India’s Universal Immunization Programme

An Overview

GAVI Alliance Board Meeting

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Immunization Program in India: A Snap Shot

- ~26 million new born targeted each year
- ~9 million immunization sessions held annually
- ~25,000 cold chain points
- Vaccine against 7 vaccine preventable diseases
  - Polio SIAs, 800 million children vaccinated every year
  - HepB vaccine universalized in the country.
  - Measles Catch-up campaign initiated in 2010, targeting 135 million children
- JE vaccination campaign conducted in 112 endemic districts covering 78 million children
- Hib containing Pentavalent vaccine introduced in two states. Introduction in 6 more states planned.

INDIA-Full Immunization Coverage by various Survey

61% Full Immunization Coverage (evaluated 2009)
Polio Eradication: Major Success Factors

- Strong political and financial commitment
- Painstaking planning, execution & monitoring
- Ongoing tactical and scientific innovations based on analysis and research;
- Strong, enduring, effective partnerships
- Perseverance and resilience to overcome the range of challenges and opposition

In 2012, WHO drops India from the list of Polio endemic countries

Strengthening UIP is imperative for sustaining gains in Polio Eradication
Measles Mortality Reduction Initiative

• Catch-up campaigns initiated in 14 states & 365 districts in phased manner in 2010
• Target population (9mths-10 yrs): 135 million
• All catch-up districts incorporating Measles 2nd dose under RI after 6 months of campaign
• MCV2 introduced in RI in remaining 21 states targeting ~10 million children annually.

~48 million children covered in catch up campaigns

Estimated measles deaths reduced from 106,000 in 2005 to 65,000 in 2010
Pentavalent Vaccine Introduction

- Initiated in 2 states in Dec 2011
- Already vaccinated more than 1 million children till April 2012
- Proposal to introduce in six more states
- HiB surveillance initiated as bacterial meningitis surveillance in 11 sentinel sites
Reaching the Unreached: A critical Appraisal

Fully immunized children (12 – 23 months)

239 Districts identified for priority attention
# Reaching the Unreached: A critical Appraisal

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Did not feel need</td>
<td>28.2</td>
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<tr>
<td>Not knowing about vaccines</td>
<td>26.3</td>
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<tr>
<td>Not knowing where to go for immunization</td>
<td>10.8</td>
</tr>
<tr>
<td>Time not convenient</td>
<td>8.9</td>
</tr>
<tr>
<td>Fear of side effects</td>
<td>8.1</td>
</tr>
<tr>
<td>Do not have time</td>
<td>6.0</td>
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<tr>
<td>Wrong advice by someone</td>
<td>3.0</td>
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<tr>
<td>Cannot afford the cost</td>
<td>1.2</td>
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<tr>
<td>Vaccine not available</td>
<td>6.2</td>
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<tr>
<td>Place not convenient</td>
<td>3.8</td>
</tr>
<tr>
<td>ANM absent</td>
<td>3.9</td>
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<tr>
<td>Long waiting time</td>
<td>2.1</td>
</tr>
<tr>
<td>Place too far</td>
<td>2.1</td>
</tr>
<tr>
<td>Service not available</td>
<td>2.1</td>
</tr>
<tr>
<td>Others</td>
<td>11.8</td>
</tr>
</tbody>
</table>

**Demand side issues**

**Supply side issues**

**Others**

Source: CES 2009
National Immunization Programme-Issues

Human Resource
- Inadequate Programme Management Structure at National, State & District level
- Vacant post of Medical Officers, ANM, ASHA
- High load of Training

Logistics
- Limited capacity of PSUs
- Few Vaccine Manufacturer
- Top down vaccine supply
- Variable AVD mechanism
- Hard to Reach Areas/Migrant Population
- Cold Chain Space

Programme Monitoring
- Weak tracking mechanism
- Limited Demand Generation

Policy Issues
- Limited evidence for introduction of New Vaccine
- Need for Research Policy Planning unit

VPD Surveillance
- Patchy VPD Surveillance Data
- Limited outcome Monitoring
- Weak Laboratory Surveillance

Vaccine Safety
- AEFI Apprehension in Community
Strategic Actions to improve Immunization Coverage

*Year 2012 declared as year of ‘Intensification of Routine Immunization’*

- **Action 1:** Health Systems Improvement
- **Action 2:** Identifying the Unreached & conducting Immunization Week
- **Action 3:** Tracking Every Mother Every Child
- **Action 4:** Social Mobilization Efforts
- **Action 5:** Improving Public Confidence
- **Action 6:** Improving Logistics and Supply Chain
- **Action 7:** Evidence Generation
- **Action 8:** Policy Strengthening
NRHM mandates to rejuvenate health delivery system through Universal Health Care which is Accessible, Affordable and with Quality

- Decentralized planning & need based funding.
- Improving service delivery through: 2nd ANMs, Alternate vaccinators
- Cold Chain System strengthening
- Intensified session Monitoring
- Reaching the unreached - Teeka Express, Mobile medical units
- Convergence of Polio and RI microplan
- Immunization Technical support Unit (ITSU) to strengthen UIP
Special drive in form of ‘Immunization Week’ developed for poor performing areas/blocks to improve immunization coverage

Exclusive immunization strategy for Migratory Population & Urban slums based on Polio Micro-plans

Strengthening Inter-sectoral co-ordination
Strategic Action 3
‘Tracking Every Mother, Every Child’

• Web Based Mother and Child Tracking System (MCTS) as one of the key strategies to prevent left out and drop outs
• Name based tracking of all pregnant mothers with contact details including mobile number.
• SMS alerts in local language regarding due date of vaccination for the child
• Advance preparation of village-wise due list for the scheduled immunization session using tracking bags

30 million mothers and children registered
More than 860,000 ASHA workers in position for social Mobilization

ASHA incentive linked with mobilization and performance

Proposal to brand Routine Immunization program
Strategic Action 5
Improving Public Confidence

- AEFI operational guidelines revised
- National and district AEFI committees constituted
- Capacity building of health care providers in Causality assessment
- Improved reporting of serious AEFIs
- Media sensitization and involvement in AEFI
Strategic Action 6
Improving logistics and supply chain

Alternate Vaccine Delivery (AVD) forms the life line of the National Immunization Programme for vaccine delivery from the last cold chain storage point to session site.

- Proposal to initiate Teeka Express
- Specially designed vehicle to deliver vaccine at session site in hard to reach areas.
- Also provides branding to the Immunization program
Polio Surveillance Network now being extended for surveillance of other Vaccine Preventable Diseases

Sentinel Hospital based Bacterial meningitis surveillance initiated with ICMR in 11 states

Scale-up of laboratory enhanced measles outbreak surveillance

Strengthening of National Integrated Disease Surveillance Program for Vaccine Preventable Disease
• National Vaccine Policy developed
• Revised Multi year plan (MYP) for UIP in India (2010-17) prepared
• Vaccine Policy Unit being constituted for evidence collection and compilation for under-utilized and newer vaccine.
Summary

- Year 2012-13 declared as ‘Year of Intensification of Routine Immunization in India’
- 239 high focused districts identified for focused attention
- Immunization Technical Support Unit (ITSU) being established
- Reach the unreached through Immunization weeks
- Modernizing AVD mechanism & enhancing human resources to improve access to immunization services
- Branding & demand generation of Routine Immunization services & Media sensitization
- Incentivizing Full Immunization through ASHA
- Web enabled mother and child tracking system
- Strengthen AEFI & VPD surveillance
- India specific evidence generation for Newer Vaccines
Thank You