

Navigating Policy trends and Advancing Health care through Immunization Excellence

Rashmi Agarwalla, Himashree Bhattacharyya, Purabi Phukan, Forhad Akhtar Zaman

Department of Community & Family Medicine, All India Institute of Medical Sciences Guwahati, Assam

CORRESPONDING AUTHOR

Dr. Himashree Bhattacharyya, Associate Professor, Department of Community & Family Medicine, All India Institute of Medical Sciences Guwahati, Silbharal, Changsari, Assam-781101.

Email: himashreebhattacharyya@gmail.com

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ABSTRACT

Immunization is a key component of primary health care. Several new vaccines have been incorporated in the immunization schedule over the last few years. However, the immunization coverage has not reached up to the mark with several challenges to be addressed like demography and infrastructure related issues, issues related to recording and reporting, vaccine and logistic management as well as management of adverse reactions. This article highlights the key deliberations of a CME cum consultative workshop on navigating policy trends and developing effective solutions to key challenges faced by the stakeholders at various levels in effective delivery of immunization services. The program focussed on new vaccines in pipe line for India and key considerations in new vaccine introduction along with some novel topics like bio repository in immunization and special immunization clinics for adults and travellers.

KEYWORDS

Immunization, Vaccines, Program.

INTRODUCTION

Immunization is a global health and development success story, saving millions of lives every year. We now have vaccines to prevent more than 20 life-threatening diseases, helping people of all ages live longer, healthier lives. Every year around 3.5-5 million deaths in infants are prevented because of immunization thereby contributing immensely in prevention of under 5 mortality.(1)

In India, the Expanded Programme on Immunization (EPI) was launched in 1978 and was renamed as Universal Immunization Programme (UIP) in 1985. Around 2.67 crore new borns and 2.9 crore pregnant women are covered annually under the UIP, considered as one of the largest public health programmes not only in India but also globally. Immunization is a key component of primary health care. It is an indisputable human right. Vaccines are also critical to the prevention and control of infectious disease outbreaks.(2)

However, it has been observed that globally violent conflicts, displacement due to war, COVID-19-related disruptions, and vaccine misinformation have cut children off from routine immunizations. Around 25 million children are deprived of essential life-saving vaccines every year, placing them at risk of preventable diseases like measles and pertussis. The most poor and marginalized children – often most in need of vaccines – continue to be the least likely to get them.(3)As per the National Family Health Survey V (2019-2021), the percentage of children age 12-23 months fully vaccinated based on information from vaccination card is 83.8% for India while in Assam it is 71.8% which is a long way to go. (4)The Government of India has rolled out an Electronic Vaccine Intelligence Network (eVIN) system that digitizes the entire vaccine stock management and tracking of temperatures at all levels of vaccine storage – from national to the sub-district.(5)

The aim of this CME was to throw light on these vital issues and will help in preparing a road map in order to effectively address these challenges.

Understanding the obstacles to vaccination at a local level is crucial for improving child mortality and health outcomes. Important socio demographic factors of child vaccination coverage include household income and social status, parental knowledge, and religious and cultural beliefs etc. Other challenges include distance to immunization session site, low quality of services, lack of motivation and training of health care staff, logistic issues and reporting challenges. Recent policy efforts in India such as Mission Indradhanush, an effort to use a campaign mode to increase routine immunization coverage in India have increased full immunization coverage but gaps in coverage driven by both supply-side and demand-side factors persist.(6) The CME cum consultative workshop titled

“Immunosight capsule” focussed on the latest updates in Immunization and how to navigate the challenges in achieving full immunization coverage from the perspective of key stakeholders in the program. This was conducted on 30th April, 2024 wherein delegates representing the different Medical Colleges of North East region, ANM and vaccination staff, Medical Officers of health centres, DIO along with Jt. Director and Director of Health services, Kamrup district came together to put forth their views and develop effective solutions to the existing road blocks in the existing immunization program and find answers to reaching the full immunization coverage. The CME cum consultative workshop focussed on the immunization program in Assam and its strengthening, New Vaccines in pipeline and key considerations for new vaccine introduction, bio repository in immunization and special immunization clinics for adults and travellers.

The panel discussion held, composed of faculty and experts from Community Medicine, UNICEF Consultants, District Officials, Paediatrician and resource persons from Ministry and other medical Colleges of North East region.

A discussion forum was conducted wherein ANM, representatives from Medical Colleges, Medical Officers, District Officials under one expert each were divided into groups and given a task to chalk out the key problems in their area with respect to immunization services and chalk out effective solutions to them followed by presentation in the larger group.

The key problems which were identified with regards to delivery of Immunization services were:

1. Network and connectivity issues in remote areas making data entry and validation difficult.
2. Handling vaccination portals UWIN, ANMOL is difficult without proper training and network issues.
3. Difficulty in transportation to certain remote areas.
4. Lack of ANM and staff under many Sub centres.

The valid points that came forward in discussion was that:

1. Involvement of Medical Colleges for Supportive supervision and imparting training in Immunization. This needs to be explored at State level for involvement of Community medicine faculty as trainers and monitors considering the lack of manpower at state level.
2. Experts from Community Medicine and bodies like IAPSM (Indian association of Preventive and Social Medicine) and IPHA (Indian Public health association) need to be included in Vaccine Policy making bodies and their inputs may be considered in the aspects of policy making.
3. State Medical College and Institutes of national importance like AIIMS should work together in the sector of Immunization.
4. Immunization clinics to include Adult, adolescent and travellers vaccination with the growing demand for travel and adults requiring vaccination.
5. To enhance motivation of workers Hallmark/ Badges can be given in immunization for good performance like we have TB champs. There need to be increase in the incentives as more vaccines get incorporated in the schedule.
6. Micro plan needs to be exhaustive as it is one of the pivotal components to a successful program.
7. UNICEF focused on strengthening of cold chain system and establishing good communication linkage and support.
8. Regular and continuous orientation of Field Level Workers, quality training, emphasis on feedback form during training, assessing immunization sessions well were some of the key aspects highlighted.
9. UNICEF proposed involvement of medical colleges for supportive supervision of low performing Sub Centres in terms of Maternal and Child health and VHSND in the state of Assam.
10. “Pokhila group”- a initiative by Assam to motivate and approach beneficiary having vaccine hesitancy was highlighted and show cased.
11. Harnessing the drone technology for reaching the unreached in hilly areas, islands and other hard to reach areas specially during floods and other special situations.

12. A consensus immunization schedule- bringing in together IAP and UIP schedule on one page with deliberations and consensus.

13. Lot of patients in North East suffer from Haemoglobinopathies, Sickle Cell disease- Special Vaccines to be given could be considered by the Government. The launch of cervical cancer vaccine needs to be considered by the government.

For optimal efficacy, immunization programs require a steady long-term commitment. The key aspects of affordability, logistics, social stability, safety, credibility, handling complexities and good quality surveillance need to be kept in mind for achieving excellence in Immunization programs.

AUTHORS CONTRIBUTION

All authors have contributed equally.

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CONFLICT OF INTEREST

Nil

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