Progress reports on selected Regional Committee resolutions:

2012: Year of intensification of routine immunization in the South-East Asia Region: Framework for increasing and sustaining coverage (SEA/RC64/R3)

To respond to the challenge of a large number of unimmunized children in the South-East Asia Region, the Sixty-fourth Session of the WHO Regional Committee for South-East Asia in 2011 adopted resolution SEA/RC64/R3 that declared 2012 as the Year of Intensification of Routine Immunization (IRI).

All Member States then developed action plans that focused on intensification of efforts to reach and immunize high-risk or hard-to-reach areas and populations.

Bangladesh identified 32 out of 74 districts and city corporations as targets for further strengthening. In Bhutan, hard-to-reach floating populations were targeted across the country. India targeted 239 out of 644 districts, Indonesia 36 districts across 7 provinces, and Thailand identified three southern provinces bordering Malaysia for targeted immunization activities. Such activities include improving enumeration, tracking drop-outs, increasing demand for immunization, mobilizing community participation, intensifying communication and advocacy and conducting “immunization weeks”.

All Member States of the Region have made progress in this regard. However, several countries need to continue their efforts to reach the Intensive Routine Immunization targets. Based on the 2013 WHO/UNICEF estimates, Indonesia and Timor-Leste have improved their DTP3 coverage from 81% to 86% and from 67% to 82%, respectively, for 2011 and 2013. Bangladesh, Bhutan, Maldives, Sri Lanka and Thailand have maintained their coverage at above 95%, and the Democratic People’s Republic of Korea and Nepal above 90%. Estimates for Myanmar (84%) and India (72%) showed no change.

The High-Level Preparatory (HLP) Meeting held in the Regional Office in New Delhi, India, from 14 to 17 July 2014 reviewed the attached working paper and made the following recommendations:
**Actions by Member States**

1. Member States should identify country-specific gaps in routine immunization coverage and initiate measures to address these gaps.
2. Member States should actively mobilize external and internal resources to increase routine immunization coverage.
3. Problems and issues that lead to shortage of vaccines and cold-chain difficulties should be addressed.

**Actions by the WHO Regional Office**

1. The Regional Office should provide technical support to Member States in their efforts to track and reach remote populations.
2. Technical support should be provided to Member States in dealing with outbreaks in spite of the high routine immunization coverage.
3. The terminology of “2012: Year of Intensification of Routine Immunization in the South-East Asia Region: Framework for increasing and sustaining immunization coverage” should be changed to “Progress made towards achieving regional immunization goals” for future reports.

The working paper and HLP recommendations are submitted to the Sixty-seventh Session of the Regional Committee for its consideration.
Introduction

1. The World Health Assembly in 2011 endorsed the proposal of recognizing the last week of April every year as the “global immunization week”. In the same year, the South-East Asia Region decided that 2012 would be the year of “Intensification of Routine Immunization” (IRI). The difference between the two was that the immunization week addresses any gap in the immunization services, bringing the world’s attention to issues related to immunization during that particular week, while the “2012: Year of Intensification of Routine Immunization in the South-East Asia Region” aimed at intensifying routine immunization (RI) throughout that year. Intensification became a necessity because of the large numbers of unimmunized children in the Region.

2. A strategic framework was developed based on 2010 coverage estimates and, in August 2011, the ministers of health in the Region at a high-level ministerial meeting agreed to consider 2012 as the “year of intensification of routine immunization”.

3. The Sixty-fourth Session of the WHO South-East Asia Regional Committee in September 2011, vide resolution SEA/RC64/R3, declared 2012 as the “Year of Intensification of Routine Immunization” in South-East Asia. Member States committed “to develop national and subnational level plans of action based on risk analysis to intensify routine immunization coverage”.

4. All countries then prepared their action plan, focusing primarily on high-risk population groups, to intensify RI activities for enhancing coverage and reaching more children with immunization. Subsequently, this Regional initiative was aligned to the strategic objectives and targets outlined in the Global Vaccine Action Plan (GVAP) endorsed by all Member States at the Sixty-fifth World Health Assembly in 2012.

Goal of Intensive Routine Immunization

5. All Member States in the South-East Asia Region to achieve at least 90% national immunization coverage and at least 80% coverage in every district (subnational level) for the six basic antigens as measured by the third dose of DTP/pentavalent vaccine by 2013.

Strategic directions identified in the framework for increasing and sustaining immunization coverage

6. The following strategic directions were identified to intensify Routine Immunization in the South-East Asia Region:

   - Building and enabling the political and economic environment to intensify RI.
   - Responding to country needs to increase and sustain high immunization coverage, including
     - mapping performance and resources;
     - improving access to immunization;
implementing national stratification plans; and
increasing the demand for immunization services.

- Strengthening immunization service delivery, information and management capacity.

**Response by Member States**

7. Following the adoption of resolution SEA/RC64/R3 by the Sixty-fourth Session of the Regional Committee, all Member States developed plans of action to strengthen Routine Immunization. These intensification plans were focused on identifying poorly performing or hard-to-reach areas or population groups.

8. Countries paid great attention to strengthening immunization systems and capacity-building, for example:

- **All countries** incorporated the intensification plans into their comprehensive multiyear plans and continued implementing the GVAP.
- **Bangladesh** conducted mid-level managers’ (MLM) training, provided additional vaccine transport costs for hard-to-reach areas, and filled vacancies of health posts with volunteers.
- **Bhutan** implemented targeted activities for the children of migrant workers.
- **The Democratic People’s Republic of Korea** strengthened its Routine Immunization in hard-to-reach areas of selected provinces.
- **India** established an Immunization Technical Support Unit (ITSU); 28 out of 35 states established a task force for immunization; and training was given to more than 34 000 front-line health workers in different categories. Post-introductory evaluations were conducted in all districts where pentavalent vaccine was introduced to identify the gaps. A new logo was introduced in the Expanded Programme on Immunization (EPI) and a communication campaign was launched to increase the demand for immunization.
- **Indonesia** conducted MLM training for key officials in the EPI in 36 districts; local area monitoring was strengthened; a new communications plan for immunization was developed and a new logo was introduced along with pentavalent vaccine introduction. Effective vaccine management (EVM) assessments are being done in all the states.
- **Maldives** conducted an EPI and VPD surveillance review to identify and fill the gaps in the immunization system.
- **Myanmar** conducted an MLM training and allocated more funds for operational costs. A post-introductory evaluation was done following pentavalent vaccine introduction.
- **Nepal** updated microplans for 56 districts; vaccinators were recruited and cold chain facilities were upgraded. The appreciative inquiry method was used to motivate local communities to declare their village development council areas as those with “fully immunized children”.

• **Sri Lanka** developed a national immunization policy. It conducted MLM training for nurses and training on adverse events following immunization for all primary health-care workers. It also conducted an EVM assessment.

• **Thailand** strengthened its immunization programme in the three southern provinces and plans to conduct EPI and VPD surveillance review to identify the gaps.

• **Timor-Leste** expanded its outreach immunization sessions to reach selected hard-to-reach areas.

**Challenges and lessons learned**

9. Lessons learned from the “Year of Intensification of Routine Immunization” efforts include:

   (i) The political commitment to improve immunization in Member States needs to be better translated into actions at the local level.

   (ii) Despite good progress, more needs to be done to sustain the gains in many countries. Even in the best-performing countries there are pockets of underserved populations.

   (iii) Although much has been achieved, availability of resources remains a challenge. It is vital that political commitment and resource allocation operate in tandem so that visions can become reality. Continued efforts are needed to mobilize both internal and external support to strengthen and sustain high-quality immunization services in countries.

**The way forward**

• All countries need to continue to monitor and review their immunization coverage to identify the gaps and areas for further strengthening of national programmes in line with the GVAP.

• Countries should use the opportunity that comes with the introduction of new and underutilized vaccines and implement strategies for measles elimination to further improve Routine Immunization coverage.