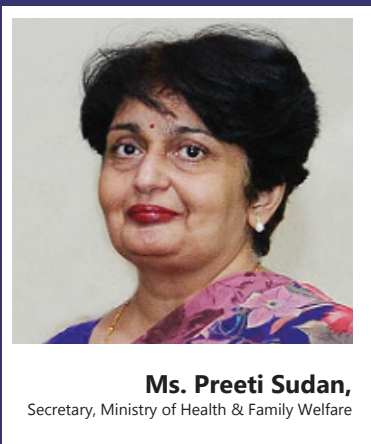


# Immunization Buzz

// ROADMAP TOWARDS ACHIEVING 90% FULL IMMUNIZATION COVERAGE // 2019, Issue 4 **Quarterly** 8 Pages



**Ms. Preeti Sudan,**  
Secretary, Ministry of Health & Family Welfare

India's commitment towards ensuring access to equitable and affordable health services for all has led the government to unravel a visionary plan- Ayushman Bharat with two pillars – Health and Wellness centres and the Pradhan Mantri Jan Arogya Yojana. Creation of a network of 1,50,000 health and wellness centres providing comprehensive primary care to the country's populace and a health insurance coverage

of Rs 5 lakh per family annually are two significant steps to improve free access to health care. These two health schemes are aimed at improving coverage and equity along with a focus on quality. Effective implementation of these twin schemes will help in regenerating the country's public health system. These fully government funded schemes would propel the country toward achieving universal health coverage, a key Sustainable Development Goal for 2030. We are focused on investing our efforts towards strengthening of the health system, making it sustainable to pave the way for universal health coverage.

India is a firm believer in partnerships for attainment of the

sustainable development goals on health. We hosted the Fourth Partners Forum, 2018 and reaffirmed the pledge for provisioning of essential health services for newborn, child, adolescent and maternal health.

Immunization is a critical component of the reproductive, maternal and child health continuum of care and integral to the country's efforts on reducing the burden of vaccine preventable disease and achieving universal care for children. To augment immunization coverage for partially immunized and left out children Mission Indradhanush (MI) and Intensified Mission Indradhanush (IMI) were conceived and launched. With the highest political commitment, advocacy and support, Mission Indradhanush and the Intensified Mission Indradhanush have demonstrated that evidence based strategies, strategic planning, intensive monitoring and supervision and communication activities helps in boosting immunization coverage. Efforts to reach unimmunized and partially immunized children through cross sectoral convergence and partnerships, good governance and management has resulted in an average of 18.5% increase in full immunization coverage as compared to NFHS-4. Further, introduction of new vaccines into the Universal Immunization Programme ensures that our children are protected from life threatening childhood illness. Our efforts are now directed towards sustaining the gains of MI and IMI, amplifying the innovations and lessons learnt and integrating them to strengthen the Universal Immunization programme.

## Polio National Immunization Day



The Pulse Polio Programme for 2019 was launched by the President of India Shri Ram Nath Kovind on 9th March 2019, by administering polio drops to children less than five years old, at the Rashtrapati Bhawan. The President administered the polio drops on the eve of the National Immunization Day in the presence of Shri J P Nadda, Union Minister of Health and Family Welfare. More than 17 crore children of less than five

years across the country were given polio drops as part of the drive of Government of India to sustain polio eradication from the country.

Speaking at the function, the Union Minister for Health & Family Welfare Shri J P Nadda said that under the leadership of Prime Minister Shri Narendra Modi, Universal Immunization Programme is focusing to protect children from more diseases than ever before and has introduced several new vaccines like Pneumococcal Conjugate Vaccine, Rotavirus vaccine, and Measles-Rubella vaccine in the recent past. "To provide additional protection to our children, Government has also introduced the injectable Inactivated Polio Vaccine into its routine immunization program," Shri Nadda added.

Shri J P Nadda pointed out that Government is making all efforts to protect children from more and more diseases and emphasized that all vaccines under the programme must reach every last child of the country.

The event was attended by Smt. Preeti Sudan, Secretary (HFW), and senior officers of the Ministry of Health & Family Welfare and representatives of development partners, WHO, UNICEF, UNDP and Rotary International.





India is committed to improving the health of its children and pregnant women through reduction of vaccine-preventable deaths. Over the past 30 years, through the Universal Immunization programme, continuous efforts have been made to reach children and pregnant women with lifesaving vaccines.

Despite the historic success of immunization in the country in reducing the burden of childhood illness and death, one of the biggest road blocks to reach every child is the lack of confidence and trust in vaccines among beneficiaries causing hesitation in seeking immunization. As the Government moves towards achieving 90% Full Immunization Coverage, it will be imperative to address these challenges through strategic approaches and interventions.

We have one of the best lessons learnt from our country's experience of eradicating polio. The polio programme encountered challenges in the form of distrust and rumours among communities. However, intensive and targeted efforts to build trust through use of innovative social mobilization strategies like use of local influencers from the community, helped in building the awareness and knowledge of the community and educate parents about the need to immunize their children. This approach was one of the key contributors to India being declared polio free in 2014. The most important lesson learnt from the programme was to prioritize building vaccine confidence among the communities.

To increase the uptake of vaccines, a multipronged strategy of improving access through strengthening of service

delivery and building demand needs to be adopted. Building trust, enhancing knowledge of the efficacy of vaccines and dissipating rumours, myths and misinformation will be of utmost importance. This becomes even more important with the introduction new vaccines and roll out of mass campaigns such as the Measles Rubella campaign. The support of unified and influencing voices- from private doctors, goodwill ambassadors, champions, celebrities, policy makers, non-government organizations and partner organizations in providing factual information on vaccines and dispelling myths will go a long way in building vaccine confidence in the community. Conscious efforts to engage with the community and involving them in the immunization activities will yield positive results.

Advocacy with the media is critical in influencing public opinion and building vaccine confidence and demystifying the facts and scientific basis and power of immunization. Harnessing the power of social media (like WhatsApp) can go a long way to ally apprehensions. We need to create the momentum and focus on building the trust and confidence of the communities on immunization.

*Naveen Thacker*

**Dr. Naveen Thacker**

Dr. Naveen Thacker, a paediatrician is a member of the India Expert Advisory Group on Polio and the International Scientific Advisory Board of Voices for Vaccines, and has served on the Gavi Civil Society Organization (CSO) Steering Committee since 2010. He is a former President of the Indian Academy of Pediatrics. He is the Director of Deep Children's Hospital and Research Centre in Gandhidham.

**Intensified Mission Indradhanush - Coverage Evaluation Survey, 2018**

The clarion call of India's visionary leadership to achieve the goal of 90% full immunization coverage by 2018 mandated an aggressive plan of action to fast track the process. This called for intensification of the ongoing activities under Mission Indradhanush through strategic interventions. The sharper, focused Intensified Mission Indradhanush, launched in 2017 targeted 190 districts including 17 urban areas and 52 districts of North-East states.

In order to assess the impact of Intensified Mission Indradhanush (IMI), an independent Coverage Evaluation Survey (CES) was conducted by United Nations Development Programme and the World Health Organization in 2018. The survey aimed to assess full immunization coverage (FIC) in children aged 12-23 months in the IMI districts and the shift in immunization coverage from baseline level (National Family Health Survey-4) to post IMI rounds. More than 82,000 children across the districts were covered under the survey.

The findings show significant improvement in coverage, from 50.5% in NFHS-4 to 69% in CES (IMI), demonstrating a notable increase of 18.5 percentage points in full immunization coverage. Further, the coverage has improved from 50% to 67% points in 120 districts of high priority states (CES, UNDP), while in the remaining IMI districts the coverage has improved



from 51.2% to 76.4%. The survey shows that 16 IMI districts have achieved more than 90% FIC, compared with no district as per NFHS-4. With regard to the status of immunization in the urban areas, out of the 17 targeted areas, three districts have achieved more than 90% FIC.

**Reaching 90% Fully-immunization Coverage: Addressing the Road Blocks**



“Let no child suffer from any vaccine-preventable disease” stated by Prime Minister Shri Narendra Modi as he launched the Intensified Mission Indradhanush (IMI) at Vadnagar in Gujarat in October 2017.

Aligning with his vision and to achieve the ambitious target of 90% full immunization coverage (FIC), it was extremely important for the states to identify the bottlenecks and gaps in all the components of the Universal Immunization Programme (UIP). Hence, Government of India (GoI) had conducted an extensive and detailed comprehensive UIP review in five priority states, including Bihar, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh last year.

Based on the key findings of the review, State Immunization Coverage Improvement Plan (iCIP) are developed with defined timelines and roles and responsibilities of all stakeholders and timely tracking of the same is done at the national level.

To further augment the goal of 90% FIC, a vision document is developed by Government of India with support from the immunization stakeholders, Roadmap for achieving 90% full immunization coverage in India -A guidance document for the states. The document serves as a guide for all state and district programme managers and help them in improving and sustaining high immunization coverage in their respective states.

The roadmap categorises the districts based on their FIC status into 3 categories that is more than 90% FIC, FIC between 50% and 90% and FIC less than 50%, as per latest IMI survey (2018) for 190 IMI districts and NFHS-4 data for remaining districts. Key strategies are developed to address the gaps in each of these categories.



Mission Indradhanush is one of the key strategies to improve the coverage in unreached or under-reached population in districts with less than 50% FIC. In order to accelerate the demand for immunization services, greater focus will be laid on building vaccine confidence through communication and community engagement. The comprehensive health system strengthening approach has been recommended to improve the human resource management, capacity building of health workers, coordinate the use of eVIN for supply chain management etc.

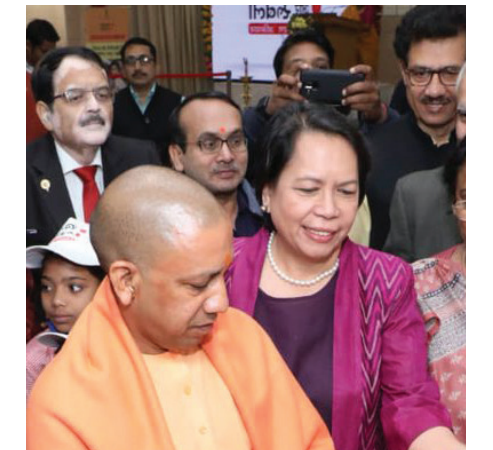
Districts with more than 90% FIC will focus on sustaining the gains further through regular monitoring and review of the programme and improving the data quality. Districts between 50-90% FIC will prioritize the poor performing areas including urban and tribal areas and work towards improving the Routine Immunization plans.

The roadmap also emphasizes on the support from the national level in regard to system strengthening, steady vaccine supply, monitoring and supervision and allocation of funds. Performance indicators are developed to track progress using a web-based tool. Hence, it will serve as a comprehensive guidance document to achieve 90% FIC in India.



# STRENGTHENING ROUTINE IMMUNIZATION IN INDIA

# STRENGTHENING ROUTINE IMMUNIZATION IN INDIA



1. Dissemination of eVIN Techno Economic Assessment report in Jodhpur
2. Health workers carrying vaccines in hard to reach area in Dima Hasao, Assam
3. Two days National review workshop on Routine Immunization programme in Chennai
4. Outreach session during Mission Indradhanush in Burhanpur, Madhya Pradesh
5. Every Wednesday is a Routine Immunization (RI) Day in Chisda- a remote tribal area in Dadra and Nagar Haveli
6. Under MR vaccination campaign, 1300 children are vaccinated against the life-threatening diseases in Vivekanad senior secondary school, Chittorgarh
7. Special immunization week is being carried out in VKV school, Dibang district, Arunachal Pradesh
8. Intensified Pulse Polio Immunization 2019 drive in far flung districts of Arunachal Pradesh
9. MR Vaccination Campaign inaugurated by Hon'ble CM in Lucknow
10. Floweral Rangoli during Mission indradhanush in Alirajpur, Madhya Pradesh
11. A dedicated FLW on her way for immunization outreach sessions in Himachal Pradesh
12. The bravehearts from Himachal Pradesh Meena Kumari (ANM) and Nirma Devi (ASHA) who broke all barriers to vaccinate the kids
13. Model immunization centre Danapur, Bihar



## The Braveheart who reached the last mile to immunize



Crores of children and lakhs of pregnant women have been immunized against vaccine-preventable diseases under the intensified drive of Mission Indradhanush which would not have been successful without the zeal and passion of the health workers.

One such story is that of Phurpa Tsering, a health worker from Tawang, Arunachal Pradesh. Tawang, a small mountain town is one of the districts in the hills of Arunachal Pradesh in the North East part of India.

The district inhabited by Monpa, Takpa tribes and Tibetans presents challenges of access due to the sparse population density and small hamlets and villages nestled in steep hills. The cool temperature of the district becomes severe during winter with heavy snowfall. Travelling to the villages during this period becomes a challenge. Tsering, posted in Mago sub-centre, which is located at 12,000 feet above sea level, had to cover three villages under the sub-centre Nuri, Duri and

Luguthang which were not connected by fair weather roads and could only be covered by foot.

Undaunted, Tsering planned to cover these villages on foot by walking 50 kilometers to collect the vaccines from the Community Health Centre situated in Jang and walking for another 25 kms to reach the villages.

During the severe winter month of February 2018, during the measles-rubella vaccination campaign, to vaccinate the children in the villages of Mago and Luguthang, Tsering continuously walked, trudging up the hills in 4 feet snow to reach the beneficiaries. He successfully managed to give the measles-rubella vaccine to 63 beneficiaries in Mago and 9 beneficiaries in Luguthang making the campaign a great success.

We salute such warriors who are fighting to save lives from vaccine preventable diseases and help realize the dream of Swastha Bharat!



## Anaphylaxis kits: Life-saving policy decision allowing health workers to use injection Adrenaline in suspected anaphylaxis cases following vaccinations



Anaphylaxis is a rare but expected potentially life-threatening reaction which may occur soon after vaccination. In such cases an injection of Adrenaline can save lives if given immediately. Adrenaline can be used only under prescription of a doctor.

Millions of vaccine doses are administered in villages far away from health facilities and management of anaphylaxis becomes a challenge in such settings. An expert group and later an expert committee consisting of independent experts studied various options to manage anaphylaxis and recommended that a single dose of Injection Adrenaline given intramuscularly by ANMs can be life-saving in true cases of anaphylaxis and also safe in non-anaphylaxis cases. Following this, a policy decision was taken by Ministry of Health and Family Welfare, Government of India to allow ANMs to administer a single age-

appropriate dose of injection Adrenaline intramuscularly for initial management of suspected anaphylaxis. This would be followed by immediate transportation of the case to a health facility with a doctor for further medical management.

For this purpose, a small Anaphylaxis kit, containing vials of Adrenaline, needles and syringes for administering doses intramuscularly was designed by Immunization Technical Support Unit (ITSU) for use at the session sites. An operational guideline and an animated training film were also prepared for training of the health workers on use of Adrenaline. States which have already trained health workers in using the Anaphylaxis kit in routine immunization have reported that ANMs have successfully used Adrenaline to manage many suspected anaphylaxis cases.

## EXPERT SPEAK

### Two Drops of Life to make India Polio Free



**Dr. PAULINE HARVEY,**  
Team Leader NPS - WHO India

On 27 March 2019, the WHO's Southeast Asia Region marked five years of being declared polio-free, with the last case in the region detected in India on 13 January 2011. India's success against the disease, represents one of the most significant achievements in public health. The successful effort to stop polio in India proves that the disease can be eliminated in even the most challenging of circumstances through strong political commitment at all levels, dedication of resources, and application of innovative strategies to reach every child.

It took 13 billion doses of oral polio vaccine over 18 years and more than 80 national and subnational campaigns with numerous mop ups to end polio in India. The country's success over polio, opened the door for the entire region to be certified polio-free. The infrastructure, innovative

campaign strategies, and health workforce developed by the polio programme are now helping to deliver other essential health services across India and are informing efforts in the world's remaining polio-endemic countries.

The polio programme's surveillance system supported by WHO National Polio Surveillance Project (NPSP) was crucial for delivering the vaccine across the country and conducting AFP surveillance. The same system has aided the introduction of new vaccines such as PCV, MR and Rotavirus into India's Routine Immunization Programme. NPSP's support to the Government of India has enabled the improvement in quality of the National Immunization Days and Sub-National Immunization Days and built capacity for the country's polio program.

Recently, the five-year anniversary of SEARO certification was celebrated in India and showcased how countries have used the skills, knowledge and infrastructure built up by the polio programme after elimination and highlighted lessons learned from the region which are now being applied in other parts of the world. The efforts for sustaining polio-free status of the country must continue since the threat of the disease continues to loom large in the neighbouring countries. WHO will continue to work intensively with the Government of India to protect all children from polio.

### Techno-economic assessment of Electronic Vaccine Intelligence Network Workshop



A workshop on dissemination of the learnings of the techno-economic assessment of electronic Vaccine Intelligence Network (eVIN) was held in Jodhpur, Rajasthan on 25th January 2019. The workshop focused on the key findings of the assessment, economic impact of eVIN implementation and contribution of eVIN in addressing the rapidly changing Universal Immunization Programme (UIP) demands of the country. The workshop was chaired under the guidance of Ms. Vandana Gurnani, Joint Secretary-Reproductive Child Health (RCH), Ministry of Health and Family Welfare (MoHFW) and witnessed participation from senior officials from MoHFW, states and representatives from donor and development partner agencies like Gavi, BMGF, UNDP, UNICEF, JSI, and WHO.

The sessions were centered around the key findings, with regard to human resource & training, vaccine utilization, stock management, vaccine wastage, documentation, temperature monitoring, among others. The assessment revealed that there has been significant reduction in stock-out of vaccines, missed opportunities and vaccine wastage after the implementation of eVIN. The introduction of eVIN has also led to better documentation and temperature monitoring practices. Compared to pre eVIN time, post eVIN reflected that over 90 million doses of

vaccines are saved every year. The assessment also showed that in the near future, for every INR 1 spent, there will be a return of investment of INR 2.91 including new vaccines.

While the workshop extended an opportunity for invigorating dialogue on the road towards achieving 90% full immunization coverage, two strategic documents were released during the workshop namely, Intensified Mission Indradhanush-Coverage Evaluation Survey report and a guidance document on Roadmap towards achieving 90% Full Immunization Coverage.

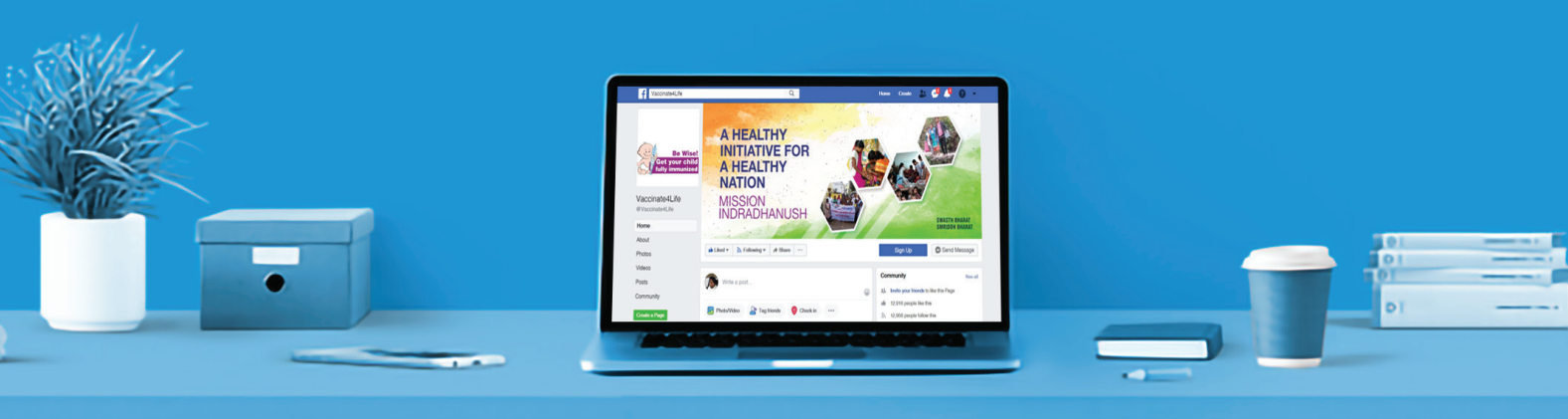
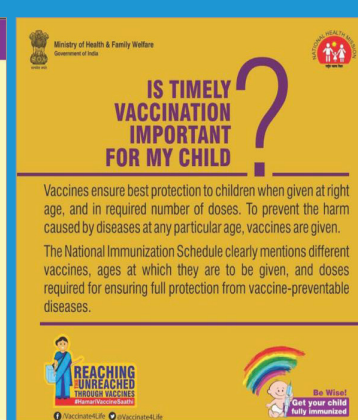
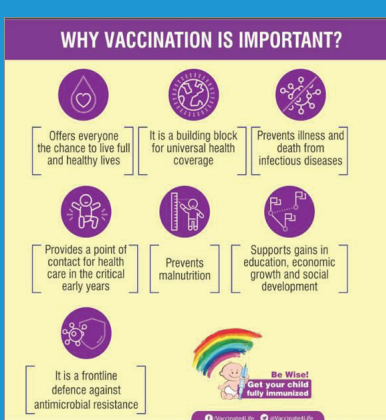
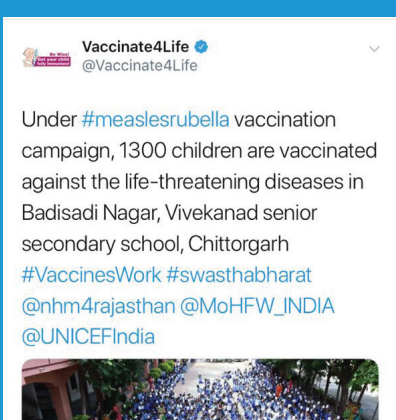
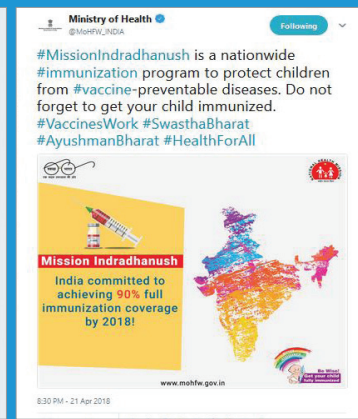
### Tetanus and adult diphtheria vaccine to replace Tetanus Toxoid vaccine under Universal Immunization Programme

Based on the National Technical Advisory Group on Immunization's (NTAGI) recommendation, Ministry of Health and Family Welfare, Government of India, has decided to replace Tetanus toxoid (TT) vaccine with Tetanus and adult diphtheria (Td) vaccine under Universal Immunization Programme of India.

The two in one vaccine will give protection against both Tetanus and Diphtheria to pregnant women and adolescents. The Td vaccine is administered to children at 10 and 16 years of age and pregnant women in two doses or as a single booster dose. Operation guidelines, FAQs and training material on Td vaccine have been developed and shared with the states. Td stock have been supplied to all the states and roll out will be done as TT stock exhausts.



# SOCIAL MEDIA HIGHLIGHTS



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