been outlined:

- (1) Building an enabling political and economic environment to intensify routine immunization in Member States of the SEA Region.
- (2) Responding to country needs to increase and sustain high immunization coverage.
- (3) Strengthening immunization delivery, information use and management capacity.

The High-Level Preparatory (HLP) Meeting held in the Regional Office in New Delhi from 27 to 30 June 2011 reviewed the working paper and made the following recommendations:

Actions by Member States

- (1) Countries are urged to identify low-coverage states, provinces and districts for developing context-specific operational plans for intensification of routine immunization.
- (2) Member States are urged to ensure that immunization services are optimally managed and delivered by trained health-care personnel, supported by adequate logistics.
- (3) Member States are urged to engage in high-level advocacy to ensure routine immunization continues to be a priority, including under the decentralized health systems; they should also support the social mobilization initiatives aimed at creating awareness of and demand for intensification of routine immunization.

Actions by WHO-SEARO

- (1) Provide technical support for development and implementation of country-specific operational plans for 2012 and beyond.
- (2) To develop regional guidelines for implementation of the intensification of routine immunization in the SEA Region, as well as regional policy guidelines for introduction of new vaccines into immunization programmes.
- (3) To support Member States in resource mobilization, and in developing and maintaining their technical and managerial capacities.

The working paper and the HLP meeting recommendations based on it are submitted to the Sixty-fourth Session of the Regional Committee for its consideration.

Background

1. Immunization is the most cost-effective public health intervention of all time. Significant progress has been made in protecting the children in the 11 Member States of the South-East Asia Region (SEAR) against vaccine-preventable diseases.
2. The Global Immunization Vision and Strategy (GIVS) was adopted by the Fifty-eighth World Health Assembly (2005) as the framework for strengthening of national immunization programmes between 2006 and 2015. The Regional Immunization and Vaccine Development Strategic Plan (2010-2013) reflects the GIVS goals of achieving 90% DTP3 coverage at national level and 80% coverage at district level. Member States in the SEA Region have aligned the national immunization programmes as guided by GIVS and the SEAR Immunization Strategic Plan.
3. In SEAR DTP3 coverage increased from 66% (2000) to 73 % (2009). Seven countries (Bangladesh, Bhutan, DPR Korea, Maldives, Myanmar, Sri Lanka and Thailand) have achieved >90% coverage for DTP3 at national level. However, globally 23.5 million children are estimated as not receiving the DPT3 vaccination during their first year of life and approximately 10 million of these vulnerable unimmunized children are living in SEAR.
4. The major factors contributing to inadequate vaccine coverage in the Region have been identified as inadequate access; inadequate resources (human and financial resources, vaccines and supplies) and poor management of immunization services.
5. Hence, there is a need to increase immunization coverage through intensification of routine immunization in countries to reach the unreached, and bridge the gaps, thereby ensuring that none is left behind, and that equitable access for universal coverage is achieved.

Key determinants for suboptimal immunization coverage in the SEA Region

6. The barriers to achieving the GIVS goals are summarized as follows:
 - (1) **Access to immunization**
 - inadequate access of large populations in hard-to-reach rural areas and socially marginalized populations in urban areas to immunization services; most vulnerable populations are unaware of the need for immunization.
 - Lack of awareness of available immunization services and importance of completing immunization schedule.
 - Lack of knowledge of benefits of immunization (in preventing illness, disability, death).
 - Opportunity costs associated with seeking immunization services.

(2) **Resource availability**

- Inadequate human resources to cover target population.
- Inadequate allocation of financial resources.
- Lack of appropriate skills among immunization service providers.
- Insufficient cold chain capacity.
- Inadequate supply of vaccines, syringes and other supplies.
- Inadequate transportation support (for individuals and to transport supplies) to conduct immunization sessions.
- Inadequate infrastructure facilities.

(3) **Inefficiencies in immunization service delivery**

- Missed opportunities for immunization.
- Inconsistency of services – cancellation of outreach sessions, irregular sessions.
- Inadequate cold chain, vaccine and supplies.
- Inadequate surveillance systems.
- Quality of vaccines and service delivery not regularly monitored.

(4) **Information**

- No organized systems for data recording and reporting to the next level.
- Local data not analysed and not used to identify service gaps.
- Feedback mechanisms/available information is not shared at service delivery level.

(5) **Managerial capacity**

- Inability to analyse, monitor and effect corrective action.
- Middle-level managers lacking managerial skills to monitor immunization activities and take corrective actions where necessary.
- Nonavailability or inadequate use of available monitoring tools such as regular reviews performance indicators and checklists.

(6) **Management of adverse events following immunization (AEFI):** Sub-optimal AEFI surveillance capacity and lack of proactive plans in managing AEFI and risk communication.

- Unnecessary fear of side-effects in the population.
- Lack of an effective mechanism for surveillance, investigation and management of serious AEFI cases.

Need for accelerating the progress

7. Considering the situation, WHO-SEARO organized a regional review meeting in July 2010 that focused on improving routine immunization coverage. Based on the concept paper presented, the participants agreed on the need to develop a framework of strategies to overcome barriers to increasing the immunization coverage in countries of the Region.

8. A strategic framework has since been developed and reviewed. The SEA Regional Technical Advisory Group meeting held in March 2011 endorsed the framework with modifications. The modified document focuses on intensification of routine immunization that consists of BCG, DTP, OPV and measles vaccines in 2012 and sustaining the coverage thereafter. This framework was presented at the Sixty-fourth High Level Planning Meeting and guidance provided has been incorporated to include specific guidelines for implementation at the Member State level. The revised framework will be presented to the Sixty-fourth Session of the Regional Committee in September 2011.

Strategies proposed in the framework

Vision

9. Reaching the unreached, decreasing the gap, ensuring that none is left behind, and that equitable universal access to routine immunization is achieved

Goal

10. All Member States in SEAR to achieve at least 90% national immunization coverage and at least 80% coverage in every district by 2013.

Operational strategies

11. The following strategies will be in operation:

- (1) Building an enabling political and economic environment to intensify routine immunization in SEAR Member States
 - Achievement of a significant increase in political prioritization of routine immunization in Member States of the SEA Region.
 - Ensuring that intensification of routine immunization is included as national priority in national development plans with sufficient investment from national budgets and development partners.

- Provide evidence-based information to governments, stakeholders and partners to inform policy and guide financial investment.
 - Provide results-based performance information to ensure ongoing engagement and sustainability.
- (2) Responding to country needs to increase and sustain high immunization coverage
- Improvement of national capacity for evidence-based planning, risk assessment and implementing strategic approach to intensification of routine immunization.
 - Establishing a high-level taskforce in each of the high-priority countries for immunization and identifying key stakeholders to inform and influence policy and programme management.
 - Develop, update and provide evidence-based guidelines for increasing and sustaining immunization coverage and specific stratified national immunization strategies to address the gaps.
- (3) Strengthening immunization service delivery, information use and management capacity
- Strengthening and expanding vaccine-preventable disease surveillance, monitoring coverage and managing information systems to support policy and programme decisions and local action.
 - Monitoring the progress towards achieving intensification targets for routine immunization and including the GIVS and MDG 4 goals.
 - Building effective coordination of complementary interventions within WHO and between immunization delivery and relevant national programmes, and partnerships across health systems, as well as with primary health-care services.

12. The strategic framework includes an analytic framework for countries to conduct self-assessments that help prioritize the steps for increasing immunization coverage, while recognizing that the steps may be different, based on minimal, moderate or serious risk of exclusion of children from being immunized.

Moving forward

13. Member States, in partnership with WHO, UNICEF and other partners, share the responsibility to strengthen advocacy, increase political commitment and ensure that enough resources are made available to achieve global and regional immunization goals. All share the social responsibility as parents, health-care providers and decision-makers to boost vaccination levels and advocate for immunization. By doing so, it will be possible to ensure that all children remain healthy and safe from vaccine-preventable diseases.

14. The regional priority would be to achieve 90% immunization coverage nationally and 80% coverage in all districts at least by 2013. Achieving the immunization goals will bring the Region closer to achieving the Millennium Development Goal 4 of reducing childhood mortality.

15. The Regional Committee is requested to note the report and declare 2012 as the year of intensification of routine immunization, as well as urge Member States to commit themselves to intensify their efforts and invest in routine immunization.