



IMMUNIZATION - India Update

An ITSU Newsletter

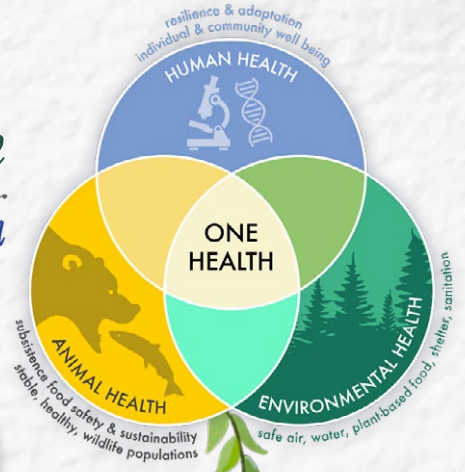
Jan-Mar '26: One Health Governance Special

First Post

यतो वा इमानि भूतानि जायन्ते। येन जातानि जीवन्ति।
यत्प्रयन्त्यभिसंविशन्ति। तद्विजिज्ञासस्व। तद्ब्रह्मेति ॥

Everything emerges, in which everything exists, and into which everything dissolves –
the ultimate intersection of origin and end.

-Taittiriya Upanishad 3.1.1



In This Issue

What the Indian sages and books of knowledge, the Vedas, the Upanishads wrote thousands of years ago, is now recognised the world over – the interconnectedness of life. Everything that exists is created for a purpose and remain interdependent on each other in life and death. For long, man has played with nature to understand it, which resulted in exploiting it not only for self-survival but also for his greed. Human exploitation via science and technology has pushed Earth to the brink, with long-term repercussions for current and future generations. Time is now for corrective action through One Health governance. Mercifully, the last couple of decades or so have seen a conscious effort at the global and country levels to take corrective action, especially in areas that are imminent. Disseminating human-animal-plant-environment health linkages can mitigate damage.

A robust political will on the part of the rich and not so rich nations, an understanding that the action has to be joint, without passing on the buck, shall be the key to finding solution to save and safeguard what is left out.



On 26 September 2025, Shri JP Nadda, while reviewing the progress of National One Health Mission, at second meeting of the Executive Steering Committee said, “It is only by working together that we can anticipate, prevent, and respond to future threats.”

Coming to the health sector, for the purpose of this special issue, we shall restrict our discourse to One-Health governance and what needs to be done at various levels. It is important that countries put in place, a health system that addresses the interconnectedness, create an enabling ecosystem which also includes informing and educating the public that everything - the environment, the flora & fauna, the animal world and the livestock impact their health and lives, exhorting them to take measures that will safeguard not only them and their children, but all lives, to a great extent. Prevention, as they say, is better than cure.

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Prioritizing the Role of Immunization

Immunization bridges human-animal health. Vaccines prevent zoonotic spillover (rabies); livestock vaccination reduces AMR by 20-30% (WHO). Let us look at the phenomena that impacts the health and well being of 8 + billion people to build an understanding on the interconnectedness:



Climate Change

A major threat to human health according to WHO includes a general lack of clean air, safe drinking water, sufficiency of food and secure shelter for a majority of people. All these necessities are imperative for addressing disease burden and control. Heavy rainfalls, floods, contaminated water bring water-borne diseases such as cholera and typhoid. On the other hand, warmer temperatures, heatwaves, and changing rainfall patterns have increased the incidence of vector borne diseases. As per *Germanwatch*, (Global Climate Risk Index) 2021, India is ranked seventh in the list of countries most vulnerable to climate change in the global Climate Risk Index. With a huge population, the burden of impact can be devastating. Policy makers and program implementers therefore, need to be cognizant of the problem and aim at building climate- change measures on a war footing. The health sector on its part can also contribute to this in the healthcare facilities to build resilience to the inevitable phenomenon.



Zoonotic diseases

Zoonotic diseases, estimated at about 200 kinds are defined as those diseases that come from animals, which include major illnesses like COVID-19, Ebola, Rabies, Avian/Swine Flu, West Nile Virus, and SARS etc., generally transferred through direct contact, vectors (like ticks/mosquitoes), or contaminated environments, with sources like bats, rodents, birds, and primates being key reservoirs, highlighting risks from habitat disruption and wildlife trade. Foolproof preparedness is required during disease outbreaks/ epidemic/pandemic situations in terms of building infrastructure, manpower, medical care, drugs and vaccines, supply chain management, including disaster handling capabilities, among others. In normal times, some measures at healthcare facilities would include energy-efficient equipment and renewable energy use. The waste generated at health care facilities needs to be segregated as hazardous and non-hazardous waste and dispose of the later by bio-methanation and composting to treat biodegradable waste at site. Alertness on diseases outbreak, readiness at manpower supply, infrastructure to house the patients and an efficient supply chain management for drugs and vaccines are some of the important steps in the direction of hazard mitigation. Some studies point out that primary healthcare facilities at grassroots level are much better placed if equipped well to handle epidemic and pandemic situation, compared to large air-conditioned hospitals, especially in the cities with a five-star culture that consume humongous amount of energy contributing to greenhouse gases and in general, they are less efficient at waste disposal.

Threat from Livestock

India is a pastoral society, where many households, especially in villages and small towns keep livestock within the premises they inhabit. Livestock in many households looks after the economic well-being of many families. As the householders tend the livestock constantly, they get exposed to various infections. Not many however, may understand the connection due to ignorance and a general lack of public health campaigns on this aspect by the authorities. Safeguarding against diseases transmitted from livestock according to experts encompass a combination of strict personal hygiene, safe food handling practices, and proactive animal health management. Animals can appear healthy while carrying diseases, therefore, the measures need to be practiced constantly and consistently.



Bird feeding

Indian cities and villages have a vast population of birds. An average Indian feeds birds as a matter of routine, probably little knowing that some of the diseases from birds like the Avian Influenza and Psittacosis are transmitted through droppings and direct contact. People get affected through breathing dust from dried droppings, contamination (droppings on surfaces of food, or water), handling infected birds or contaminated materials and vectors, when mosquitoes bite infected birds and then humans. The One-Health program requires equal measure of strengthening of the systems, as also sensitising the people on the interconnectedness and the measures required at personal level to safeguard themselves and communities.



Preparing for public health emergencies

Public health emergencies preparedness -PHEP defines the capacity and capability of public healthcare systems, communities and individuals at a personal level to prevent, protect against diseases, respond to, and recover from health emergencies and build resilience. The graphic memory brought by news media of the Covid-19 scenario is too stark to be forgotten. Hapless people, the caregivers running from hospital to hospital to get their dear ones admitted, patients gasping from breathlessness, the near breakdown of infrastructure, the paucity of oxygen led to many million people lose their lives the world over, because the systems, both in the developed and developing countries were ill-equipped to face an emergency of that kind.



In all this, leadership at all levels, global, national, sub national and grassroots by frontline workers will be crucial to success.



Union Health Minister Launches Indigenously Manufactured Td Vaccine



The Union Minister for Health and Family Welfare Shri Jagat Prakash Nadda launched the indigenously manufactured Tetanus and Adult Diphtheria (Td) vaccine at the Central Research Institute (CRI), Kasauli, Himachal Pradesh, on 21 February 2026. The launch marks an important milestone in strengthening India's public health system and enhancing national vaccine security. Addressing the gathering, Shri Nadda congratulated the scientists, technical experts, and staff of CRI for achieving this significant milestone. He described the indigenous development of the Td vaccine as a historic achievement that reflects India's growing capacity in vaccine research, development, and manufacturing.

With its formal launch, the Td vaccine has now been included for supply under the Universal Immunization Programme (UIP). The Central Research Institute is expected to supply 55 lakh doses of the vaccine to UIP by April 2026, with production planned to scale up in the coming years to further support the national immunization programme. Shri Nadda shared that India's annual immunization cohort included nearly 5 crore beneficiaries, comprising about 2.5 crore pregnant women and 2.5 crore children, with vaccine coverage now reaching nearly 99 percent, demonstrating India's strong commitment to protecting public health.



India Joint Appraisal '2026

India Joint Appraisal meeting was conducted by the Ministry of Health and Family Welfare along with Gavi from 5-7 March in New Delhi. As a part of the appraisal plan, a day's field visit on 5th March was conducted in Nuh, Haryana. On 6th and 7th March 2026, the joint appraisal workshop was held under the Chairpersonship of Additional Secretary & Mission Director (NHM) and the Co-Chairmanship of Joint Secretary (RCH). Mr Thabani Maphosa, Chief Country Delivery Officer led the Gavi team with his other teammates. The appraisal workshop was also attended by country partners including UNICEF, UNDP, WHO, JSI, JHPIEGO, ITSU, NCCVMRC and Gates Foundation.

It was emphasised to look past reassuring aggregate immunization statistics and shift toward granular, individual level tracking to look into missed doses immediately. The focus was brought to unifying digital health records, integrating frontline training, and combating localized hesitancy through trusted community leaders. It was noted that the program's focus must now shift granularly to the last mile, reaching into the farthest blocks and villages to ensure that no child is left behind. The workshop featured a comprehensive review

of all interventions with partners presenting their key findings, ground level challenges, and mitigation strategies. The India Joint Appraisal Review was concluded with discussions, Q&A, and deliberations on the potential action points to be carried by all the development partners.



Immunization Action Group (IAG) Meeting 2026

Dr. Pawan Kumar, Additional Commissioner, Immunization chaired the Pre Immunization Action Group (Pre-IAG) meeting, organized by the Ministry of Health and Family Welfare on 14th February 2026 in New Delhi to review activities supported under the Gavi Health System Strengthening (HSS-3). All the implementing partners, namely WHO, UNICEF, UNDP, JSI, NCCVMRC presented the Action Taken Report (ATR) on the previous Pre IAG. Representatives from ITSU and Gates Foundation were also a part of the meeting. This was followed by Immunization Action Group (IAG) meeting held on 16th February 2026, in New Delhi. The meeting was chaired by Ms Aradhana Patnaik, Additional Secretary & Mission Director (NHM) and co-chaired by Ms Meera Srivastava, Joint Secretary (RCH). The workshop was facilitated by Additional Commissioner for Immunization. The meeting had participation from State officials including MDs (NHM) and SEPIOs of 11 implementing states, representatives from Gavi (Virtually from Geneva) and key stakeholders from UNDP, UNICEF, WHO, JSI, NCCVMRC, ITSU and Gates Foundation.



The collective commitment of all the stakeholders in strengthening the Universal Immunization Program (UIP) was acknowledged. The focus was on the ongoing challenges regarding low coverage of pentavalent, measles, and recurrent outbreaks. It was emphasised that with only 11 months remaining in the current year which is marked for the elimination of measles and rubella, there is critical urgency for rigorous micro-microplanning.

The chair also highlighted importance of utilising the U-WIN platform and how this can be a game changer in the tracking of each and every child. It was also emphasised to expedite

national roll out of U-mentor, scale up of RISE along with the development of planned e-modules on zero dose and Medical Officers Handbook, utilisation of data analytics and review mechanism, PMA cluster survey, institutionalisation of hub and spokes models. It was reiterated that all out efforts should be directed to ensure that no child is left behind and 100% vaccination of every single child is achieved.



National Vaccination Day 2026

National Vaccination Day

National Vaccination Day (16 March) commemorates the first dose of Oral Polio Vaccine administered in India under the Pulse Polio Immunisation Programme in 1995. The day aims to:

1. Raise awareness about the importance of vaccination in preventing disease prevalence
2. Serve as a national reminder of gov't's commitment to universal vaccine coverage for all
3. Recognise the importance of frontline health workers and stakeholders who deliver immunisation services



India celebrates National Vaccination Day on March 16 every year to commemorate the first dose of the Oral Polio Vaccine given to children in 1995, under the Pulse Polio Programme launched the same year. The country has successfully eliminated polio, with the last case reported on January 13, 2011, in Howrah, West Bengal.

The last one decade has seen a huge uptake in vaccination. It is a matter of immense national pride that immunization coverage has risen from 62% in 2015 to 98.4% as of January 2026. As per a PIB news release, 'India's percentage of zero-dose children to the total population has declined from 0.11% in 2023 to 0.06% in 2024. India has a long history of prioritising vaccination, and it continues to push for higher vaccination rates to further improve public health through the Universal Immunisation Programme'.

Why vaccination matters?

Vaccination is a safe and cost-effective tool against a number of vaccine preventable diseases. It is a scientifically proven fact that globally over **150 million lives** of children have been saved in the last 50 years.

In India, **11 antigens** are provided free of cost to children from **0-16 age** to safeguard them from **12 vaccine preventable diseases**.

समझवारी दिखारो! अपने बच्चे का सम्पूर्ण टीकाकरण करवाए!



The Universal Immunisation Programme (UPI), launched in 1985 and implemented by the Ministry of Health and Family Welfare, aims to provide free vaccines to children and pregnant women against various diseases. The programme reaches about 2.9 crore pregnant women and 2.54 crore newborns every year.

Why Is Vaccination Important?

- Protection Before Exposure**
Simple, safe & effective – protects you before you encounter harmful diseases
- Trains Your Immune System**
Builds antibodies against diseases without causing illness
- Long-Lasting Immunity**
Protection that lasts years, decades – or even a lifetime
- Saves Lives Every Year**
Childhood vaccines alone prevent millions of deaths annually
- Protects the Vulnerable**
Shields babies, the elderly & immune compromised who cannot be vaccinated
- Prevents Diseases**
Including Polio, Measles, Tetanus, Typhoid, Hepatitis B & Cervical Cancer
- Safe for Nearly Everyone**
All ingredients thoroughly tested, monitored & approved

IMPACT, ACHIEVEMENT & RECOGNITION

Disease elimination status and global awards

- 1977**: India officially declared Smallpox-free
- March 2014**: India certified Polio-Free by the WHO
- Apr 2015**: Maternal & Neonatal Tetanus and Yaws elimination validated by WHO
- July 2022**: Reached the 200 crore COVID-19 doses milestone
- March 2024**: India receives Measles & Rubella Champion Award in Washington D.C
- April 2025**: National Zero Measles–Rubella Elimination Campaign 2025–26 launched aims to eliminate disease by 2026



'Genesis': An Idea Whose Time has Come



The interconnectedness of life on planet earth is based on the premise that all living organisms are fully dependent on each other for survival, because the Five Mahabhutas - the universe and the human body are composed of five fundamental elements, Prithvi, Jala, Agni, Vayu, and Akash (Earth, Water, Fire, Air and Ether) underscoring a symbiotic relationship between humans and nature. The eco-centric worldview posits that life on earth is an inseparable part of nature, and its existence is linked to the health and vitality of the planet.

It all began in 2021, when the Department of Biotechnology, Ministry of Science and Technology, launched the One Health Consortium on 9th December 2021 to strengthen India's integrated response to zoonotic and trans-boundary animal diseases. The consortium brought together 27 leading organizations, including major medical institutions, veterinary universities, and national research institutes with a view to promote collaboration among human, animal, and wildlife health sectors, with the key objective to study the prevalence of ten important zoonotic diseases across the country and five trans-boundary animal diseases, particularly in the northeastern region, and to conduct risk analysis for early warning and preparedness.



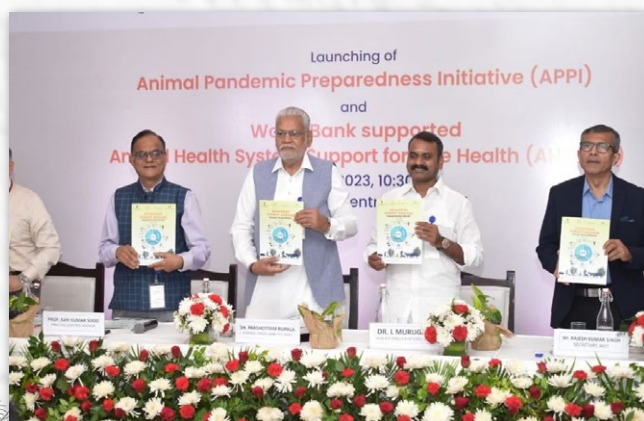
The consortium also aimed to establish a network of centralized and field-level laboratories, estimate disease burden, strengthen pathogen detection using serological and molecular methods, and apply data modelling for disease forecasting and risk assessment. This initiative complements the ongoing efforts of ICAR, ICMR, and the Department of Animal Husbandry and Dairying in disease surveillance, diagnostics, and epidemiology. An outlay of about Rs. 31.1 crore was allocated for three years to support these activities.

Timeline on the state of progress

In April 2022, the Department of Animal Husbandry and Dairying launched a 'One Health' pilot project in Uttarakhand as a part of the 'One Health India' programme.

In December 2022, Prime Minister Shri Narendra Modi virtually inaugurated the National Institute for One Health (NIOH) in Nagpur, marking a significant step for integrated human, animal, and environmental health research, focusing on pandemic preparedness, zoonotic diseases, and building crucial BSL-IV lab capabilities. The NIOH has been established under the Indian Council of Medical Research (ICMR) and Indian Council of Agricultural Research (ICAR).

In April 2023, the Department of Animal Husbandry & Dairying, as a part of the National One Health Mission conceptualized the Animal Pandemic Preparedness Initiative (APPI), which is aimed to focus on joint outbreak response teams, integrated disease surveillance, regulatory strengthening, disease modelling and early



Source: <https://www.pib.gov.in/PressReleaseDetail.aspx?PRID=1916531&lang=3&lang=2&sp=3?PRID=1916531&lang=3&lang=2>

warning systems, disaster mitigation planning, and targeted R&D for vaccines, diagnostics, and therapies. In parallel, the department shared that it will implement a World Bank–supported project, viz., Animal Health System Support for One Health (AHSSOH) in five states to strengthen animal health systems through multi-sectoral collaboration involving human health, forest, and environment departments. The project envisaged to cover 151 districts, upgrade 75 laboratories and 300 veterinary facilities, and train over 14,000 veterinary and para-veterinary professionals, along with community awareness activities reaching out to at least six lakh households. These initiatives were show-cased during the G-20 Summit in Goa.

Linking the event to India's G20 theme of "One Earth, One Family, One Future," the Prime Minister during the Summit in April 2023 underlined the need for resilient and inclusive global healthcare systems. He shared that India's strengths in healthcare, is it's skilled workforce, advanced technology, strong track record, and rich traditions such as Yoga, Ayurveda, and preventive healthcare practices.



At the Global South Summit held in November 2023, the then Union Health Minister Dr. Mansukh Mandaviya highlighting India's One Health Programme shared that India actively monitors and investigates emerging infectious diseases, especially those originating from wildlife interfaces, while fostering coordination among multiple stakeholders for early detection and rapid response. He also called for collective global efforts to strengthen resilience across economies, societies, healthcare and education systems, and critical infrastructure.



In June 2024, a National Consultation on Legal Environment Assessment for One Health Activities in India was held in New Delhi, marking an important step towards strengthening the country's One Health framework. The participants included the Ministry of Health &

Family Welfare, NITI Aayog, Ministry of Environment, Forest & Climate Change, Ministry of Law & Justice, and the Department of Animal Husbandry and Dairying with an aim to initiate the development of a unified legal and policy framework for One Health.



Source: <https://www.pib.gov.in/PressReleasePage.aspx?PRID=2028995®=3&lang=2>

Close on the heels, in July 2023, the Union Health Ministry notified the establishment of a National Joint Outbreak Response Team to strengthen coordinated action across human, livestock, and wildlife sectors, reinforcing India's One Health approach to disease prevention and control. In a major boost to national disease surveillance and response capacity, the country has also established a network of Biosafety Level-3 (BSL-3) laboratories for advanced disease diagnosis and control.



In September 2024, Union Health Minister Shri J. P. Nadda announced the successful implementation of the 100 Days Initiatives of the Department of Health Research, marking a significant milestone in accelerating health innovation in

the country. The Minister highlighted that these initiatives reflected the Government's strong commitment for strengthening the health research ecosystem, promoting self-reliance in medical technologies, and enhancing the country's capacity to prevent, detect, and respond to future public health challenges.

In October 2024, Union Minister Animal Husbandry and Dairying, Shri Rajiv Ranjan Singh launched a USD 25 million Pandemic Fund project aimed at strengthening animal health security in India, marking a significant step towards enhancing the country's preparedness for future health emergencies. Emphasizing the importance of an integrated approach, the Minister stated that the "One Health" approach was central to preventing and effectively managing future pandemics and health crises.

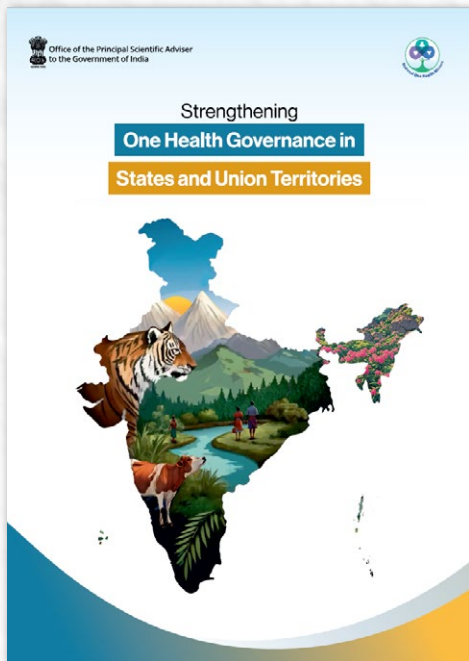
In December 2024, Prof. Ajay Sood, Principal Scientific Adviser to the Government of India, chaired a high-level brainstorming session on exploring opportunities for collaboration with key national and international organizations working in the field of One Health. The meeting focused on strengthening India's integrated disease control and pandemic preparedness efforts by bringing together the human, animal, and environmental sectors under the framework of the National One Health Mission.



Source: <https://www.pib.gov.in/PressReleasePage.aspx?PKID=207955&lang=3&lang=2>

In April 2025, India launched a major inter-ministerial scientific study in April 2025, led by ICMR to build a surveillance model for zoonotic diseases (like bird flu) using the One-Health approach, focusing on bird sanctuaries and wetlands in Sikkim, Maharashtra, and Tamil Nadu to detect early spillover risks from birds to humans, involving health, environment, and agriculture ministries to create an early warning system. This initiative aims to develop real-time monitoring, integrate human, animal, and environmental health data, and enhance national preparedness against emerging threats.





The Government of India in its document, *One Health Governance Structure for State/Union Territory: A Model Framework*, released in 2025, has emphasised the trans-disciplinary nature of the problem and listed several ministries and organizations both at the centre and states to work in coordination to achieve the following objectives to provide a flexible and suggestive governance framework that would enable States/UTs to adopt and operationalize effective One Health coordination mechanisms:

1. Adapt and strengthen existing structures (e.g., NOHPCZ zoonoses committees), ensuring rapid activation and efficient use of personnel
2. Establish new mechanisms, aligned with their administrative, ecological, epidemiological, and institutional realities.

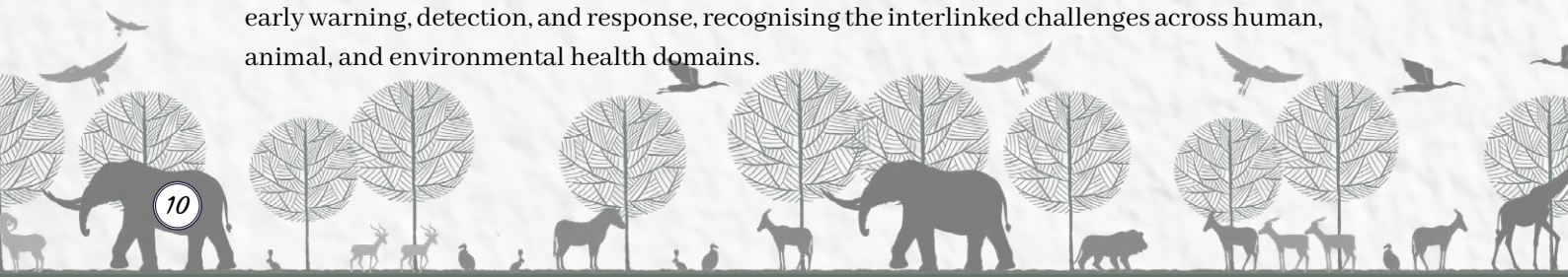
This framework seeks “to support multisectoral convergence, enhance preparedness, and ensure coordinated implementation down to the grassroots. One Health is an integrated and unifying approach that recognizes the interdependence of human, animal (domestic and wildlife), plant, and environmental health, as well as the ecosystems they inhabit. Climate change, ecological degradation, land-use shifts, and increasing human–animal–environment interactions, which are amplifying the frequency and complexity of health risks and the growing challenges demand coordinated and multisectoral mechanisms that enable timely detection, prevention, and management of emerging threats”.

In January 2026, Union Home Minister Shri Amit Shah laid the foundation stone of the first state-of-the-art Bio-Containment Facility “Bio Safety Level-4” lab as well as the “Animal Bio-Safety Level” facility in Gandhinagar, Gujarat. The facility is expected to boost the “One Health Mission” by allowing research into diseases that spread from animals to humans.



Source: <https://cmogujarat.gov.in/en/latest-news/amit-shah-foundation-stone-india-first-state-bsl-4-lab-gandhinagar>

It has been a common knowledge that some diseases are environment related and some are transmitted from animals and birds to humans, but it is only in recent times that WHO and national governments in various countries have started working seriously towards addressing the issue aiming at diseases surveillance and control through One -Health Governance for early warning, detection, and response, recognising the interlinked challenges across human, animal, and environmental health domains.





During the India International Trade fair, 14-17 November 2024, the theme of the MoHFW pavilion was One Health, highlighting the interconnectedness of all life, human-animal, and environment. In retrospect, a two-day event at the Bharat Mandapam, themed: **“Translating Knowledge to Practice – One Earth, One Health, One Future”** was held which saw experts from trans-disciplinary fields deliberating on various aspects.

Shri JP Nadda, Union Minister of Health and Family Welfare, who is also the Chairperson of the Executive Steering Committee on One Health delivered the inaugural address through a video message at the Bharat Mandapam Convention Hall. Dr VK Paul, Member (Health), NITI Aayog; Dr Ajay K Sood, Chairperson, Scientific Steering Committee on One Health, Principal Scientific Advisor to the Government of India and Dr Rajiv Bahl, Secretary, Department of Health Research & Director General, Indian Council of Medical Research participated in the discussions. Mr. Scott Newman of Food and Agriculture Organization (FAO), Smt. Vandana Jain, Joint Secretary, Ministry of Health and Family Welfare and experts from various important institutions, encompassing the DRDO, ICAR, THSTI, CEPI, FIND, AYUSH and the International Vaccine Institute also participated, bringing diverse scientific and implementation perspectives to deliberations. The Meet underscored the importance of synergy in health preparedness extending to the grassroots, were frontline workers, local.

In general, the governance models are bureaucracy driven, leading in practice to each specialist area working as an island, with little room for inter-disciplinary solutions. In order to make One-Health Governance a reality, it is important that barriers are broken between and among different players from the Supply end such as policy makers, program implementers, health workers, veterinarians, environmentalists, agriculture scientists, wildlife, and livestock experts. A robust community and grassroots outreach will be required with an aim at informing and educating the public of the interdependence of all life and how they can use caution while tending their livestock, the environment around them and prepare themselves in times of disease outbreak.



Rigorous Spadework Leading to the Launch of One Health Governance



Source: https://psa.gov.in/CMS/web/sites/default/files/psa_custom_files/NOHM_Event_Report_20_Aug.pdf

The first step in a thousand-mile-long journey is often the most crucial one. After a lot of spadework at the end of the National One Health Mission (NOHM), the first State and Union Territory Engagement Workshop under the aegis of the NOHM was convened on 9th June 2025 at Vigyan Bhawan, New Delhi, by the Office of the Principal Scientific Adviser (PSA) to the Government of India. The meeting brought together over 150 participants, including officials from 27 States and Union Territories, representatives from central ministries and departments, and key knowledge partners. This diverse representation underscored Mission's commitment to fostering whole-of-government and whole-of-society collaboration in operationalizing the One Health approach across India.

The workshop aimed “to strengthen multi-sectoral coordination, initiate structured engagement with sub-national authorities, and support the implementation of One Health at all administrative levels” with following broad aims:

- To raise awareness about the National One Health Mission and its associated initiatives among state representatives and knowledge partners engaged in One Health-related activities.
- To explore implementation frameworks for operationalizing the One Health approach through the sharing of best practices, identification of challenges, and facilitation of cross-state dialogue.
- To encourage reflections on the way forward, with a focus on establishing mechanisms for sustained coordination, capacity building, and data and knowledge sharing across themes such as governance, surveillance, outbreak response, and data sharing.
- To inform on state level coordination, procedures, operational plans and guidelines, and standard operating procedures through hands-on simulation exercises with state officials through a scenario

The exercise was aimed at improving coordinated responses to animal and human health emergencies. To show-case initiatives undertaken by academic institutions, consortia, and multilateral organizations to foster dialogue, mutual learning, and practical planning among stakeholders on One Health approach. The workshop included an array of group discussions around five key operational themes that encompassed, Governance and Policy, Surveillance Systems, Outbreak investigation and Response, Capacity Building and Data Sharing and Planning Session for implementation frameworks. Based on experience and expertise the states of Kerala and Gujarat were inducted in the governance committee of NOHM.



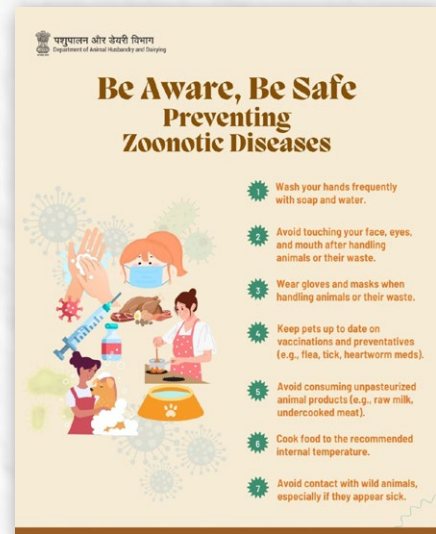
Educating the Public: The Key to Success of One Health Governance

Oneness of life is reflected in all that we see on planet earth. It is not just compassion to non-human agencies that is important, modern science has more than reflected that all lives are inter-twined, therefore for a healthy existence, care and caution is required. Diseases like Rabies, bird flu, Ebola, Ringworms stem from bacteria, viruses, parasites, or fungi, either through direct contact with, especially domestic animals, livestock, wildlife or contaminated food, water via vectors like ticks and mosquitoes. COVID-19 that claimed millions of lives the world over is said to have been transmitted from bats, underscoring the risk from wildlife.

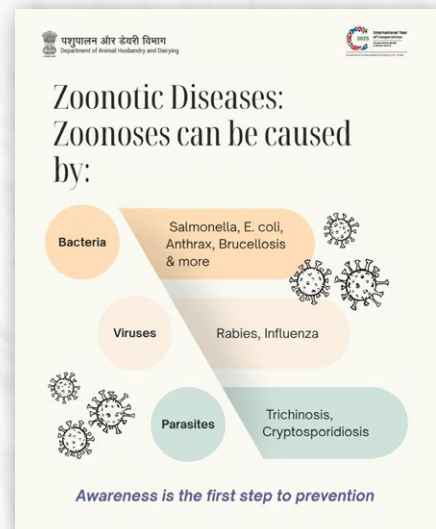
Children, pregnant women, and people with weakened immune systems are vulnerable to these diseases. As it is impossible not to have one or the other exposure, it is important that good hygiene is practiced after handling animals or their products, safeguard oneself from living carriers or vectors such as mosquitoes, fleas, and ticks.

Most people may be unaware or know little about the interconnectedness; therefore, educating them on these precautions is important. One Health Governance protocol in all the states and union territories therefore, need to include a robust long drawn public information campaign through mass media and interpersonal route through frontline workers and influencers as a key to its success from the demand side. The desired response from a public information campaign perspective will be to build trust, while addressing varying social and cultural practices and sensitivities – promoting multisectoral collaboration and grassroots ownership of health initiatives. Strategic communication needs to be proactive and not just geared to emergency situations.

One has not yet seen a long drawn public information campaign to inform and educate the public on One Health *per se* and importantly the interconnectedness of human-animal-climate change for their health and welfare. **November 3 has been designated as One Health Day and January as the One Health Month.** It has been seen that many public and private organizations conduct suitable outreach and information dissemination programs at national and sub national levels in many countries. A participatory approach within communities monitoring their own success will bring various players on the same platform.



Source: https://x.com/Dept_of_AHD/status/1809355910035507443?



Source: <https://www.facebook.com/share/p/WuuhzAa0/>



WHO recognizes that the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent. Therefore, One Health aims at an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems. Health, food, water, energy, and environment are independent disciplines and sectors with specific agenda, but collaboration across these disciplines contributes “to protect health, address health challenges such as the emergence of infectious diseases, antimicrobial resistance, and food safety and promote the health and integrity of our ecosystems”.

By linking humans, animals and environment, One Health, according to WHO, “can help to address the full spectrum of disease control – from prevention to detection, preparedness, response and management – and contribute to global health security”. WHO fosters inclusive, country-driven processes to accelerate the implementation of the One Health approach in various member countries.



Source: <https://x.com/WHONigeria/status/1985270956974109128?s=20>



Climate Change and Health

For the last three decades, the United Nations has been organising annual Climate Change Conference. The latest one held in Brazil in November 2025, the COP- 30 (Conference of Parties) attracted delegates representing governments from around the world, who discussed and

agreed on policies and actions to be undertaken to tackle the climate crisis. Participant also included representation from the civil society, academia, and health who put their perspectives.

The 30th COP was in fact a test of whether the delegates representing various countries would reach a consensus on protecting the right to health of people – a basic premise for the very survival of the human kind. Extreme heat, wild fires, smoke, droughts, floods, disease outbreaks, conflict zones, hunger, contaminated water and food, the deliberations pointed out, have had their impact on people and communities. Fossil fuels, concluded the experts were at the root cause, which harmed human health from ‘cradle to grave’, resulting in many million premature deaths and morbidity- creating constant health emergency in one or the other part. The COP30, amid new and emerging geo-political realities aimed ‘to restore trust and focus global cooperation’. Taking place in Brazil, with the theme of people and implementation, this COP had the potential to bridge North and South, and translate health commitments from words into action.



Microorganisms in Food: A cause of many diseases

Contamination of food by microbial agents is a huge public health concern globally. Bacteria such as Salmonella, viruses like the Norovirus, parasites such as Trematodes are found aplenty in contaminated food, which requires utmost caution. For instance, diarrhoeal ailments result from consumption of contaminated food which according to WHO cause 550 million people falling sick owing to this and 2,30,000 deaths every year. Diarrhoeal diseases also lead to malnutrition, stunting and disability owing to contaminated food. Therefore, it is imperative that scientific risk assessment, guidelines, and risk communication messages for all stakeholders, both on the supply and demand side are shared. One in 10 persons falls sick because of unsafe food! As per WHO, every year 10% people fall sick, consuming contaminated food. WHO propagates five keys to safe food:

1. Keep clean
2. Separate raw and cooked food
3. Cook thoroughly
4. Keep food at safe temperatures
5. Use safe water and raw materials

The poster (right) which is available in 88 languages needs to be disseminated widely.

Five keys to safer food

Keep clean

- Wash your hands before handling food and often during food preparation
- Wash your hands after going to the toilet
- Wash and sanitize all surfaces and equipment used for food preparation
- Protect kitchen areas and food from insects, pests and other animals

Why?
While most microorganisms do not cause disease, dangerous microorganisms are widely found in soil, water, animals and people. These microorganisms are carried on hands, wiping cloths and sponges, especially cutting boards and sponges. The slightest contact can transfer them to food and cause foodborne disease.

Separate raw and cooked

- Separate raw meat, poultry and seafood from other foods
- Use separate equipment and utensils such as knives and cutting boards for handling raw foods
- Store food in containers to avoid contact between raw and prepared foods

Why?
Raw food, especially meat, poultry and seafood, and their juices, can contain dangerous microorganisms which may be transferred onto other foods during food preparation and storage.

Cook thoroughly

- Cook food thoroughly, especially meat, poultry, eggs and seafood
- Bring soups and stews to boiling to make sure that they have reached 70°C. For meat and poultry, make sure that juices are clear, not pink. Ideally, use a thermometer
- Reheat cooked food thoroughly

Why?
Proper cooking kills almost all dangerous microorganisms. Studies have shown that cooking food to a temperature of 70°C can help ensure it is safe for consumption. Foods that require special attention include minced meats, rollersteaks, large joints of meat and whole poultry.

Keep food at safe temperatures

- Do not leave cooked food at room temperature for more than 2 hours
- Refrigerate promptly all cooked and perishable food (preferably below 5°C)
- Keep cooked food piping hot (more than 60°C) prior to serving
- Do not store food too long even in the refrigerator
- Do not thaw frozen food at room temperature

Why?
Microorganisms can multiply very quickly if food is stored at room temperature. By holding at temperatures below 5°C or above 60°C, the growth of microorganisms is slowed down or stopped. Some dangerous microorganisms still grow below 5°C.

Use safe water and raw materials

- Use safe water or treat it to make it safe
- Select fresh and wholesome foods
- Choose foods processed for safety such as pasteurized milk
- Wash fruits and vegetables, especially if eaten raw
- Do not use food beyond its expiry date

Why?
Raw materials, including water and ice, may be contaminated with dangerous microorganisms and chemicals. Toxic chemicals may be formed in damaged and mouldy foods. Care in selection of raw materials and simple measures such as washing and peeling may reduce the risk.

Food Safety World Health Organization
Knowledge = Prevention

Source: <https://www.who.int/teams/nutrition-and-food-safety/multisectoral-actions-in-food-systems/five-keys-to-safer-food-poster>

Ethical Consideration in One-Health Governance A Case for Non-human Species

The concept of One Health has emerged from the recognition of the interconnectedness of human, animal, and environmental health. It is a common site during disasters, generally watching on media, some people carrying their pets- dogs, cats, and goats on their shoulders, crossing flooded area. Every natural or manmade disaster, be it rains, storms,

droughts, or jungle fires, these kill thousands of innocent animals, the statistics of which are hardly made public. Families, because of companionship, economic dependence on livestock at times refuse evacuation. On the supply side, human life gets priority in rescue and rehabilitation, which is fair enough, but who will take care of the hapless non-human agencies, except for animal lovers and environmentalists is a moot point. One Health Governance hopefully will address this important issue.



Global Perspectives

USA

Spearheaded by U.S. One Health, a national collaborative strategy has been put in place that recognises the intersection of human, animal, plant, and environmental health. The overarching aim is to integrate efforts across sectors including public health, agriculture, and environment to tackle threats of zoonotic diseases, antimicrobial resistance, and food safety. US released its first National One Health Plan at the beginning of 2025.

Asia

Asia, especially South East Asia is believed to be a hotspot for zoonotic diseases, due to climate change, high incidence of wild life and livestock, amplifying the risk of diseases. The widespread Avian Flu and later Covid -19 bear testimony to the risks involved.

One Health Initiative provides a platform for countries to work jointly on the agenda. Experts believe that social behaviour change strategies coupled with close coordination and capacity building hold the key to safeguarding health and life of many million people in Asia where the countries have so much in common. The biggest impediment in this, believe experts is the separation of various sectors and a general lack of synergy among them within the countries. A trans-disciplinary approach, therefore will hold the key to the success of the program.

on One Health Agenda

The joint strategy of European Countries has involved collaborative thinking, resulting in making of joint plans, such as the 2020-22-26 plans, shared knowledge and a unified policy aiming at a holistic approach addressing shared risks.

In a collaborative endeavour and driven by entities like the African Union (AU) and Africa CDC, the strategy on One Health focuses on strengthening surveillance, policy, and implementation. There is close partnership with FAO, UNEO, WHO and WHOH in this.

Europe

Africa

International Conference on Typhoid

The Immunization Technical Support Unit (ITSU), represented by Dr. Pretty Priyadarshini and Mr. Ajeet Kumar, presented two posters at the 14th International Conference on Typhoid and Other Invasive Diseases, convened by the Sabin Vaccine Institute in Phnom Penh, Cambodia, from March 24-26, 2026. Both studies utilized data from Wave I (2017-18) of the Longitudinal Ageing Study in India (LASI). One study investigated the prevalence of typhoid infection, vaccination coverage, and whether health insurance and vaccination status reduce the likelihood of typhoid infection among older adults. The second study, also using LASI data, investigated typhoid prevalence and the impact of typhoid infection on anthropometric measures in elderly survivors compared to non-infected cohorts. The conference convened global experts, immunization partners, manufacturers, and policymakers dedicated to the worldwide effort against the burden of typhoid.



Transdisciplinary Alignment on One-Health Approach



The One Health approach 'is a collaborative and interdisciplinary strategy that recognises the intrinsic link between human, animal, and environmental health'.

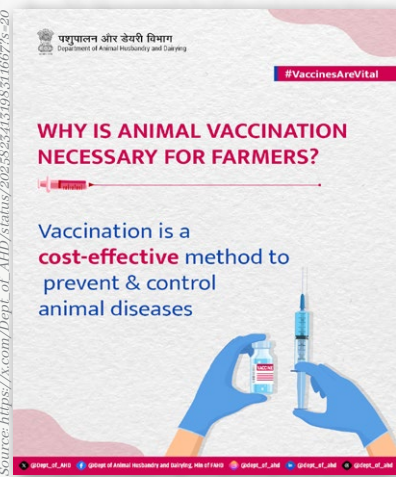
A Quadripartite was set up in 2022, encompassing four UN organizations, including Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the World Health Organization (WHO), and the World Organisation for Animal Health (WOAH). The Quadripartite has been meeting periodically to deliberate on drawing on each other's expertise advancing their agenda on One Health. The Quadripartite has made significant progress on four strategic areas:

- Implementation of joint action plan:** The Quadripartite has strengthened cross-sectoral collaboration through regional and sub-regional One Health workshops in Europe, central Asia, and Pacific islands, leading to increased adoption of the OH JPA at the national level.
- Strengthening One Health science and evidence:** The Quadripartite has broadened its expertise to include social sciences, economics, and governance, besides mapping international legal and policy instruments that have a bearing on One Health and analysing barriers and enablers of One Health implementation.
- Enhancing political engagement and advocacy:** The Quadripartite has been proactively advocating for One Health at appropriate international events including UN Climate Change (COP) and G20 Health Ministerial.
- Mobilizing investments for One Health:** The UN Quadripartite has been working to integrate One Health principles and funding into existing financial frameworks and global health initiatives. National governments are also exhorted to factor in One Health in their Health budgets. FAO, in a write up on its website titled: **Bridging the silos: Why the One Health approach is our best defence against future pandemics**, has cautioned against working in silos on One Health. To quote, "Roughly 75 percent of emerging infectious diseases jump from animals to humans. Yet our traditional response systems – with ministries responsible for human health, agriculture, and environment – often miss these critical early warning signals."

A STEPWISE APPROACH TO OH JPA IMPLEMENTATION



Yinling Zhou *et al*, in a well-researched review paper, One Health Governance: Theory, Practice and Ethics posit that a multi-disciplinary, multi-sectoral and cross-sectoral approach to governance is usually adopted, underscoring cross-disciplinary, cross-sectoral, and cross-field cooperation, as well as the participation of different levels of public and private participating, looping in communities and citizens. The authors, suggest that One Health governance "should seek to maximize the creativity and initiative of the public in terms of their participation and, within the coordinated framework of the government, make use of various types of local self-governing associations, grassroots organisations, community volunteer groups, etc., to build up a system, which is comprehensive and multi vector of social governance".



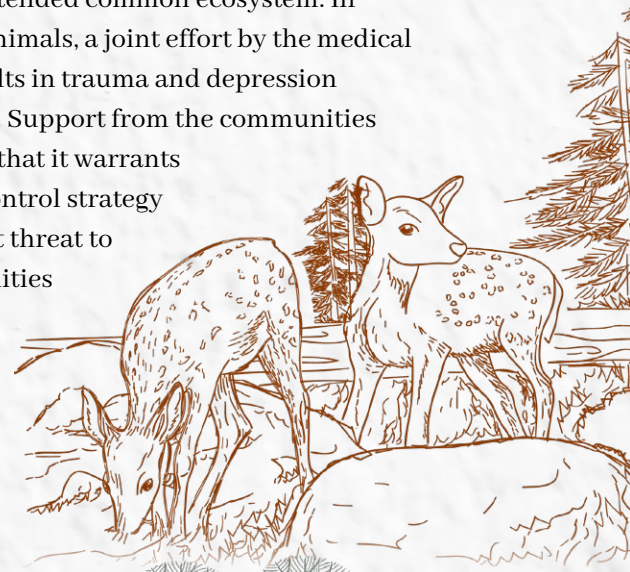
A Case for Immunizing Cattle

As per estimates, 10 to 15% calves die prematurely in India. The livestock are often given heavy antibiotics when they fall sick. It is true that for preventing infections in herds, vaccination reduces the need for antibiotics, helping to combat antimicrobial resistance (AMR) in both animals and humans.

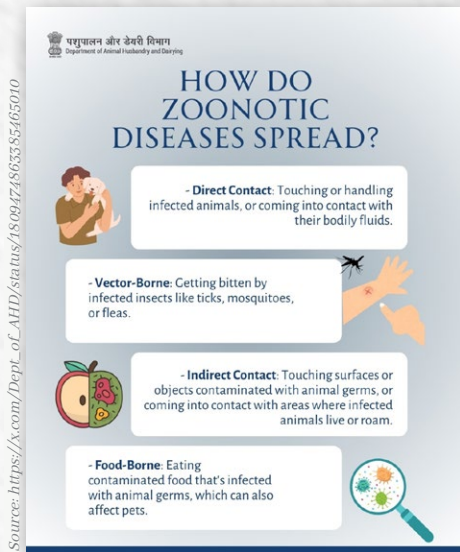
On the economic side, livestock remain a great source of not only income but also health. Human beings depend to a great degree on milk and dairy products therefore, it is important to be mindful of the health of the livestock. Immunization has saved millions of children. As per WHO, 152 million lives have been saved in the last five decades. Therefore, it makes sense if livestock is immunized, which will not only be good for them but shall also have positive impact against zoonotic diseases. Many countries have extensive immunization programmes for livestock. Experts believe that vaccination of animals can break the chain of transmission at the animal source, which is critical for diseases like brucellosis, rabies, and echinococcosis. In an Op-ed in a mainstream newspaper (HT/13.2.26), titled, **“Why India must Bet Big on Animal Vaccine”**, Raman Laxminarayan of One Health Trust argues how livestock of a few goats and a couple of buffaloes and cows have become the lifeline of millions of households in India. He uses the term ‘saving account’ for livestock as they support the families financially. He however, terms the livestock as ‘fragile-assets’ attracting disease related mortality and productivity losses, especially in low income and middle-income settings. Why it is important to immunize livestock, to quote the author, *“the economic upside of wider livestock vaccination is enormous... Studies show that vaccination against diseases such as bovine viral diarrhoea can raise milk production... genetics, feed, and management matter but disease control is foundational”*. Extending immunization coverage to livestock surely has the potential of a multiplier impact.

Why Caring for Animals & Environment Matters

Human beings, animals and flora & fauna are a part of the extended common ecosystem. In case of an unfortunate outbreak of disease spreading from animals, a joint effort by the medical and Vet community is important. Loss of livestock often results in trauma and depression amongst people who experience personal and economic loss. Support from the communities is imperative for the authorities in case the situation is such that it warrants depopulation of poultry, livestock, or animals as a disease-control strategy when a pathogen is highly contagious and poses a significant threat to agriculture, animal welfare, or human health. Such eventualities can occur in disease outbreaks and due to natural disasters. If handled with dignity and humanely, community may agree. The Sendai framework for Disaster Risk Reduction 2015-2030 has listed investment in disaster risk reduction for resilience at the national and local levels by strengthening the protection of livelihoods and productive assets, including livestock.



A Transdisciplinary One Health Shield Against Zoonotic Epidemics Pharmacovigilance and One Health Governance



Introduction

Zoonotic diseases and antimicrobial resistance now endanger global health. Pharmacovigilance must move from a reactive, human only activity to a forward looking One Health model that links safety oversight in people, animals plus the environment. This linkage serves as an early barrier against epidemics. Outbreaks that begin when pathogens move from animals to humans reveal the weakness of isolated pharmacovigilance systems. Because the planet is tightly connected, oversight of drug safety has become a multidisciplinary guard that follows medicinal risk across species and ecosystems. Such tracking preserves the power of treatments but also slows resistant microbes.

The Challenge - Fragmented Systems in Crisis

Classic pharmacovigilance confronts structural obstacles during emergencies. Databases and coding rules for human as well as veterinary domains differ - data gaps appear.

- AMR Feedback Loop - Excess antibiotic use in clinics, farms and pet's speeds resistance or complicates therapy for zoonotic infections.
- Cross Species Risks - Medicines licensed for people spill into veterinary care - the 2015 histamine contaminated gentamicin in horses is one example but alerts seldom pass between sectors in real time.
- Environmental Drivers - Residues that lack strict limits settle in soil and water next to encourage resistant organisms, while discharges from production sites stay uncontrolled.

This split creates a "data wall" that slows the recognition of spillover events like clusters of "drug ineffective" reports.



Strategic Preparedness - A Transdisciplinary Blueprint

- Reform demands cross sector innovation that forecasts and blocks threats.
- Integrated Surveillance and AI Analytics
- Shift from passive reporting to active tools like cohort event monitoring plus laboratory testing.
- Unified Platforms - Pool human, veterinary and environmental records so that algorithms detect signals, especially AMR trends, without delay.
- AI besides Machine Learning - Comb large datasets to locate outbreak precursors - e.g., "lack of efficacy" clusters that flag resistance or species jumps. AI reconciles unlike record types but also predicts zoonotic transfer from electronic health files.
- Lab Networks - Apply uniform test methods so that results stay comparable and strong.



Regulatory Harmonization

Promote joint governance through the Quadripartite alliance - WHO, WOA, FAO, UNEP - but also national agencies.

- Standard Definitions - Align terms for “antimicrobials”, “adverse effects” and “therapeutic ineffectiveness” so that all parties coordinate during crises.
- Restricted Antimicrobials - Prohibit the veterinary use of drugs that are essential for humans, thereby protecting future efficacy.
- Ecopharmacovigilance - Track environmental residues to stop the further spread of AMR.

Leadership and Capacity Building

- Qualified Personnel (DQPPV) - Name officers who understand risk in both human as well as animal populations.
- Training - Teach clinicians, veterinarians, and ecologists to work side by side in outbreak response.
- Equitable Access - Avert “data colonialism” - safeguarding the data sovereignty of low-income countries.

Conclusion

One Health pharmacovigilance converts drug safety from a bureaucratic task into an epidemic shield. Early cross species signals surface through AI surveillance, pooled data or aligned rules - the full life cycle of antimicrobials is handled with care. A safety problem detected in a horse becomes an early alert for humans - barriers between sectors fall before a crisis ignites. This shift is not a matter of extra regulation - it is a global imperative that preserves effective medicines for every species and for future generations.

-Dr. Preeti Kharb, ITSU

Special Immunization Week in Delhi Reaching out to left out & drop out children



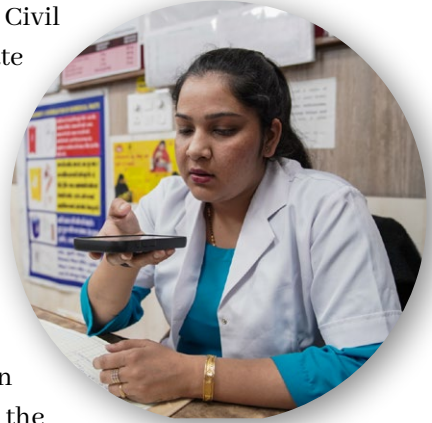
In an effort to strengthen routine immunization and protect vulnerable populations from vaccine-preventable diseases, a special Immunization week was conducted once each across Delhi during January and February 2026, with the objective of vaccinating left-out and drop-out beneficiaries, particularly children aged 0–5 years and pregnant women, ensuring that no eligible beneficiary remained unvaccinated. Extensive microplanning and coordination were carried out by district health teams, municipal corporations, and frontline health workers. High-risk and underserved areas were prioritized to reach populations that often miss routine immunization services.

Special outreach sessions were organized, where frontline workers including ANMs, ASHAs, AWWs, and vaccination teams played a crucial role in mobilizing families, preparing due lists, and ensuring beneficiary tracking. Community awareness activities and interpersonal communication helped address vaccine hesitancy and encouraged caregivers and pregnant women to attend vaccination sessions.

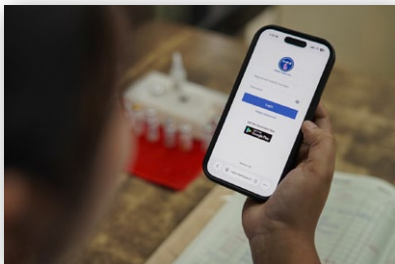
A key feature of the campaign was the digital recording of sessions and beneficiaries on the U-WIN platform, which strengthened monitoring, ensured real-time tracking of immunization services, and improved accountability. Supervisory visits by district and state officials further supported quality implementation of the campaign. The Special Immunization Week resulted in improved coverage of routine vaccines among young children and pregnant women, contributing to the prevention of vaccine-preventable diseases and strengthening the immunization system in Delhi.

Using AI in the Digital Platform U-WIN

For 37-year-old Meenakshi, a Cold Chain Manager at LNJP Civil Hospital in Kurukshetra, Haryana, maintaining accurate immunization records is an essential part of her daily work. As children and pregnant women arrive to receive life-saving vaccines, she diligently enters their details into the Ministry of Health and Family Welfare's digital immunization platform, U-WIN.



During an invariably busy immunization session, constant flow of beneficiaries can make the data entry challenging. Even small errors require corrections and re-entries, slowing down the process while families wait. "Sometimes mistakes happen while typing, and correcting them takes time," Meenakshi explains. To address such challenges faced by frontline health workers, Artificial Intelligence (AI) is now being integrated into the U-WIN platform. One of the latest innovations being piloted is an AI-based text-to-speech feature designed to simplify data entry.



Using this feature on her mobile device, Meenakshi now can simply speak out the details of the beneficiary and the vaccine administered. Within seconds, her voice is converted into a structured digital record on U-WIN. This reduces the need for typing under pressure and minimizes the chances of errors, allowing health workers to focus more on service delivery.

The AI-based feature has already shown promising results in pilot districts and is helping reduce workload while improving efficiency at vaccination sites. For health workers like Meenakshi, AI is not a distant technological concept—it is a practical tool that saves time and supports them in delivering better healthcare services.

Some more AI-enabled innovations in the U-WIN are underway. A multilingual AI chatbot, currently under development, will allow citizens to access information about vaccination schedules, due doses, session sites, certificates, and reminders at any time. This 24x7 digital assistant is expected to help parents and caregivers stay informed, reducing missed vaccinations and strengthening confidence in the immunization system. The chatbot will also support healthcare workers and programme managers by guiding them through platform features, resolving technical queries, and assisting with reports and dashboards.

Source: <https://www.undp.org/india/stories/designing-ai-equity-indias-u-win-story>

During January–March 2026, several States and Union Territories undertook key initiatives to strengthen Routine Immunization (RI), Vaccine Preventable Disease (VPD) surveillance, and Measles–Rubella (MR) elimination efforts through review meetings, training programs, and special vaccination campaigns.

Andhra Pradesh conducted a data validation meeting on 8 January 2026 with the Women and Child Welfare Department to reconcile beneficiary data between the Poshan Tracker and U-WIN platforms. A state-level VPD surveillance transition training with IDSP was organized from 28–30 January 2026. Additional activities included a virtual training on Hajj vaccination (23 January), an immunization review meeting under the Mission Director, NHM (12 February), and a convergence meeting on 26 February 2026.

In **Assam**, the Director of Health Services conducted RI review meetings with selected districts on 20 February 2026 as part of a rotational review mechanism. Additionally, a coordination meeting led by SEPIO on 10 March 2026 with neighbouring states focused on preparedness for the MR vaccination campaign scheduled for 16 March.

Bihar conducted the State Task Force on Immunization (STFI) meeting on 13 January 2026 and initiated a special vaccination campaign from 9–14 February in 110 high-priority blocks. Two additional rounds for March and April 2026 were decided upon, aiming to achieve 100% full immunization coverage. A State Programme Implementation Plan meeting was also held on 11–12 March 2026.

Chhattisgarh conducted a review of all national health programmes, including RI, with CMHOs and Civil Surgeons on 29–30 January 2026.

In **Delhi**, a Special Immunization Week was implemented from 19–24 January 2026, which included the launch of “Tikakaran Nimantran Patrika,” to inform beneficiaries about session dates, time, and location. Several review and coordination meetings were also conducted, including RI review under the Director (MCH), discussions on vaccination arrangements for Hajj pilgrims, and consultations with partners to strengthen U-WIN, eVIN, and MR elimination strategies. Delhi officials were also sensitized on rising MR cases during a meeting chaired by MoHFW on 23 February 2026.

In **Goa**, regular monitoring continued through weekly district reviews and a meeting with Immunization Field Monitors on 28 January. A comprehensive review of RI performance, portal updates, and surveillance activities was conducted on 12 March 2026.

In **Gujarat**, the Commissioner of Health (Rural) reviewed the immunization programme during a field visit to Banaskantha district on 9 January 2026. The state also organized an EVM orientation workshop for District RCHOs on 12 February 2026 with support from UNICEF and IIPH Gandhinagar. The state is also preparing for an MR catch-up campaign from 16 March, with special focus on border areas and migratory populations.

Haryana held a convergence meeting with line departments and districts on 8 January 2026 to review RI and prepare for new vaccine introduction. Special Immunization Sundays were conducted in urban areas on 11 January 2026, and AEFI causality assessment meetings were held on 15–16 January 2026.

Jammu & Kashmir organized training for Medical Officers of the Jammu Division on Routine Immunization from 23–25 February 2026.

In **Jharkhand**, RI trainings for Medical Officers and VPD surveillance transition activities were conducted across districts. Review and convergence meetings in February and early March further strengthened programme monitoring and data quality.

Kerala held a State Technical Advisory Group on Immunization (STAGI) meeting on 20 January and successfully conducted a JE vaccination campaign in Kozhikode and Malappuram districts during March 2026.

Madhya Pradesh organized a workshop on 7–8 January 2026 with NCCVMRC to disseminate findings of the EVM assessment conducted earlier. The state also conducted a review meeting on new vaccine introduction and launched a catch-up campaign in 165 low-performing blocks in three phases. A two-day workshop on Communities of Practice for Demand (CoPD) was also conducted for Gavi-supported districts with participation from district officials and community representatives, and U-WIN registration was also held on 10 March.

In **Manipur**, WHO supported a state-level Typhoid surveillance workshop on 3 February 2026.

Maharashtra held a state review meeting on 12–13 January 2026, chaired by the Commissioner of Health and Director of Health Services, attended by Deputy Directors, District Health Officers, Civil Surgeons, and municipal health officials.

Meghalaya conducted the urban immunization strengthening training on 20–21 January 2026 in collaboration with partners, besides district-level trainings for upcoming new vaccine introduction, followed by a state-level RI review meeting on 6 March.



Nagaland held its STFI meeting on 12 February and a regional coordination meeting on 10 March with bordering states to support MR elimination efforts.

In **Punjab**, a state-level RI review meeting with District Immunization Officers was held on 9 February 2026 focusing on U-WIN performance and immunization coverage. The state also planned two special vaccination drives targeting MR and zero-dose children from 9–14 February and 16–22 February 2026.

Rajasthan initiated an MR vaccination campaign in five identified districts targeting children aged 5–10 years and other left-out beneficiaries.

Telangana conducted a state-level maternal and child health review, including immunization review, on 6 February 2026. The state is also planning training for newly recruited Medical Officers and cold chain handlers; alongside special vaccination drives under the 100-day campaign.

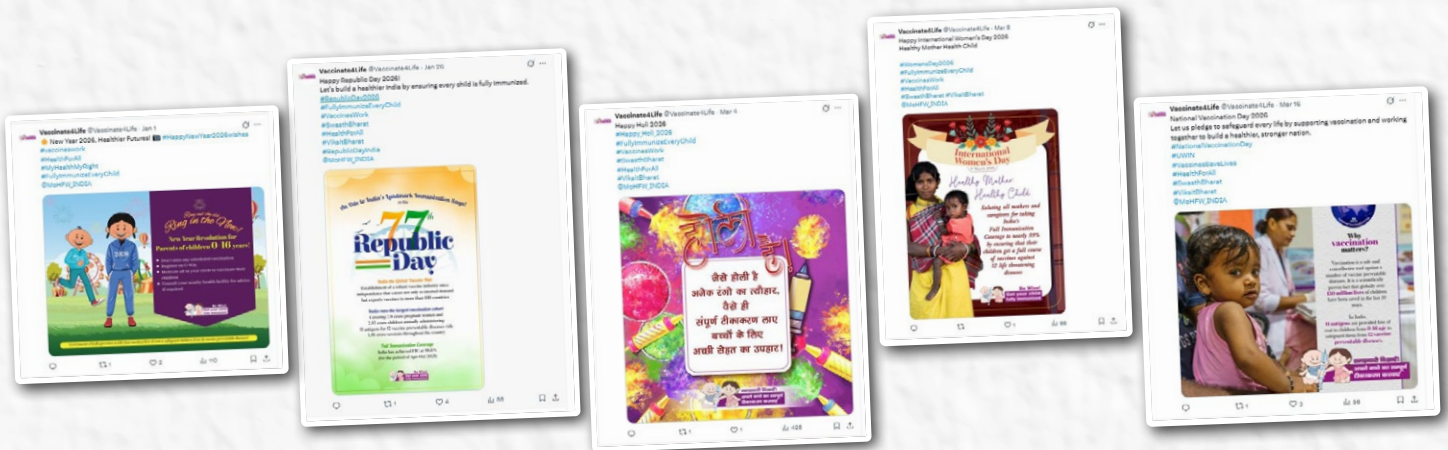
Tripura, a state-level workshop on RI microplanning and monitoring was held on 10 February, followed by a virtual review meeting with districts on 5 March.

Uttar Pradesh held multiple high-level meetings including the State AEFI Committee meeting on 15 January 2026 and STFI meetings on 22 January and 12 February 2026. A state-level RI review was also held on 6 March. The state is implementing a school-based MR vaccination campaign from 16–28 February 2026 across 45 districts targeting children up to Class 5, with preparatory meetings held with the Department of School Education.

Uttarakhand conducted a review meeting on RI and MR elimination on 22 January 2026 and established a district control room for new vaccine introduction.

West Bengal district teams were sensitized on the U-WIN SAFE-VAC portal on 30 January 2026. The state also held review meetings with Chief Medical Officers on 12 February and a NUHM review meeting on 13 February 2026 covering immunization and other health programmes. A state-level video conference on RI microplanning was held on 12 March. These coordinated efforts across states reflect continued commitment toward improving immunization coverage, strengthening systems.

Social Media Initiatives



Media Echo

- ◆ PM Launches Nationwide HPV Vaccination Drive for 14-Year-Old Girls [Read More](#)
- ◆ Nadda launches indigenous tetanus and adult diphtheria (Td) vaccine at CRI, Kasauli [Read More](#)
- ◆ United Nations Development Programme Backed Digital Platforms To Power India's Vaccination System [Read More](#)
- ◆ The Greater Bengaluru Authority (GBA) begins Measles-Rubella vaccination for infants and toddlers [Read More](#)
- ◆ The return of measles: how a once-vanquished disease is spreading again [Read More](#)
- ◆ 14.8 Crore Pregnant Women, Children Registered On U-Win Portal Till Feb 3: Nadda [Read More](#)
- ◆ Biological E. gets WHO phase II nod for novel oral polio vaccine [Read More](#)
- ◆ Study Shows Gap Between Respiratory Vaccine Recommendations and Uptake For Pregnant Women [Read More](#)



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