



IMMUNIZATION - India Update

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Reaching the Unreached - Imperatives for immunizing Zero Dose Children

Every child who is born has the inalienable right to survive and get into adulthood, fulfilling their aspirations, joys and life-goals. The UNICEF data on child mortality and morbidity however, does not paint a rosy picture. One in five children (20%) is not vaccinated worldwide, exposing them to many vaccine preventable diseases. The reasons for this are umpteen- lower access to vaccines, vaccine hesitancy, inhabitation in difficult geographical areas and the most dangerous of all, the man-made hostile environment for children, such as civil wars and wars between some countries that expose children to many environmental diseases, malnutrition, starvation and death. Vaccination of children and pregnant women in such times is the first casualty.



Where are Zero dose children located?

Zero-dose children are defined as those children who have not received a single routine vaccine. These children invariably and primarily are found in marginalized, underserved, and hard-to-reach communities. Worldwide, it is estimated that 14.3 million children fall in the category of "Zero Dose". Globally, such children are concentrated in three key settings: remote rural areas, neglected urban slums, and conflict-affected regions. Zero-dose children are defined as infants who have not received the first dose of diphtheria, pertussis, and tetanus-containing vaccine (DPT1) by the end of their first year of life.

India one time held the second highest burden of zero dose children. The percentage of such children however, dropped from 0.11% in 2023 to 0.06% in 2024 among the total population. Efforts are afoot so that all children receive life-saving vaccines as per schedule with an aim that there are no zero dose and dropped out children in the near future.



As per UNICEF, “Around forty per cent of un- and under-vaccinated children live in countries that are either partially or entirely affected by conflict. These children are often the most vulnerable to disease outbreaks like measles and polio, which can cause death or profound disability”. Furthermore, internal population displacement, lack of sufficient food, malnutrition and over-crowding of ‘safe’ places often result in disease outbreaks, meaning children are far more likely to die or ‘suffer complications from conditions that could be easily and inexpensively treated in a peaceful setting’.

UN organizations like the WHO and UNICEF have to do immense outreach with governments and armed groups in creating ‘corridors of peace and days of tranquillity’ that enable vaccinators to access conflict affected areas. As per UN data 473 million children live in conflict zones bereft of access to basic facilities, education and healthcare. In countries, especially in Africa, where civil wars persist for decades, the entire childhood of thousands of children who survive, is lost. The girl child faces worse situations in such circumstances as they are easy victims to abduction, sex-based violence, poor health and deprivation.

Key Data on Conflict and Vaccination Access



- **High-Risk Population:** Over 473 million children—more than one in six worldwide—live in areas affected by armed conflict as of 2024.



- **Unvaccinated Concentration:** Over 50% of the world’s unvaccinated children live in only 26 countries affected by fragility, conflict, or humanitarian crises.



- **Regional Impact:** Africa has the highest number of children in conflict zones (181 million-218 million), with about 18.7% of them missing routine vaccines.



- **Mortality Impact:** In areas with poor sanitation and malnutrition, the onset of conflict can increase child death rates by up to 24 times.



- **Specific Examples:** In Somalia’s 2022-2024 drought/conflict, over 70,000 deaths occurred, with nearly 40% among children under five, often due to disease outbreaks facilitated by lack of vaccination.

Source: <https://www.unicef.org/immunization/immunization-and-conflict>



BRICS Meeting Advances Action on Social Determinants of Health

Under India’s BRICS Chairship 2026, the National Centre for Disease Control (NCDC), MoHFW, convened the BRICS Technical Meeting on

“Fighting Diseases Driven by Social Determinants of Health (DD-SDH)” on 18 June 2026.

The meeting brought together BRICS member nations to strengthen collaboration in addressing health challenges linked to social, economic, and environmental factors. A key outcome was the endorsement of the Operational Framework for Fighting DD-SDH and the Compendium of Best Practices. The meeting received broad support from member countries, reinforcing a shared commitment to preventive healthcare, stronger public health systems, and collective action towards building healthier and more resilient communities.



NFHS-6 Highlights Significant Gains in Maternal & Child Health and Immunization

The Ministry of Health and Family Welfare (MoHFW) has released the findings of the National Family Health Survey-6 (NFHS-6), conducted during 2023–24 with the International Institute for Population Sciences (IIPS), Mumbai, serving as the nodal agency. Covering nearly 6.79 lakh households across 715 districts, the survey provides critical evidence on population, health, nutrition, and family welfare indicators to support evidence-based planning and programme implementation across India.

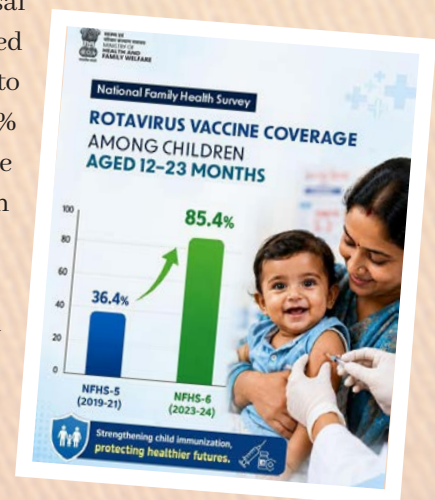
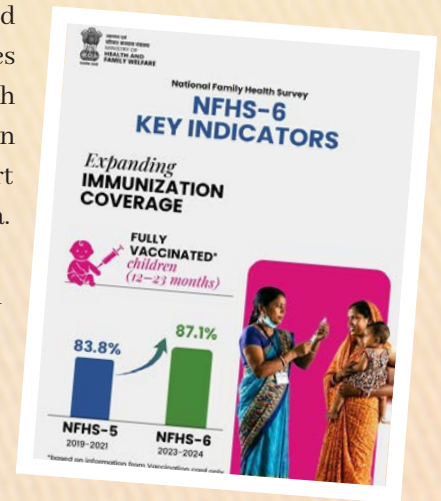
The survey highlights substantial progress in maternal and child health services. Antenatal care (ANC) coverage reached 95.9%, while the proportion of mothers receiving ANC during the first trimester increased from 70.0% in NFHS-5 to 76.2% in NFHS-6. Mothers receiving at least four ANC visits also rose from 58.5% to 65.2%, indicating improved continuity of maternal healthcare services.

Institutional deliveries increased from 88.6% to 90.6%, and births attended by skilled health personnel rose from 89.4% to 91.3%. Postnatal care for newborns within two days of delivery improved significantly from 79.1% to 85.3%, reflecting strengthened maternal and newborn healthcare systems.

The survey also reports positive trends in family planning. India's Total Fertility Rate (TFR) remains stable at 2.0, while the Contraceptive Prevalence Rate (CPR) increased from 66.7% to 69.1%, demonstrating improved access to family planning services and the continued impact of initiatives such as Mission Parivar Vikas.

Notably, India has made further progress toward universal immunization coverage. Full immunization among children aged 12–23 months based on vaccination cards increased from 83.8% to 87.1%. Coverage of rotavirus vaccination rose sharply from 36.4% to 85.4%, while the second dose of measles-containing vaccine increased from 58.6% to 71.8%. Furthermore, 95.6% of children received vaccinations through public health facilities.

The survey also recorded declines in acute respiratory infection and severe diarrhoea among children, underscoring the positive impact of strengthened service delivery, frontline health workers, digital platforms such as U-WIN, and sustained community engagement under India's public health programmes.



Union Health Minister Addresses 79th World Health Assembly in Geneva



Union Health Minister Shri JP Nadda addressed the 79th World Health Assembly in Geneva on 19 May 2026, reaffirming India's commitment to equitable healthcare, digital innovation, and global health cooperation. The Assembly, themed "Reshaping Global Health: A Shared Responsibility," proved an important platform for India

to showcase its transformative health initiatives and public health achievements.

Highlighting India's progress towards Universal Health Coverage, the Minister stated that the country's health reforms are driven by a "whole-of-government" and "whole-of-society" approach focused on ensuring affordable and quality healthcare for all. He noted that more than 1.85 lakh Ayushman Arogya Mandirs have been operationalized across the country, strengthening the delivery of comprehensive primary healthcare services at the community level.

The Minister also underscored the significant progress made under the Ayushman Bharat Digital Mission, which has created over 880 million unique digital health IDs. The initiative is enabling seamless access to longitudinal health records, improving continuity of care, strengthening coordination among healthcare providers, and supporting data-driven decision-making. Reiterating India's role as the "Pharmacy of the World," the Minister recalled the Vaccine Maitri initiative through which India supplied nearly 300 million COVID-19 vaccine doses to around 100 countries, reinforcing global solidarity and cooperation in public health. As reported by mainstream media, the WHO officials have acknowledged India's progress in strengthening immunization systems and supporting routine healthcare services in remote areas.

National Summit on Innovation and Inclusivity



The Ministry of Health and Family Welfare, Government of India, organized the 10th National Summit on Innovation and Inclusivity – Best Practices Shaping India's Health Future in Chandigarh from 30 April to 1 May 2026. The summit served as a key platform for showcasing innovative and inclusive health practices from across the country. The event was inaugurated by

Union Health and Family Welfare Minister Shri J.P. Nadda in the presence of Shri Nayab Singh Saini, Chief Minister of Haryana, and Smt. Arti Singh Rao, Haryana's Health, and Family Welfare Minister. Senior officials from States and UTs, including Additional Chief Secretaries, Principal Secretaries (Health), Mission Directors under NHM, and representatives from NHSRC and RRC-NE, participated in the summit.

Addressing the gathering, Shri Nadda appreciated the practical and field-driven innovations shaping a responsive public health system that has witnessed significant transformation over the past decade, moving from a largely curative model to a more comprehensive healthcare approach encompassing preventive, promotive, curative, and palliative care. During the event, Shri Nadda launched several important initiatives, including the Swasth Bharat Portal, JANANI platform, a Compendium of Best Practices, integrated training modules for primary healthcare teams, and RBSK 2.0. Haryana CM highlighted the state's increasing investment in healthcare and the growing role of digital platforms such as U-WIN, eVIN, and e-Sanjeevani in strengthening immunization, teleconsultation, and public health service delivery across the state.



ICMR & ICAR Launch "SEHAT"

The Indian Council of Medical Research (ICMR) and Indian Council of Agricultural Research (ICAR) have jointly launched "SEHAT – Science Excellence for Health through Agricultural Transformation," a national mission-mode initiative aimed at strengthening the convergence between agriculture, nutrition, and public health. The programme seeks to translate agricultural innovations into measurable health outcomes by aligning agricultural research and production systems with national health priorities. The initiative was launched on May 11, 2026 in the presence of Union Health Minister Jagat Prakash Nadda and Union Agriculture Minister Shivraj Singh Chouhan, along with senior policymakers, scientists, and public health experts.



Addressing the gathering, Shri Nadda stated that India has gradually shifted from a reactive and curative healthcare approach to a preventive, proactive, and holistic model of healthcare delivery. He described the SEHAT initiative as an important outcome of this transformation and highlighted the need for affordable, high-quality, and indigenous innovations in diagnostics, therapeutics, and vaccines. Union Minister described the initiative as "historic and unprecedented," stressing that agriculture and healthcare must work together to address emerging public health challenges. He underlined the importance of scientific validation of the health benefits of agricultural products and sustainable farming practices, adding that "food itself can become medicine."

The SEHAT initiative will focus on five key areas of national importance:

- Development and evaluation of biofortified and nutrient-rich crop varieties
- Strengthening integrated farming systems to improve dietary diversity and farm resilience
- Addressing occupational health risks among agricultural workers
- Promoting agriculture-based strategies for prevention and management of non-communicable diseases
- Strengthening One Health preparedness through integrated surveillance, diagnostics, and research

Union Health Ministry Launches JANANI Platform

The Ministry of Health and Family Welfare launched JANANI (Journey of Antenatal, Natal and Neonatal Integrated Care) at the National Summit on Innovation and Inclusivity – Best Practices Shaping India's Health Future. The platform marks a major step toward strengthening maternal and child healthcare services through digital innovation and integrated service delivery. Developed as an upgraded version of the existing RCH portal, JANANI is a service-oriented digital platform designed to maintain comprehensive health records of women during their reproductive years. One of the key features of JANANI is its QR-enabled digital Mother and Child Health (MCH) Card, allowing easy portability and access to health records. The platform also includes automated alerts for high-risk pregnancies, due-list generation, and real-time dashboards for improved monitoring and timely interventions. JANANI has strong interoperability features and integrates with national digital platforms such as U-WIN and POSHAN, ensuring better coordination and continuity of care.





Union Health Minister Reviews Healthcare Systems and Public Health Priorities in West Bengal

Union Health Minister Shri J.P. Nadda chaired a high-level virtual review meeting with West Bengal Chief Minister Shri Suvenhu Adhikari on 23 May 2026 to assess the state's healthcare systems and discuss

strategies for strengthening health services, improving programme implementation, and optimizing the utilization of resources under the National Health Mission (NHM), PM-ABHIM, and other flagship health initiatives. The meeting focused on advancing key health priorities, including strengthening health infrastructure, expanding immunization coverage, improving maternal and child health outcomes, eliminating tuberculosis and vector-borne diseases, enhancing early screening and diagnosis of non-communicable diseases (NCDs), and ensuring the availability of essential drugs and diagnostics across public health facilities.

Special emphasis was placed on accelerating the TB Mukht Bharat Abhiyan through intensified screening, treatment adherence, and district-level monitoring. The Union Health Minister also encouraged the state to introduce the Human Papillomavirus (HPV) vaccination programme at the earliest to strengthen preventive healthcare and reduce the burden of cervical cancer among adolescent girls.

Shri Nadda highlighted the importance of maintaining progress on key public health indicators such as Maternal Mortality Rate (MMR), Neonatal Mortality Rate (NMR), and Under-5 Mortality Rate (U5MR), particularly in border districts that face unique public health challenges. He stressed the need for robust disease surveillance systems, timely interventions, and coordinated service delivery. The Minister further called for intensified efforts under the Measles-Rubella Elimination Campaign through strengthened vaccination coverage and community awareness initiatives. The review reaffirmed the Government's commitment to preventive healthcare, technology-enabled health systems, and collaborative action to improve health outcomes for all citizens of West Bengal.

Source: <https://www.pib.gov.in/PressReleasePage.aspx?PRID=2264534®=3&lang=2>

Chandigarh: Simple Innovation Proves a Key to Success

In immunization, every step matters. From the moment a vaccine leaves the manufacturer until it reaches the beneficiary, maintaining correct temperature is essential to preserve its potency and effectiveness. While much attention is given to vaccine storage in Ice-Lined-Refrigerators (ILRs), an equally important but often overlooked process is the conditioning of ice packs used in vaccine carriers and cold boxes.



Vaccine carriers are the backbone of immunization outreach activities.

Unlike refrigerators, these carriers do not have a built-in temperature monitoring system. If these frozen ice packs are placed directly into vaccine carriers/cold boxes, they can expose vaccines to sub-zero temperatures, potentially causing freezing damage.

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Zero Dose Children: Call for Action

Economic deprivation, migration, conflicts, vaccine hesitancy due to lack of confidence in vaccines, misinformation spread by anti-vaxxers, displacement and extreme weather conditions, all of these have resulted in many million children globally either not receiving any vaccination shots or they are missing shots as per schedule. According to the World Health Organization (WHO), the number of zero-dose children globally was 14.3 million in 2022, which has substantially reduced in 2025. Two-thirds of such children live in households that live under international poverty line of earning USD 1.9 per day. The challenge with uninterrupted vaccination is that the schedule is long that goes from birth to 16 years. The onus rests on the caregivers. As vaccination in general, is received by seemingly healthy children, therefore, the parents do not see it as a necessity or a priority action area. Other factors discussed above also contribute largely in children missing out on vaccination.

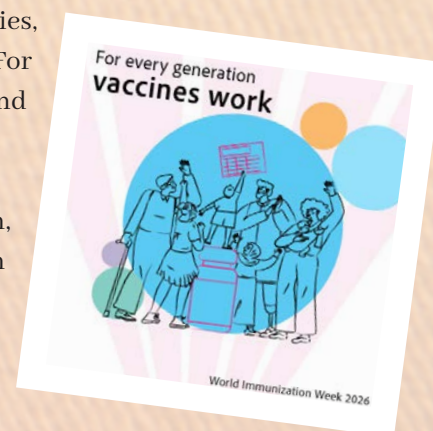


Many international and UN organizations, donors, vaccine industry, and partner governments together have put their might to address the issue on a war footing. As per GAVI, in its efforts since its inception in 2000, over 1.2 billion children have been vaccinated which has helped prevent “more than 20.6 million future deaths, helping to halve child mortality in 78 lower-income countries”. Reaching out to such children also means mapping the missed communities, where such children are generally found. It is a common knowledge that the surroundings where the communities live are often the places for disease outbreaks. Therefore, program implementers need to keep missed communities on their priority listing. From time-to-time large scale ‘catch up’ campaigns have been undertaken in many countries with great reach and access. Experts, however caution that large-scale catch-up efforts can be ‘resource intensive and should serve only as a gap-filling measure that is complementary to routine immunization’. In its place timely vaccination as per national immunisation schedules is the answer as it provides ‘optimal protection and continues to be the most sustainable way to safeguard children and communities’.

“For Every Generation, Vaccines Work”

WHO, UNICEF, and Gavi, along with partner countries and communities, celebrated the World Immunization Week (24-30 April 2026) on the theme “For every generation, vaccines work,” calling on countries to sustain and expand vaccination coverage at every age.

In many countries vaccines are restricted to only children and pregnant women, except when vaccination is done widely as during Covid-19 pandemic when majority of population across all the countries received one, two or more booster doses. It is high time WHO and partner countries work on the need of extending vaccination among various age groups, especially the vulnerable senior age people. Findings on the efficacy of vaccines given during childhood, over a period of time should also be put in the public domain so that there is demand from public for essential vaccines at various stages of one's life.



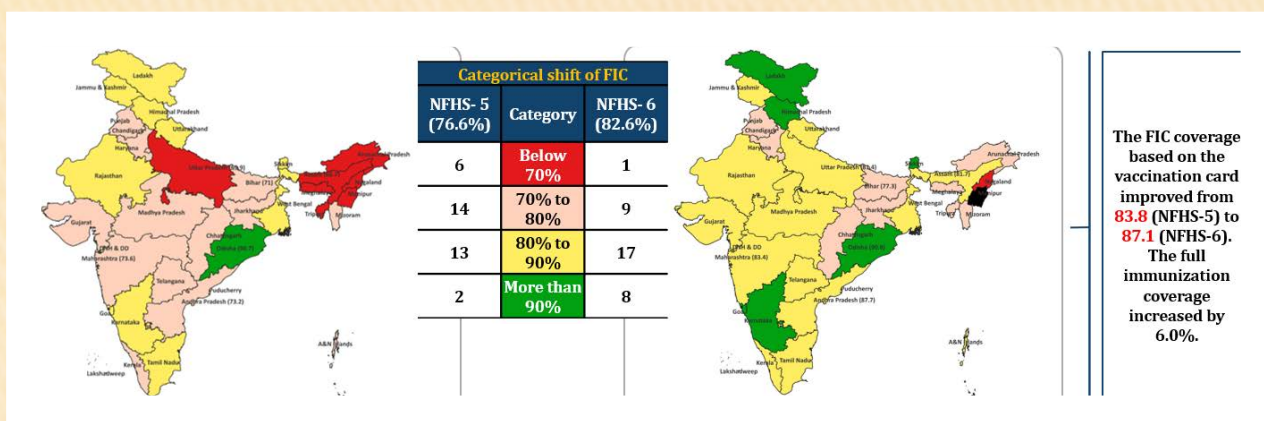
Immunization in India:

Coverage, Equity, and Service Delivery imperatives

The COVID-19 pandemic impacted many things including immunization, mainly caused by lockdowns and other safety measures, thus bringing down the vaccination coverage in 2020. In 2021, an intensive national-level campaigns – the Intensifies Mission Indradhanush (IMI) were taken up consecutively by Government of India throughout the country for three years, beginning 2021 until 2023. These IMI campaigns were extremely crucial in restoring the coverage levels to pre-pandemic levels. Moving forward, it was important to continue improving and sustaining the gains made.

Regional concentration

The NFHS, a nationally representative survey in India conducted every 4-5 years. For NFHS-6, the most recent nationally representative survey data collected between 2023 and 2024, it has been observed that immunization coverage has been relatively low in urban regions compared to their rural counterparts. This is something to reflect upon when moving forward. This difference a bit prominent in Pentavalent-1, is a universal indicator in immunization.



Barriers in Urban and Hard-to-reach settings

Urban settings, pose a number of challenges, some of which include the influx of migrant labour from smaller towns and states, which may not have livelihood opportunities to the extent of urban areas in some states. The population is often heterogeneous, including nomads, daily wage earners and those working at construction sites and brick and clan settings, which often are away from the mainstream health facilities, increased in urban-peri areas. Dwelling in make shift shanties, Ignorance about the necessity of immunization, lack of resources in reaching out to health facilities and a lower penetration of frontline workers in such areas can be cited as some of the reasons for lower immunization coverage. Program planning is also a complex activity that includes, headcount survey (HCS), microplanning , beneficiary tracking, inadequate human resource, training gaps, besides inter-sectoral coordination. When it comes to program implementation, some of the gaps include sub-optimal coordination among various governing bodies, a general lack of dedicated review mechanism, overburdened session sites, insufficient number of session planned, limited access for FLWs in specific areas (high-rise buildings, gated communities, etc.), compounded by Supply chain logistics, which includes at times, irrational vaccine distribution owing to incomplete area and session load mapping. When it comes to data system recording and reporting, it is still compiled within the rural domain.

One has witnessed gaps in utilization of reporting templates – prescribed tally sheets, MPRs – multiple data sources. There is often irregular and incomplete data captured from private sector. When it comes to monitoring and supervision, it is beset by inadequate resources for regular monitoring and segregating urban-rural data. When there are VPD Outbreaks and the need Surveillance, the challenge comes from varied healthcare providers and system's dependency on voluntary reporting leading to difficulty in identification. There is also inadequate urban surveillance reporting.

Hard to reach setting

Diverse geographies & landscapes, extreme weather conditions, large tracts of plains, forests, deserts and mountainous regions, some of which are inaccessible during extreme weather. India is a land of many religions, cultures, languages and indigenous tribes. The Himalayan belts, hilly terrains in north-east cover 29 percent of area. Thick, dense forests, deserts, flood-prone areas, cyclones and high-rainfall in coastal regions are other realities, making the task of immunization in reaching out to the last mile challenging, if not impossible. Frequent disruptions of mobility, transportation, supply chain and logistical barriers are the other realities.



Demand Generation challenges

Demand Generation depends to a large extent on an ecosystem that informs and educates the people constantly on the benefits of immunization. Advocacy, communication and social mobilization are the three important pillars for social behaviour change. The low demand generation often is due to sub-optimal inclusion of social mobilization platforms like UHND, MAS, SHGs. Another barrier is in general paucity of time with daily wage earners, who earn and live on day-to-day basis, taking a leave may not be possible and also not affordable for them. Weekday sessions for those with regular jobs are also not suitable and convenient. Another important reason for low immunization demand is a lack of social cohesion and community affinity as migrant workers live in temporary hutments with limited access and exposure to media and IEC materials. In such localities there is also inadequacy of local and faith based influencers. In an era of post-truth, it is challenging to differentiate between FAKE and CREDIBLE news, videos, information. Social media has emerged as a 'critical barrier' apart from being an enabler, essentially controlling what information reaches the communities. Increased ACCESS and REACH for fake news compared to health communication/campaign fueled by misinformation and anti-vaccination campaigns on social media platforms further compound the challenges.



Take home messages

- The health program design and systems in India traditionally have been rural-centred, which encompass policies, guidelines, systems, resource planning, etc.
- Urban systems and health are still evolving.
- Projected percentage of urban-rural population for India is expected to change rapidly in the next two decades, from 34 % in 2025 to ~46.5 % in the next two decades
- Urban population will increase from 377 million in 2011 to 828 million in 2051*

**Source: Population Projections for States and Union Territories 2021–2051; International Institute of Migration & Development (<https://iimad.org/>)*





UNICEF Calls for Action to Protect Children in War

UNICEF is found at places where children are located- both in peace and war including in conflict zones to provide access to vaccination and primary health, among its other tasks. As the number and duration of wars continue to grow, humanitarian workers according to the UN agency “are increasingly denied safe access to children, leaving millions to suffer from severe acute malnutrition and deadly diseases related to unsafe water, or because they cannot access life-saving medical treatment and routine immunization”.

In its call to action to protect children in war UNICEF has exhorted “warring parties and those who support them to fulfil their obligations to children. It is a call for governments, the UN Security Council and other organizations to hold perpetrators of crimes against children to account. And it is a call for people around the world to demand the change that we know is possible”.



WHO Strategies on Immunization in Conflict Zones

Multiple strategies are used by the World Health Organization to deliver immunization services in conflict settings. The choice of strategy often depends on the situation, as areas previously thought safe could become insecure within a short time. Immunization delivery strategies have in many cases required dialogue with different government groups prior to the dates for implementation. The commonly used immunization delivery strategies include:

- Fixed/static immunization services in locations where there is a functional health facility equipped to carry out vaccination.
- Outreach and mobile sessions in locations considered safe and accessible on a monthly basis.
- Dry season campaigns planned and implemented to provide catch-up vaccinations in the form of Periodic Intensification of Routine Immunization (PIRI), taking account of difficult access in over 70% of the country during the rainy seasons.
- A strategy known as ‘firewalling’, whereby children in accessible areas are immunized in order to create an epidemiological firewall to protect those which cannot be reached in areas that are inaccessible because of insecurity.
- Quick “in and out strategies”, rapid response vaccination missions, and “hit and run strategies” have been conducted in areas that have intermittent secured access. Permanent vaccination posts in transit areas which are linked to previously inaccessible areas are used. Such special vaccination posts have been created in multiple locations, with community health workers trained and deployed to vaccinate children less than 15 years of age with OPV and other routine immunization vaccines.



Conflict has a Complicated Effect on Immunization

There is no simple relationship between armed conflict and vaccinations, according to a research study that studied more than 200,000 records in 15 African countries, published in 2022. The study conducted by researchers Gudrun Østby et al has some interesting findings and learning. Conflict can have both positive and negative impact. Let's look at some of them.

Negative impact

- Conflicts in general divert government resources toward the war effort, rather than health care.
- Conflict typically mounts huge logistical challenges for the delivery and storage of vaccines, some of which require storage at specific temperatures.
- Armed conflict can drive away medical personnel. Armed groups regularly target vaccination staff and other health professionals through abduction, imprisonment or killing, prompting health staff to move away from dangerous zones that pose threat to their life and survival.

Positive impact

Under some conditions, armed conflict have led to higher vaccination rates, because of better outreach with communities and armed forces or militant groups.

Mixed impact

War-affected populations often flee from their homes and hearths to seek safety. Displacement, the study posits can have an ambiguous effect. On one hand, internally displaced populations often have severely limited access to basic medical services, but some people who find shelter in refugee or internally displaced persons (IDP) camps, may make it more feasible for health personnel to reach large numbers of eligible children for vaccination.

The researchers conclude that when the conflict is intense and a major one, it makes the vaccination efforts more complex. In such times, support from donors for the government help a great deal in keeping the immunization program running. The support also helps in 'providing safe corridors and safe zones for health personnel to reach out to unvaccinated children'.





UN Convention on the Rights of the Child

Adopted on 20 November, 1989, and ratified by India on 11 November 1992, the UN Convention on the Rights of the Child, in its charter says “the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth”.

Articles 38 and 39 specifically talk of the rights of children in the times of armed conflict.

Article 38

- States Parties undertake to respect and to ensure respect for rules of international humanitarian law applicable to them in armed conflicts which are relevant to the child.
- States Parties shall take all feasible measures to ensure that persons who have not attained the age of fifteen years do not take a direct part in hostilities.
- States Parties shall refrain from recruiting any person who has not attained the age of fifteen years into their armed forces. In recruiting among those persons who have attained the age of fifteen years but who have not attained the age of eighteen years, States Parties shall endeavour to give priority to those who are oldest.
- In accordance with their obligations under international humanitarian law to protect the civilian population in armed conflicts, States Parties shall take all feasible measures to ensure protection and care of children who are affected by an armed conflict.

Article 39

- States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.



Vaccinators Risk Their Lives in Conflict Zones



It requires courage of a highest order, say of a hundred people put together in a vaccinator who also has a family and probably children to decide on deliberately opting to go to a conflict zones amidst fear of death or injury, to vaccinate children. These unsung heroes bring faith especially among the caregivers, that humanity after all, is still not dead! Vaccinators entering conflict zone however, must take utmost care and precautions against dare.

In a paper '*Approaches to Vaccination Among Populations in Areas of Conflict*' by multiple authors led by Chimmeremma Nnadi, some interesting facts emerge. The researchers posit that a general perception is that in resource-poor settings, poor vaccine access has historically been attributed to weak healthcare delivery infrastructure. However, based on their research findings, the researchers conclude that conflict zones are the bigger roadblocks in extending life-saving vaccination to children. To quote, "recent GPEI experience increasingly highlights the role of armed conflicts as key drivers of poor immunization coverage, even in middle-income settings". The authors also refer to the risk of harm to vaccination teams being a "grave concern".

'Between War And Pestilence: The Impact of Armed Conflicts on Vaccination Efforts: A Review of Literature', researchers Fausto Ciccaci et al through an analysis of 18 studies across diverse regions, including Syria, Nigeria, Afghanistan, Iraq, and Ukraine, identified key adaptive strategies to sustain immunization in conflict, notably immunization ceasefires—short-term truces that allowed vaccination campaigns. The "days of tranquillity," promoted by global actors, also had proven effective in averting outbreaks. Planning in advance, a close contact with armed forces, political administration, moving in groups, wearing signage of a vaccinator which is visible from a distance, authorization letter from the organization represented and local administrator are important when entering a conflict zone. International Committee of Red Cross (ICRC) defines Humanitarian corridors, also referred as corridors of tranquillity as temporary and location specific agreements between parties to an armed conflict, designed to facilitate safe passage of civilians in and out of conflict zones allowing them to carry on humanitarian aid into areas of active hostilities.

Responsibility of News Media

Truth, it is believed, is the first casualty in a war and a conflict situation, therefore, it is incumbent upon the news media to share not only information but also varying perspectives, including how the hapless people, especially children who are not responsible for war, bear the brunt and the urgent need for sending medical assistance and providing immunization services to children. On the social media platforms, the information many a time comes from ground zero, providing information without filters. It can be true and also false spread by some vested interest. The consumption of news increases many fold during such times. Therefore, media as watchdog and the Fourth Estate, must raise issues concerning the state of women and children in conflict situations and the importance of extending health facilities. Public opinion, especially coming via the news media affects everyone including the perpetrators of war. Such new stories create negative opinion about them as no war is just, whatever their arguments. This helps humanitarian organization to negotiate with them for reaching out to civilians with aid and medical outreach.



Human Interest Stories



Andaman & Nicobar Islands: Vaccines reach across Land & Sea to the Children of Trinket Bay

Reaching every child with life-saving vaccines often requires vision, diligence and extraordinary commitment, especially when it comes to India's most remote locations. On 17 April 2026, a dedicated healthcare team undertook an outreach visit to Trinket Bay to reach out to the Shompen tribal community in the remote Nicobar Islands, ensuring that essential Immunization and health services reached families living far from conventional healthcare facilities. Led by Dr. Rajeshwari, MO (Ayurveda), the team included ANM Aditi Biswas, LHV Reba Rani Sarkar, Yoga Instructor Sheelawati, Dental Assistant Nikita, and staff from AAJVS. Working under the supervision of Dr. Meena Nasir, Medical Officer In-Charge, PHC Campbell Bay, the team travelled to the tribal settlement carrying vaccines and healthcare supplies.

During the outreach session, three children received age-appropriate vaccinations, including Pentavalent, OPV, fIPV, Rotavirus, PCV, MR, Vitamin A, and booster doses as per the National Immunization Schedule. The visit provided a comprehensive package of care besides vaccination. Dr. Rajeshwari conducted health check-ups, Nikita performed oral health screenings, while Sheelawati demonstrated simple yoga practices and encouraged healthy lifestyles among community members. The visit reflects the dedication of frontline health workers who go beyond geographical barriers to ensure that even the most remote tribal populations have access to essential Immunization services.



One Small Vaccine, One Big Promise

Holding her parents' hands, young Perina walked into her local health centre for vaccination. Like many children, she was nervous about the injection.

But what she learned that day changed her perspective. "I used to think heroes only existed in comic books," she said. "Today, I met real heroes. They may not fly, but they protect children like me from diseases."



Perina's story reflects the impact of India's Universal Immunization Programme, one of the world's largest public health initiatives. Every year, the programme reaches nearly 29 million pregnant women and 26 million newborns, delivering life-saving vaccines in cities, remote villages, mountainous regions, and island communities. Behind every vaccination is a network of dedicated health workers who travel long distances, counsel families, and ensure that no child is left behind. Supporting them are digital platforms such as eVIN and U-WIN, which help track vaccine supplies, maintain quality, and ensure timely vaccination services. These combined efforts have helped protect millions of children from vaccine-preventable diseases and strengthened trust in public health services across the country.



For Perina, the lesson was simple but powerful. "The prick lasts only a moment," she said, "but the protection lasts for years." Her message to other families is clear: never miss a vaccination. It is a small step that gives every child the opportunity to grow, learn, play, and dream of a healthy future.

Source: <https://news.un.org/hi/story/2026/05/1088092>

Building Trust and Strengthening Immunization Amongst Tea Garden Communities



Tea garden communities of Namsai and Changlang district in Arunachal Pradesh are among the most vulnerable and hard to reach populations for routine immunization and other healthcare services. Tracking beneficiaries by the frontline workers (FLW) and medical officials is always tough and challenging because of frequent migration, scattered settlements and in general long distance from health facilities. The caregivers are often hesitant to avail health services due to loss of daily wage. As a result, low immunization coverage has been evident with many zero dose and LODOR children.

While selecting areas for ZIP intervention, District Health Authority and UNICEF together decided to include the tea garden areas for CSO engagement. District Medical Officer issued a letter to the tea garden authorities enabling Voluntary Health Association of India (VHAI) to intervene. The team stepped in with social mapping, forming community core groups (CCG), orientation of CCG & frontline workers. Together, FLWs and VHAI identified beneficiaries for immunization through house to house visit and linked them to the nearest health facilities for vaccination. In some areas special outreach RI session was also organized.

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Chandigarh: Simple Innovation Proves a Key to Success

This is particularly concerning because, while VVMs can indicate exposure to higher temperatures, there is no equivalent indicator to detect freezing damage or exposure to temperatures below +2°C. As a result, improperly conditioned ice packs may compromise vaccine potency without being noticed, potentially affecting immunization outcomes and increasing the risk of AEFI.

To prevent this, ice packs must undergo a process known as “conditioning.” Conditioning, allows the outer layer of ice to melt and brings the temperature to +2°C to +8°C before use, ensuring vaccines are protected from freezing and high temperatures while remaining cool. However, in many health facilities, conditioning is commonly carried out on tables, floors, or wash basins. These methods often face challenges such as limited space, uneven conditioning, water accumulation, and concerns regarding hygiene.

Recognizing these operational challenges, the Immunization Department of Chandigarh, developed an innovative Ice Pack Conditioning Rack to make the process cleaner, safer, and more efficient. The rack has been specially engineered to ensure uniform air circulation around each ice pack, enabling complete and faster conditioning. Constructed from rust-resistant, powder-coated metal, it provides a durable, hygienic solution for RI activities. The design incorporates inclined trays with a specifically designed wire frame, along with an integrated drainage system that efficiently collects and channels melted water into a collection bottle, keeping the conditioning area dry and clean. By preventing direct contact between ice packs and pooled water, the rack promotes better hygiene and reduces the risk of contamination of the vaccine vial, especially those vaccines following the open vial policy.

To meet the needs of facilities of different sizes, two models have been developed. The Single-Story Rack can condition nine ice packs at a time and is ideal for smaller health facilities. Its lightweight, portable design makes it easy to store when not in use. For larger Cold Chain Points, DVSS, and campaign settings, the Multi-Story Rack can condition up to 36 ice packs simultaneously. Equipped with wheels and a common drainage system, it enables easy movement and efficient management of large numbers of ice packs during routine operations and mass immunization activities.



Finding Every Child: How Partnerships Helped Strengthen Urban Immunization in Uttar Pradesh



In the rapidly growing urban landscape of Gautam Budh Nagar, Uttar Pradesh, ensuring that every child receives life-saving vaccines has become increasingly challenging. Migrant families, informal settlements, and constantly changing populations often make it difficult for health workers to identify and reach all eligible beneficiaries. To address this challenge, the district adopted an innovative approach by partnering with five local nursing colleges. Nearly 300 nursing students joined hands with the health department to conduct door-to-door surveys across urban communities, helping identify children and pregnant women who were previously missed by routine health services.

Under the guidance of district authorities and with technical support from the WHO–National Public Support Network (NPSN), the students were trained in immunization concepts, survey methods, and community engagement. Equipped with standardized tools and a commitment to public service, they visited thousands of households, engaging directly with families and mapping vulnerable populations. Their efforts yielded remarkable results. More than 1.15 lakh households were surveyed, leading to the identification of over 14,500 children and 1,100 pregnant women—almost three times higher than earlier estimates. The improved data enabled health teams to strengthen microplanning, organize targeted vaccination sessions, and reach previously overlooked communities.

Most importantly, immunization coverage in high-migration urban areas increased significantly, demonstrating the value of accurate data and community partnerships. The Gautam Budh Nagar experience shows that reaching every child requires more than vaccines—it requires collaboration, innovation, and a shared commitment to ensuring that no child is left behind. It is a powerful example of how local partnerships and dedicated young health professionals can help bridge the last-mile gap in urban immunization.

Source: <https://www.who.int/southeastasia/news/feature-stories/detail/reaching-every-child-in-india-s-expanding-cities-urban-immunization-through-partnerships-and-who-frameworks>



Andhra Pradesh: The state successfully completed the MR dropout and left-out vaccination activity across all districts, including border districts, during the fourth week of April 2026. A virtual review of Routine Immunization (RI) and HPV vaccination campaign performance was conducted on 12 May, state officials also participated in a regional review meeting hosted virtually by the RIHFW on 12 June 2026.

Andaman & Nicobar Islands: The UT reviewed U-WIN data management on 19 April 2026 and is developing a special IEC strategy to support the HPV vaccination campaign.

Arunachal Pradesh: Data analytics workshops commenced across the state from 10 April 2026. Special Vaccination Campaign 4.0 was conducted during April and May, focusing on zero-dose children, MR vaccination, and Td-10/Td-16 coverage. Another round was organized from 10–16 June 2026. Training on vaccine demand generation for ANMs and ASHAs was also conducted.

Assam: In response to the measles outbreak in Bangladesh, surveillance activities have been intensified in border districts.

Bihar: The State Task Force on Immunization (STFI) meeting was conducted on 2 June 2026 to review immunization performance and programme priorities.

Chandigarh: A virtual training on U-WIN and SAFEVAC for DIOs and data entry operators was conducted on 27 April 2026. The STFI meeting, chaired by the Mission Director, NHM, was held on 5 June 2026. Orientation and supervisory training for Medical Officers and field staff was organized on 3 June 2026.

Chhattisgarh: The state implemented a special MR vaccination campaign from 22–30 April 2026 in border districts, high-risk areas, VPD outbreak locations, and ANM-vacant sub-centres. SAFEVAC and AEFI training for state, district, and block-level officials was conducted on 27 May 2026.

Dadra & Nagar Haveli and Daman & Diu: Preparations for the June 2026 National Immunization Day (NID) are underway, including IPPI training for Medical Officers and vaccinators. The STFI meeting, chaired

by the Secretary (Health), was held on 9 June 2026 and focused on HPV vaccination, Pulse Polio preparedness, and RI performance.

Delhi: A virtual review meeting was conducted on 2 June 2026 to discuss the declining trend in HPV vaccination coverage and identify corrective actions.

Goa: The state conducted regular review meetings with Immunization Field Monitors and health facilities to assess RI performance, portal reporting, and VPD surveillance. Monthly review meetings were held on 11 May and 9 June 2026. The STFI meeting focusing on RI and IPPI preparedness was conducted on 17 June 2026.

Gujarat: Routine Immunization and health programme reviews continued at state and district levels. The STFI meeting focusing on Pulse Polio NID and Td-10/Td-16 vaccination campaigns was held on 9 June 2026.

Haryana: The state conducted RI review meetings focusing on HPV vaccination, MR elimination, and routine immunization performance. Measles outbreaks reported from Faridabad, Panipat, Palwal, and Bhiwani districts continue to be closely monitored. An AEFI Causality Assessment Committee meeting was held on 22 May 2026.

Himachal Pradesh: RI and HPV vaccination performance review meetings were conducted on 5 and 8 May 2026 respectively.

Jammu & Kashmir: The Director Health Services reviewed RI programme performance with districts on 25 April 2026. The STFI meeting for Pulse Polio NID in Jammu Division was conducted on 2 June 2026.

Jharkhand: Review meetings on RI, HPV vaccination performance, and U-WIN/SAFEVAC implementation were conducted in May 2026. The state has completed all state and district-level IPPI training programmes.

Kerala: SAFEVAC training was conducted on 26 May 2026, followed by a state-level RI review meeting with districts on 4 June 2026. State AEFI Committee meetings continued to review vaccine safety and surveillance.



Karnataka: Minister for Health reviewed all major health programmes, including immunization, on 10 June 2026.

Ladakh: District-level U-WIN trainings were conducted across the UT with support from UNDP to strengthen digital immunization reporting.

Madhya Pradesh: The state continued reviews of MR vaccination and RI performance. A headcount survey was conducted from 20 May to 5 June 2026, followed by verification visits by state consultants. A catch-up campaign was held from 8–19 June to cover all due children. A Quality Management System (QMS) training-cum-review meeting for Panna, Bhopal, and Balaghat districts was held from 10–12 June 2026.

Manipur: The STFI meeting held on 15 May 2026 reviewed MR elimination progress, RI coverage, HPV vaccination, U-WIN implementation, and NID preparedness. State-level training on RI, eVIN, and U-WIN for Medical Officers and DIOs was conducted from 10–12 June 2026.

Maharashtra: In RI review meeting chaired by the MD NHM and Commissioner focused on U-WIN implementation, HMIS reporting, and VPD surveillance on 19 May 2026.

Meghalaya: The state strengthened fever-rash surveillance and outbreak preparedness in view of the measles outbreak in Bangladesh. RI, U-WIN, and HPV vaccination reviews were conducted, and training on the new U-WIN module was organized on 9 June 2026.

Mizoram: State-wide data analytics training continued during April 2026. A Block Task Force on Immunization meeting reviewed preparedness for possible measles outbreaks in Bangladesh situation.

Odisha: The state conducted multiple reviews of RI, HPV vaccination coverage, and U-WIN performance. MD NHM chaired a review of RI and MR elimination on 5 June, while the Secretary, Health, reviewed RI progress and NFHS findings on 6 June 2026.

Punjab: Virtual training on U-WIN and SAFEVAC was organized on 27 April 2026. The State AEFI Committee reviewed vaccine safety issues on 8 May, and the STFI meeting for the upcoming IPPI NID was conducted on 12 June 2026.

Rajasthan: Following the STFI meeting on 13 April 2026, orientation on NID was provided to District RCH Officers, ANMs, and Health Workers on 3 June. Another STFI meeting was conducted on 5 June 2026.

Tamil Nadu: A state-level review meeting with DIOs was conducted on 14–15 May 2026 to assess programme performance and implementation progress.

Telangana: The state conducted reviews of vaccine and cold chain management and completed a special catch-up vaccination campaign in border districts. Sensitization on RI was included in induction training for newly recruited Medical Officers. State officials participated in a regional review meeting on 12 June, and the STFI meeting was conducted on 15 June 2026.

Tripura: In response to the measles outbreak in Bangladesh, the state strengthened fever-rash surveillance and MR vaccination activities. Routine Immunization and outbreak preparedness reviews continued under NHM and Health Department leadership.

Uttar Pradesh: The state conducted STFI meetings and divisional reviews covering Routine Immunization and other health programmes across Prayagraj, Banaras, and Gorakhpur divisions.

Uttarakhand: The second round of Special Immunization Week was conducted from 30 April to 12 May 2026. The state also organized a special Cold Chain Monitoring and Assessment Drive during World Immunization Week, conducted U-WIN SAFEVAC training, and reviewed RI performance with districts.

West Bengal: The state continued preparedness and surveillance activities in response to the measles outbreak in Bangladesh. Reviews of MR vaccination coverage, surveillance performance, and outbreak preparedness were conducted. The state-wide HPV vaccination campaign was launched on 30 May 2026 under the leadership of the Chief Minister. District and sub-district level IPPI and pending HPV vaccinator trainings are ongoing, while the STFI meeting was held on 5 June 2026.



Contd. from Page 15: Building Trust and Strengthening Immunization Amongst Tea Garden Communities

The sustainability of beneficiaries availing immunization was still a concern as the tea gardens were privately owned and no association prevailed for ownership of the beneficiaries. Therefore, the important task was looping in the tea owners in the endeavor. State & District Immunization Division, District Administration and UNICEF together conducted a meeting for the tea garden owners and managers to orient them about immunization and MCH programs and more importantly the importance of their involvement in the health system.



Mohoris now act as focal persons, tracking beneficiaries and sharing information with health teams. VHAIs organizes community-based meetings regularly to make the beneficiaries aware about importance of immunization and addressing their fears and exploding myths and misinformation. Buddy mothers share real-life experiences in helping build confidence among hesitant caregivers. Every quarter, a review meeting is held at the district level to discuss issues and mitigations to solve it. The managers/mohoris and buddy mothers were recognized as “Immunization Champion”, and fully immunized mothers received certificates. The collaborative effort helped in identifying 233 zero dose and LODOR children out of which 209 have already been vaccinated till date.

Social Media Initiatives



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