

Annex 4REPORT OF THE TECHNICAL DISCUSSIONS ON
EXPANDED PROGRAMME ON IMMUNIZATION1 INTRODUCTION

Under the chairmanship of Dr Nadda Sriyabhaya (Thailand), one full-day session (24 August 1978) was devoted to the technical discussions on the subject of "The Expanded Programme on Immunization". Dr Gunowiseso (Indonesia) was elected as Rapporteur. The discussions followed the agenda as presented in SEA/RC31/5 and SEA/RC31/5 Add.1, supported by the materials presented in the "Expanded Programme on Immunization: Paper for Technical Discussions", SEA/RC31/7 and in country statements for the the Technical Discussions (SEA/RC31/TDCS/1-9).

2 OBJECTIVES OF THE EPI IN THE COUNTRIES OF THE SOUTH-EAST ASIA REGION

The long-term and medium-term objectives of the Expanded Programme on Immunization, as presented in the background document SEA/RC31/7, were endorsed for the South-East Asia Region.

3 REVIEW OF OPERATIONAL PROBLEMS AND POSSIBLE SOLUTIONS

Many problems are being encountered in initiating this programme, but such problems are normal in any new programme. Their solutions do not demand the use of new or complicated technologies or the investment of massive amounts of outside resources (although improved technologies and increased resources will certainly be helpful and should be sought). Rather, they call for a proper application of simple, inexpensive techniques, for the most part already known in Member countries, but requiring improved management at central intermediate and local levels so that they may be more effectively utilized. Areas of major concern include those discussed below.

3.1 Planning, Management and Evaluation

These core elements are essential for the success of the programme. Plans should provide a clear description of how the government intends to achieve its objectives and should include an estimate of the resources required and specify where they are to be found. A phased expansion of activities over a period of several years is recommended. Due consideration should be given to integrating immunization services within maternal and child health and primary health care programmes and to coordinating the support available from WHO, UNICEF, UNDP and individual donor countries. Management involves the translation of plans into actions by many individuals, and entails motivating each health worker to support the programme, and providing each with the training and supervision to help them perform their assigned tasks efficiently and well. Evaluation is needed to determine whether planning and management are achieving their desired ends, and should include information systems which provide continuous monitoring of the number and proportion of susceptible children who are being fully immunized (but with the focus of attention on those who remain inadequately immunized), and which monitor the impact of these immunizations on the morbidity and mortality caused by the target diseases. Periodic checks on vaccine potency should be performed,

as should sample surveys of immunization coverage by concerned agencies. This information should be used as the basis for improving programme operations and will be needed at the international level to assist with the planning, management and evaluation of regional and global programmes.

During the discussions, the need to assure coordination between those responsible for programme implementation and those responsible for the quality control, procurement and production of vaccine was emphasized. In one country of the Region, the rate of expansion of national coverage was in large measure being determined by the rate at which the production of DPT vaccine could be increased.

It was noted that UNICEF was particularly willing to help with this programme through the supply of the following items: capital equipment for the cold chain (freezers, refrigerators, cold boxes, vaccine flasks), vaccination equipment, vaccines, transport (for supervision and for distribution of vaccines and supplies), training aides, contribution to local costs (in special circumstances where there was a clear time limit) and assistance for national production of vaccines. To secure this help, however, the local UNICEF Representative should be involved in the planning process at as early a stage as possible.

Among the management problems at the national level was that of assuring proper coordination among the various departments or divisions within the Ministry of Health during programme implementation. The EPI could not be run as a totally autonomous, independent immunization service - it had to be integrated with other health services. The designation of a national programme manager was necessary, however, to assure that effective coordination and implementation are achieved.

It was also emphasized that pregnant mothers should be given a high priority in the EPI, not only by immunizing them to prevent neonatal tetanus, but also to bring them into contact with the health services so that they might receive health and nutritional counselling and learn of the importance of immunization for their children. It was pointed out, however, that in view of the world-wide success of the smallpox eradication programme, with no cases reported for the past 10 months and with no cases reported within the South-East Asia Region for the past three years, smallpox vaccination may not receive priority in the future, and the number of revaccinations may be reduced.

With respect to evaluation, it was emphasized that continuous programme monitoring (conducted through routine reporting mechanisms as well as by informal observations during supervisory visits) was an important aspect of the evaluation process. Rather than concentrating on the numbers of children immunized, it was perhaps more instructive to concentrate on the numbers not immunized, as this gave a better picture of current performance gaps.

Data were reviewed from two countries in the Region in which cost-effectiveness analyses had been completed. Both clearly demonstrated the health savings which were achievable if money was invested in immunization services rather than in the services required to treat

these diseases. In one country, which has had a particularly effective programme for several years, an analysis of morbidity and mortality figures in the pre-vaccination period and those experienced during the past decade when the immunization programme was in operation, indicated that for every one dollar spent on diphtheria immunization, ten dollars were saved in treatment costs; for pertussis, the ratio was even higher at one to thirty.

One quandary raised was whether to begin a national EPI, knowing that it would have to be continued as a permanent programme, but also knowing that support available from extra national sources could not be guaranteed indefinitely. The consensus was that, once it was known that adequate support could be secured for a three to five-year period, the programme should be initiated in the expectation that, as the programme began to demonstrate its success, the required resources would eventually come to be allocated from the national budget or would continue to be provided, from one source or another in the future.

3.2 Training of Staff

Sound initial training of staff at all levels is important. But just as fuel must be replenished to keep a vehicle running, staff need continuous training to keep them motivated and working effectively. Formal initial and refresher courses are needed, but these should be supplemented by training which is carried out as part of the routine functions of the supervisor. This involves informal remedial instruction imparted whenever a supervisor sees the need for it during field visits and during discussions of operational problems conducted during periodic staff meetings. Programme evaluations are likely to point out a variety of areas where various combinations of motivation and training may be required to improve performance.

During the discussion on this subject, reference was made to the successful development of EPI training schedules and modules for programme management and planning courses for senior staff; to the course in Kuala Lumpur conducted for the national EPI managers from countries of the Region, in October/November 1978; to national EPI manuals based on a WHO manual prepared in 1977; to training films and slides; and to other types of assistance rendered by WHO to Member countries in their training activities. National EPI training activities for the health staff at all levels occurred in several countries of the Region in 1978, and this will continue in other countries. Training of national specialists for the quality control of vaccines was also supported with UNDP assistance.

3.3 Technical, Logistical and Operational Constraints

The list of specific problems is a long one, particularly in a programme as new and as challenging as the EPI, and includes maintenance of the cold chain for vaccines, as well as maintenance of the vehicles and equipment on which the cold chain, and the programme as a whole, depend. For a large proportion of the susceptible infants within the Region,

problems relate less to the available equipment than to the systems in which that equipment is being used and abused. Thus while better equipment and techniques need to be, and are being, developed, the primary programme concern should be on improving the utilization of currently available materials by assuring that all levels of staff in all countries are fully acquainted with the techniques recommended for their use and maintenance.

Some of the constraints highlighted during the discussion are outlined below.

Difficulties in ensuring proper conditions for storage and distribution of vaccines in such a way that they kept their potency was considered as a very important constraint. Proposals were made on how to adapt the refrigerators and other cold chain equipment, in order to make them more suitable for the needs of the programme. Appreciation was expressed for UNICEF's effort to assist countries of the Region in organizing and maintaining cold chains for EPI.

There was a need, especially for countries with a hot climate and with limited cold chain facilities, for more temperature-resistant vaccines against EPI target diseases, and particularly for freeze-dried DPT and DT vaccines.

In some areas, a high dropout among children receiving the first, second and third doses of DPT and polio vaccines was a serious problem, and this contributed to the less than optimal epidemiological results of immunization programmes.

Logistic problems were an especially serious constraint in large countries where communication systems have not been sufficiently developed. But one of the countries of the Region, with a sparse population scattered over its large area, has managed to surmount this difficulty, to organize the delivery of the immunization programme, and to achieve very satisfactory epidemiological results.

3.4 Community Participation

Immunization programmes cannot expect to achieve long-term success without the understanding and support of the community. This, in turn, requires that immunization services be provided at times and places convenient to mothers, that mothers are treated kindly and are not made to wait for undue periods, and that they are helped to understand the importance of immunization for protecting their children, including the need to bring their children for second and/or third doses of certain vaccines. One cannot expect to succeed in achieving this in poorly managed programmes, and it must be given high priority in well managed ones.

During the discussions, it was pointed out that political commitment was necessary for community participation. It was also felt that to secure community participation an understanding of community dynamics and the social, economic and cultural factors operating therein was necessary. Certain situations arose wherein communities drew attention to their

immediate needs such as roads, housing, logistics, etc., before accepting a programme wholeheartedly. In such situations the difficulties could be overcome, if the communities initiated and implemented EPI as their own programme aimed at reducing infant mortality from preventable communicable diseases. An understanding of and attention to a number of important points such as thorough preparedness in programme management, involvement of all health professionals including members of the medical profession, provision of incentives, flexibility of approach and consideration for the convenience of communities, would help secure community participation and involvement in EPI.

It was agreed that the presentation on this community participation should be annexed to the final version of the report.

3.5 Vaccine Production, Supply and Quality Control

This topic received extensive review and discussion in a Consultative Meeting on Planning Regional Self-Sufficiency in Vaccine Production for the Expanded Programme on Immunization (New Delhi, April 1978). The conclusions and recommendations from that meeting, contained in the Annex to the background paper SEA/RC31/7, are supported, and are recommended for support by the Regional Committee, noting that, in constituting the proposed Regional EPI Committee (recommendation 3 for WHO), due consideration should be given to its role in promoting Technical Cooperation Among Developing Countries, and in establishing research priorities within the Region.

4 RESEARCH IN THE EXPANDED PROGRAMME ON IMMUNIZATION

Priority should be given to applied research which can help assure that currently available vaccines and equipment are used as efficiently as possible to reduce morbidity and mortality from the target diseases. This involves studies concerning the epidemiology of the target diseases, of schedules of vaccine administration, of mobile and institutional strategies of vaccine delivery, and of methods of obtaining community support, to mention but a few. Some basic research to improve vaccine stability and potency while reducing reactogenicity is also being and should continue to be supported, as should research to provide vaccines which require fewer doses to achieve their protection effect.

5 TECHNICAL COOPERATION AMONG MEMBER COUNTRIES OF THE REGION

Support for technical cooperation among Member countries of the Region will foster national and regional self-sufficiency in the health sector, as well as other sectors needed to promote social and economic development. The Expanded Programme on Immunization provides opportunities, through inter-country training activities, and through multi-country participation in evaluations of individual country programmes to foster such technical cooperation, and advantage should be taken of all such opportunities.

6 CONCLUSIONS AND RECOMMENDATIONS

6.1 Objectives

Member States of the South-East Asia Region should give full support to the long-term and medium-term objectives of the Expanded Programme on Immunization, as presented in background paper SEA/RC31/7. They should be encouraged to set objectives for their own immunization programmes which are compatible with these, and to state these objectives in measurable terms (for example, giving the per cent of the susceptible population to be immunized along with estimates of the reductions in morbidity and mortality that this coverage may be expected to achieve). Target dates for the accomplishment of these objectives should also be set.

6.2 Areas of Major Concern

The many problems that are being encountered in initiating this programme are normal in any new programme. Their solution does not demand the use of new or complicated technologies or massive amounts of outside resources, but the proper application of simple, inexpensive techniques. Areas of major concern include: planning, management and evaluation; training of staff; technical, logistical and operational constraints; community participation and vaccine production, supply and quality control.

6.2.1 Planning, management and evaluation

These core elements are essential for the success of the programme. Plans should describe clearly how the government intends to achieve its objectives and should include information on the resources required. The activities should be expanded in a phased manner, and due consideration should be given to integrating immunization services within maternal and child health and primary health care programmes and to coordinating the support available from external sources. Evaluation is needed to determine whether planning and management are achieving their desired ends, and should include information systems which provide continuous monitoring of the number and proportion of susceptible children being fully immunized, and the impact on the target diseases. The potency of vaccines should be periodically checked and sample surveys of immunization coverage carried out so as to provide a basis for improving the operations and for obtaining information to assist with the planning, management and evaluation of regional and global programmes.

6.2.2. Training of staff

Sound initial training of staff at all levels is important, and training is also needed on a continuous basis to keep the staff motivated and working effectively. Formal initial and refresher courses are needed, but these should be supplemented by training which is carried out as part of the routine functions of the supervisor.

6.2.3 Technical, logistical and operational constraints

Specific problems include maintenance of the cold chain for vaccines as well as maintenance of the vehicles and equipment on which the cold chain, and the programme as a whole, depend. A primary concern of the programme should be to improve the utilization of currently available materials.

6.2.4 Community participation

In order to achieve long-term success of immunization programmes, for which the understanding and support of the community are essential, immunization services should be provided at times and places convenient to mothers. Mothers should be treated kindly and not made to wait for undue periods. They should be made aware of the importance of immunization in protecting their children.

6.2.5 Vaccine production, supply and quality control

The conclusions and recommendations of the Consultative Meeting on Planning Regional Self-Sufficiency in Vaccine Production for the Expanded Programme on Immunization held in New Delhi, in April 1978, should be supported.

6.3 Research in the Expanded Programme on Immunization

Priority should be given to applied research which can help ensure that currently available vaccines and equipment are used as efficiently as possible. Basic research to improve vaccine stability and potency while reducing reactogenicity should continue to be supported.

6.4 Technical Cooperation Among Member Countries of the Region

The Expanded Programme on Immunization provides opportunities, through inter-country training activities and through multi-country participation in evaluations of individual country programmes to foster technical cooperation among Member countries, and all such opportunities should be taken advantage of.

6.5 Recommendations of the Regional Committee

The Technical Discussions group proposes the attached resolution (see SEA/RC31/R1 on page 3) for the consideration of the Regional Committee.