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Regional Office for South-East Asia

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The attached document provides detailed and supplementary information on Agenda item 5.3, the working paper for which was presented to the HLP meeting held in WHO-SEARO from 27-30 June 2011

2012: Year of intensification of routine immunization in the South-East Asia Region:

Framework for increasing and sustaining immunization coverage

Intensify coverage

Motivate communities and health workforce

Monitor performance

Universally accessible

National priority

Innovative strategies

Zealous partners

Evidence-based approach

Contents

Glossary of abbreviations used

WHO – World Health Organization

SEAR – South-East Asia Region

DTP – diphtheria, tetanus and pertusiss vaccine

BCG – Bacillus Calmette Guerin (vaccine against tuberculosis)

OPV – oral polio vaccine

RI – routine immunization

MLM – middle-level managers

MDG – Millennium Development Goals

GIVS – Global Immunization and Vision Strategy

RED – Reach every district

AEFI – Adverse events following immunization

Executive summary

Immunization saves lives and provides opportunity for every child to a life free of illness and disability associated with vaccine-preventable diseases.

Significant progress has been made in protecting children in most of the 11 Member States of the South-East Asia Region (SEAR) against vaccine-preventable diseases. The diptheria-tetanus-pertusis vaccine (DTP 3) coverage increased from 66% (2000) to 73 %(2009). Seven countries in SEAR have achieved the national-level coverage target of 90% for DTP3 as envisaged in the **G**lobal **I**mmunization **V**ision **S**trategy (GIVS). Due to this increase in coverage of routine immunization, the Incidence of vaccine-preventable diseases has come down significantly in these countries. However, globally 23.5 million children are estimated as not receiving the DPT3 vaccination during their first year of life and approximately 10 million of these vulnerable, unimmunized children are living in SEAR.

Immunization presents a valuable opportunity for early contact with primary health care and thereby access to early interventions that pave the path towards a healthy childhood resulting in a productive nation. Immunization is a highly cost-effective means to improving child survival and presents immense opportunities to make substantial gains in health, bringing the Member States in the Region closer to achieving the MDG4 for child mortality reduction. Unfortunately, many pregnant women still die due to tetanus. Routine tetanus immunization of all pregnant women can reduce maternal deaths as well as maternal mortality. Through an integrated approach, a routine immunization programme can contribute to achieving MDG5.

Reviewing the situational analysis for coverage of routine immunization in the Region, the Member States need to intensify the routine immunization delivery to reach the unreached, and decrease the gap, thereby ensuring that none is left behind and all have equitable access to achieving universal coverage of routine immunization. The year 2012 is proposed as the year of intensification of routine immunization.

The proposed Regional Strategic Framework describes the key determinants, vision, goal, objectives, guiding principles, strategies and priority areas, and concludes with defining the roles and responsibilities of the stakeholders.

The key message in this paper is reaching the unreached, so that no one is left behind and ensuring equitable access to routine immunization that promotes the right of every child–poor or rich, living in rural or urban areas or in slums to protect their lives and remain healthy.

Three strategies have been outlined as:

(1) Building an enabling political and economic environment to intensify routine immunization in Member States of SEAR;

(2) Responding to country needs to increase and sustain high immunization coverage; and

(3) Strengthening immunization service delivery, information use and management capacity.

These strategies will be realized through a risk analysis matrix to stratify countries based on the current immunization coverage at national and district levels and developing context-specific, evidence-based stratified national and district level plans with highest priority actions for those who are left behind and have not been reached yet.

Approximately 10 million children and many pregnant women are left behind and are not immunized. They are therefore not protected from dying or suffering from life-long disability, which is unacceptable precisely because it is solvable – we know what needs to be done. A simple intervention of providing routine immunization of BCG against tuberculosis, OPV against polio, DPT combined vaccine against diphtheria and whooping cough, and tetanus and measles vaccine against measles can save those lives and keep our future generations healthy! The task of intensification of routine immunization to achieve its universal coverage is enormous but not insurmountable. Our efforts in securing investment need to be equal to the task of intensification of routine immunization if we want to reach the unreached, unfortunate children and future mothers.

Introduction

In most Member States of SEAR, significant progress has been made in protecting children against vaccine-preventable diseases. Immunization has been a political and financial priority in Member States, driven by the understanding that high under-5 mortality rates pose a serious barrier to socioeconomic development; this resulted in the exponential increase in immunization coverage in the 1980s and the early 1990s.

Receipt of three doses of diphtheria-tetanus-pertussis vaccine (DTP3) is the commonly used indicator for assessing the effectiveness of routine immunization services as it reflects the proportion of children among the target population less than one year of age who have had at least three contacts with immunization services[1].

The Global Immunization Vision and Strategy (GIVS) was adopted by the Fifty-eight World Health Assembly (2005) as the framework for strengthening of national immunization programmes between 2006 and 2015. The Regional Immunization and Vaccine Development Strategic Plan (2010-2013) reflects the GIVS goals of achieving 90% DTP3 coverage at national level and 80% coverage at district level. Member States in the Region have aligned their national immunization programmes as guided by GIVS and the SEAR Immunization Strategic Plan.

Globally, 14.6 million additional children received DTP vaccine in 2009 than in 2000.[2] The DTP3 coverage in the Region increased from 66% in 2000 to 73% in 2009.[3] However, approximately 10 million children younger than one year living in the Region are still missed. This poses a serious threat to Member States in the Region that are progressing towards a sustained socioeconomic growth as well as achieving the Millennium Development Goal (MDG) 4 of reducing by two thirds the mortality rate in children younger than five years between 1990 and 2015.

Immunization is a highly cost-effective means to improving child survival and presents immense opportunities to make substantial gains in health, bringing Member States in the Region closer to achieving the MDG4 for child mortality reduction. While fertility rates have declined, population growth in all Member States with the exception of Thailand, have

remained almost the same in recent years and therefore the number of additional children who need immunization are increasing. At the current rate of investments in routine immunization, all children to be immunized cannot be reached. Investments in immunization are almost risk-free and they provide remarkable returns that are tangible.

Global and grassroots advocacy premised on robust national and regional data for disease burden is needed to inform policy about the importance of vaccines as a public health tool and reflect the commitment with a budget line item with optimal resource allocation for immunization services in national budgets. This calls for further investment towards achieving the MDG4 through decreasing the burden of vaccine-preventable diseases. Unfortunately many pregnant women still die due to tetanus. Routine tetanus immunization of all pregnant women can reduce maternal deaths as well as maternal mortality. Through an integrated approach, a routine immunization programme can contribute to the progress to achieving MDG5.

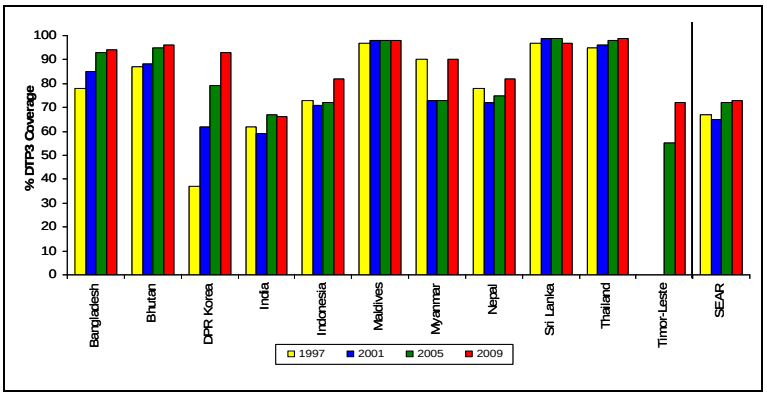
The international community and Member States in particular should capitalize on this opportunity that is knocking on their doors to make a difference, and save precious lives.

Regional achievements

The South-East Asia Regional Immunization Strategic Plan (2010–2013) envisages strengthening of routine immunization services focusing on district-level efforts as a priority to achieve the GIVS goals in 10 Member States by 2010, and in all Member States by 2013. Seven Member States [Bangladesh, Bhutan, DPR Korea, Maldives, Myanmar, Sri Lanka and Thailand] have already achieved >90% coverage for DTP3 at national level.

Indonesia and Nepal have >80% DTP3 coverage at national level. India and Timor-Leste are the only countries that have not achieved at least 80% DTP3 coverage nationally (Figure 1).

Figure 1: ***DTP3 coverage in SEAR Member States between 1997 and 2009***



As a preventive intervention, immunization is wholly reliant on the acceptance, understanding and trust of those who use the services. The promotion of immunization as a key public health strategy is currently not utilized to its fully capacity. As a result, many people remain unaware of the risks of vaccine-preventable diseases and/or the benefits of immunization.

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The immunization coverage rates vary tremendously across Member States, as well as within countries between states, provinces and districts or equivalent administrative areas. In India, according to the District Level Health Survey III (2007-2008), 90% children who did not receive DTP3 resided in eleven states (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Maharashtra, West Bengal, Assam, Jharkand, Gujarat, Andhra Pradesh and Chhattisgarh). Out of these states Maharashtra, West Bengal, Gujarat and Andhra Pradesh are medium-performing states, with DTP3 coverage of at least 70%.

Situational analysis

"Reach every district (RED)" was adopted as an operational regional strategy to address the GIVS goal of 80% DPT3 coverage in all districts within a country that aimed at improving equity by targeting difficult-to-reach and underserved populations through routine, supplemental immunization activities and integrated health service delivery. The RED strategy serves as an excellent platform to undertake situational analysis in this context.

All districts of DPR Korea, Maldives and Sri Lanka have achieved more than 80% coverage. Out of all districts 89% districts in Myanmar and 85% districts in Bhutan have achieved this target. In Bangladesh and Indonesia, 80% districts have achieved more than 80% coverage. However, only 45% districts in Nepal and 46% districts of Timor-Leste and 35% districts in India have achieved more than 80% coverage.

Establishment of strong national immunization services in Member States of the Region over recent years has ensured that most of them have achieved the desired immunization coverage of at least 90% nationally; however in some countries where the national immunization coverage is >90% there are few districts with less than 80% coverage. Differences in access to immunization services exist between countries as well as within countries. In every country the poorest and the most disadvantaged children are likely to be unreached by routine immunization services resulting in an "equity gap" in access to life-saving immunization.

Table 1: *GIVS and regional immunization targets and status*

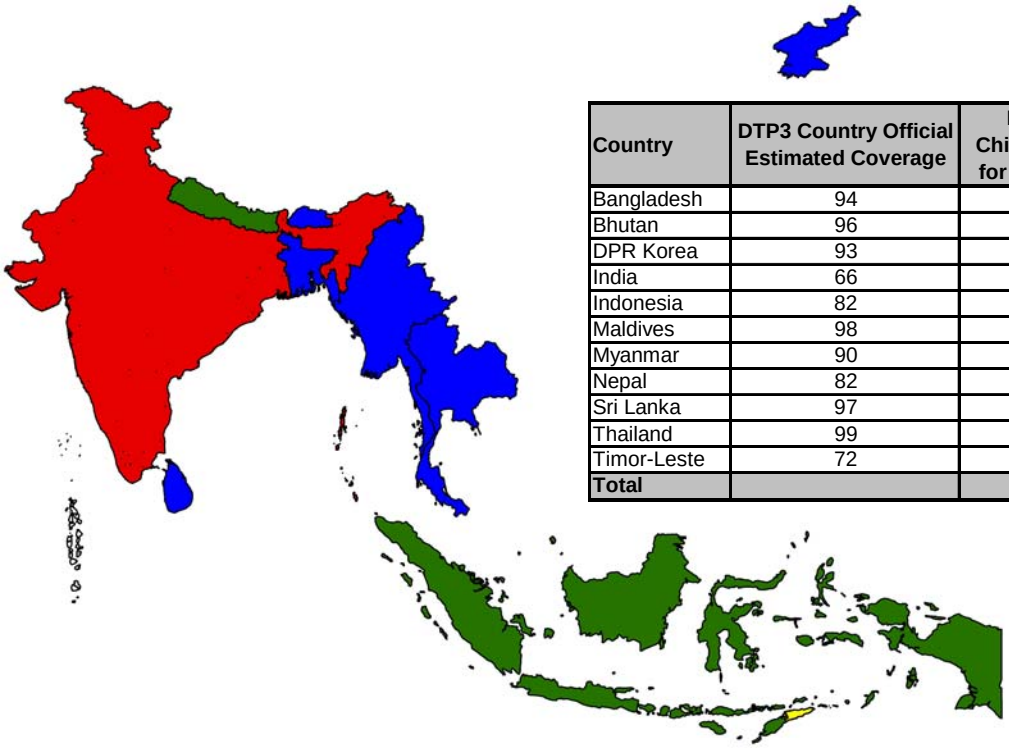
Member States	GIVS Goals	
	At least 90% national coverage (DTP3)	At least 80% DTP3 coverage in every district
Bangladesh	✓	
Bhutan	✓	
DPR Korea	✓	✓
India		
Indonesia		
Maldives	✓	✓
Myanmar	✓	

Member States	GIVS Goals	
	At least 90% national coverage (DTP3)	At least 80% DTP3 coverage in every district
Nepal		
Sri Lanka	✓	✓
Thailand	✓	NA*
Timor-Lestle		

✓ indicates countries having achieved GIVS goals
Source: WHO/UNICEF Joint Reporting Form 2010: Country official estimates (* Data not available at subnational level)

Immunization remains a key pillar of primary health care. Improving immunization coverage promotes and requires well-functioning health systems. In Member States where health systems have been strengthened, immunization coverage has increased remarkably.

Figure 2: ***illustrates the distribution of children less than 1 year of age who missed DTP3 in SEAR (2009)***



Country	DTP3 Country Official Estimated Coverage	Estimated Children Missed for DTP3 Doses
Bangladesh	94	195,483
Bhutan	96	566
DPR Korea	93	21,784
India	66	8,626,244
Indonesia	82	732,804
Maldives	98	114
Myanmar	90	94,326
Nepal	82	126,125
Sri Lanka	97	10,748
Thailand	99	9,701
Timor-Leste	72	11,947
Total		**9,829,843**

Need for accelerated action

Raising the immunization coverage to the ambitious target of at least 90% coverage (DTP3) nationally and at least 80%(DTP3) in every district in all Member States in the Region requires comprehensive innovative strategies that engage the public, partners, decision-makers and service providers to ensure that immunization remains a priority at every level.

Evidence suggests that Immunization coverage can be increased and sustained at the targets outlined in the GIVS by interventions that are simple, reliable and easily implementable; therefore it is unacceptable that as many as 20% of the most vulnerable children in Member States in the Region do not have access to Immunization. However increasing the coverage from 80% to 90% and above requires innovative strategies that are supported by strong evidence.

Improving immunization coverage through intensification of routine immunization

Taking into consideration the challenges faced by Member States in increasing immunization coverage to achieve the GIVS goals and sustaining the gains, the regional Immunization Technical Advisory Group(ITAG) recommended that a framework identifying the key determinants, outlining the barriers to achieving optimal immunization coverage, and proposing interventions to address the gaps, be developed. The draft framework was presented to the HLP meeting held in WHO-SEARO from 27-30 June 2011. The meeting proposed that the framework should outline the implementation guidelines for translating the vision for intensification of routine immunization into action by Member States.

Recognizing the need for further increasing the coverage of routine immunization calls for urgent action; by declaring the year 2012 as year of intensification of routine immunization in the South- East Asia Region and sustained thereafter, the Member States are urged to reach the unreached, so that none is left behind, and that equitable universal access to routine immunization is achieved. This call presents a window of unprecedented opportunity for making a tangible impact on public health in Member States; it is an opportunity for national governments to demonstrate their commitment to the citizens and the future leaders.

The strategic framework's mission is to accelerate the progress towards achieving the GIVS goals and MDG4 and MDG 5 targets by continuing to reduce the incidence of vaccine-preventable diseases through increasing access to routine immunization and sustaining the immunization coverage achieved. The guiding principle of this framework is the creation of equitable access to immunization, which promotes the right of every child to have the highest attainable standards of health.

The framework provides a common platform for all immunization partners to: support a comprehensive approach to planning at the country level; inform national policies and realign programmes; and develop specific action-plans for intensification in the year 2012 and beyond. It urges adoption of a broader systems approach under the immunization programme. It briefly outlines the determinants for suboptimal immunization coverage and barriers to achieving the GIVS goals. It also focuses on "techniques and technologies" to overcome the barriers and application of current evidence-base to intensify routine immunization through strengthening of

the delivery of quality-assured vaccines. Furthermore, it emphasizes the need to strengthen surveillance and use of measurement systems to identify high-risk and underserved populations at district level, monitor progress, and ensure accountability.

The following six key determinants for suboptimal routine immunization coverage in the Region have been identified:

(1) Access;
(2) Resource availability (skilled human resources, vaccines and cold chain, etc.);
(3) Service delivery;
(4) Information use;
(5) Managerial Capacity; and
(6) Management of adverse event following immunization (AEFI).

The barriers to achieving GIVS goals are summarized as below:

Demand-side constraints	Supply-side constraints
Lack of awareness on: • Risks of vaccine-preventable communicable diseases • Benefits of vaccination • Parental attitudes and knowledge • Immunization schedules and need for adherence	**Access** to Immunization • Difficult-to-reach areas in rural setting • Socially marginalized or densely populated urban settings • Distance-to-health facilities / Immunization clinics • Opportunity costs
Demographic characteristics • Socio-cultural barriers • Level of parental (mothers) education • Birth order • Health-seeking behaviour • Migration out of catchment area	**Inefficiencies in Immunization service delivery** • Missed opportunities for immunization • Cold chain capacity • Vaccine shortages/nonavailability of supplies – syringes, injection safety, equipment • Inadequate infrastructure • Inadequate transport support for outreach sessions • Quality of vaccines and service delivery • Inadequate surveillance systems
Immunization hesitancy • Fear of adverse events • Socio-cultural beliefs • Lack of community support and peer pressure	**Managerial capacity** • Inability to analyse, monitor and take corrective action • Nonavailability of monitoring tools • Inability to coordinate and capitalize on strengthening RI through accelerated disease control and health systems strengthening mechanisms.

Demand-side constraints	Supply-side constraints
	Resource availability • Human resource capacity not adequate to cover the target population • Overburdened community health workers/immunization service providers • Inadequate budget allocation
	Adverse events following immunization (AEFI) • Public confidence and trust in immunization being fragile due to lack of ineffective risk communication and AEFI management • Suboptimal AEFI surveillance and response capacity in most Member States
	Information usage • Lack of standardized data collection, reporting, analytical tools • Inadequate utilization of data at local levels • Target populations not defined • Feedback mechanism to improve service delivery nonexistent

Intensification of routine immunization in the South-East Asia Region

Every Member State in the Region needs to analyse the immunization coverage at country and sub-national levels with specific focus at the district level to identify the gaps and undertake a risk analysis-based approach to identify high-risk states, provinces and districts.

Such a risk analysis approach would help direct appropriate actions to increase and/or sustain immunization coverage at district and national level. Strengthening the immunization service delivery and health systems is vital for intensification of routine immunization.

Member States working in close collaboration with WHO, UNICEF, GAVI and other partners would be pivotal for optimal utilization of available resources and timely technical assistance in protecting the children of the Region from vaccine-preventable diseases.

Year 2012: Intensification of routine immunization in the South-East Asia Region

The Vision

Equitable and universal access to routine immunization for the unreached, decreasing the gap and ensuring that no one is left behind or excluded.

Goal

Strategic and operational priority

Children in all districts or geographical areas where the routine immunization coverage is below 80%.

Operational Strategy 1

Building an enabling political and economic environment to intensify routine immunization in SEAR Member States

Aims include:

- Achieving significant increase in political prioritization of routine immunization in Member States; and
- Ensuring that intensification of routine immunization is included as national priority in national development plans with sufficient investment from national budgets and development partners. Objectives include:
- Providing evidence-based information to governments, stakeholders and partners to inform policy and guide financial investment; and
- Providing results-based performance information to ensure ongoing engagement and sustainability.

Implementation guidelines

These include:

- Risk analysis to identify high-risk, high-priority districts or equivalent administrative areas and populations supported by reliable immunization coverage data and laboratory- supported vaccine-preventable disease surveillance data;
- An expanded effort in communicating the benefits of vaccines aimed at general public, decision-makers and relevant health professionals to influence policy;
- Innovative management practices to support data driven decision-making at all levels in utilizing available resources, mapping and addressing gaps in infrastructure, human resources, vaccine supply (cold) chain and financial resources;

- Developing multi-year plans [cMYP] and financial sustainability plans prioritizing increasing immunization coverage, clearly identifying the responsibilities of each stakeholder within overall plans; and
- Opportunities for partnerships as the "Decade of Vaccines" and "Immunization Weeks" will be used to intensify routine immunization to sustain the recent gains achieved in polio eradication and measles control in the Region.

Operational Strategy 2

Responding to country needs to increase and sustain high immunization coverage

Aims include:

- Improvement of national capacity for evidence-based planning, risk assessment and implementing the strategic approach to intensify routine immunization.

Objectives include:

- Establishing a high-level taskforce in each high-priority country for immunization and identifying key stakeholders to inform and influence policy and programme management; and
- Develop, update and provide evidence-based guidelines for increasing and sustaining immunization coverage and for developing specific stratified national immunization strategies to address the gaps.

Implementation guidelines

- Context-specific stratification of countries as per immunization coverage and development of country-specific stratified strategies to prioritize and intensify routine immunization in 2012, and to sustain the gains thereafter.

Priority-setting for planning

The following are the targets:

(1) All districts/equivalent administration areas to achieve 80% routine immunization coverage.

(2) All districts/equivalent administrative areas with more than 80% routine immunization coverage will sustain and further improve their coverage.

Most Member States in the Region have been able to achieve 80% national coverage through systematic planning and strengthening of their immunization systems to increase delivery. Increasing the coverage to more than 80% to achieve the GIVS goals is a significantly uphill task that requires new strategies, as well as concentrated and persistent efforts that embrace innovation and are guided by a strong evidence-base. As the challenges faced by each Member State to achieve high immunization coverage vary, a stratification tool for prioritization of the high-risk districts for intensification has been outlined as below.

Stratification of countries based on immunization coverage and prioritization for intensification

Category 1	Category 2	Category 3
Minimal risk of being excluded from immunization services	**Moderate** risk of being excluded from immunization services	**Serious** risk of being excluded from immunization services
Countries with national coverage > 90%	Countries with national coverage between 80 and 90%	Countries with national coverage < 80%
Are there districts with less than 80% coverage?	Are there districts with less than 80% coverage?	Are there districts with less than 80% coverage?
Yes/No	Yes/No	Yes/No
Intensification of RI in all districts with coverage < <90% to increase coverage	Intensification of RI in all the districts having coverage <80% and those between80-90% to increase the coverage	Intensification of RI in all the districts having coverage < 80% to achieve this target
Quarterly assessment at the district level	Quarterly assessment at the district level	Quarterly assessment at the district level
Maintain coverage in all districts already > 80%	Maintain coverage in all districts already > 80%	Maintain coverage in all districts already > 80%

Implementation of national stratification plans

- High-level taskforce to formulate the national stratified plan with technical assistance from WHO.
- Risk analysis to identify high-priority districts or equivalent administrative areas and populations supported by reliable immunization coverage data and laboratory-supported vaccine-preventable disease surveillance data where immediate impact on immunization coverage can be achieved.
- District plans for intensification of routine immunization will use a management matrix to identify the gaps, define the processes, establish minimum standards of immunization delivery, and develop a checklist to monitor progress.
- Innovative management practices to be adopted to support data-driven evidence-based decision-making at all levels for utilizing available resources, and mapping and addressing gaps in infrastructure, human resources, vaccine supply (cold) chain and financial resources.
- Advocating with state/provincial/district policy-makers in high-priority districts through national authorities to guide appropriate policies, strategies and resources for immunization.
- Develop cost-inclusive routine immunization plans for reaching hard-to-reach communities to ensure at least four contacts with immunization annually.

- Preparing and implementing micro-plans at all levels and collating plans for each level to formulate the next administrative-level plan.
- Facilitating peer-to-peer experience sharing, and translating lessons learned from Member States that have already achieved and are sustaining high immunization coverage, into a knowledge-base to support intensification in other high-priority countries.
- Undertake operational research to gather and consolidate evidence to address and bridge programmatic gaps and innovations to overcome persistent challenges and effect changes in policies and practices in immunization service delivery.

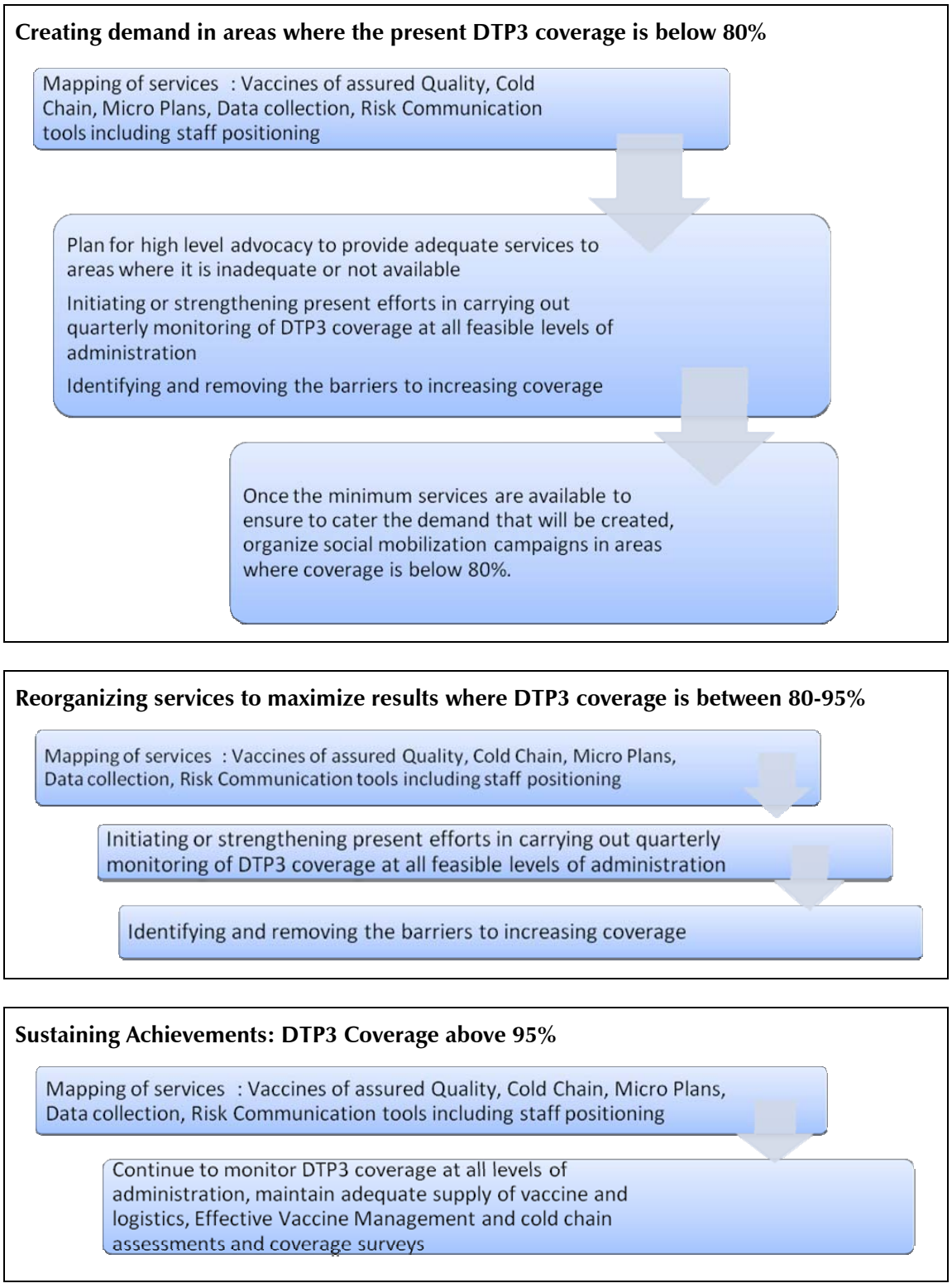
Improving access to immunization

- Bridging the distance: bringing immunization services closer to the community.
- Decrease the equity gap through enhanced efforts for hard-to-reach communities.
- Increase opportunities for immunization by using community information to design context-specific delivery mechanisms (immunization clinics coinciding with weekly market days at a location in close proximity to market).
- Promote consistent delivery of immunization by all providers.
- Increase the range of settings in which immunization services are provided.
- Reducing the opportunity costs for immunization (decreasing waiting time/community pooling of transport services).

Increase the demand for immunization services

- Determine the current attitudes and beliefs regarding immunization across all target populations.
- Develop and implement evidence-based interventions to increase individual and community knowledge regarding availability of immunization services, risk of vaccine-preventable diseases and benefits of immunization through social mobilization campaigns.
- Organizing immunization weeks, targeted media campaigns.
- Strengthen capacities of women, their partners, their families and communities to assume responsibility for improving maternal, newborn and child health, facilitating linkages between maternal health (MDG5) and immunization services (MDG4).
- Ensure that promotion, advocacy and communication form integral components of immunization services.

Mapping performance and resources: Critical steps based on immunization coverage



Operational Strategy 3

Strengthening immunization service delivery, information use and management capacity

Aims include:

- Strengthening and expanding vaccine-preventable disease surveillance, monitoring coverage and managing information systems to support policy and programme decisions and local action.
- Monitoring progress towards achieving intensification targets for routine immunization and including the GIVS and MDG 4 goals.
- Building effective coordination of complementary interventions within WHO and between immunization delivery and relevant national programmes, partnerships across health systems and with primary health-care services.

Implementation guidelines

(1) Strengthening immunization service delivery

- Improving utilization of available immunization services through improvement of quality of service delivery, vaccines of assured quality, effective risk communication and management of adverse events following immunization.
- Creating a brand image for routine immunization as "reaching the unreached, decreasing the gap, ensuring none is left behind and equitable universal access".
- Strengthening the cold chain (vaccine supply chain) systems, and providing effective vaccine management to ensure that quality vaccines are distributed timely at all levels of immunization programme.
- Strengthen collaboration with private service providers and integrate service delivery into other primary health-care services.
- Using maternal health delivery mechanisms to increase awareness and establish early linkages for compliance to immunization schedules and follow up on children who have missed vaccinations.
- Sharing of data, using common platforms for monitoring and evaluation.

(2) Ensure that immunization programme is supported by current evidence-based information on vaccine-preventable diseases and adverse events following immunization.

- Strengthen and sustain laboratory-supported, vaccine-preventable disease surveillance in Member States and at the regional level.
- Strengthen recording and reporting to improve data quality; conduct analysis, interpretation and exchange of data for programme planning at all levels.
- Strengthen AEFI surveillance and investigation of serious cases; implement plan for effective management of AEFI and risk communication.
- Explore ways to encourage parents to be partners in reporting AEFI and maintaining up-to-date vaccination records.

(3) Enhancing management capacity

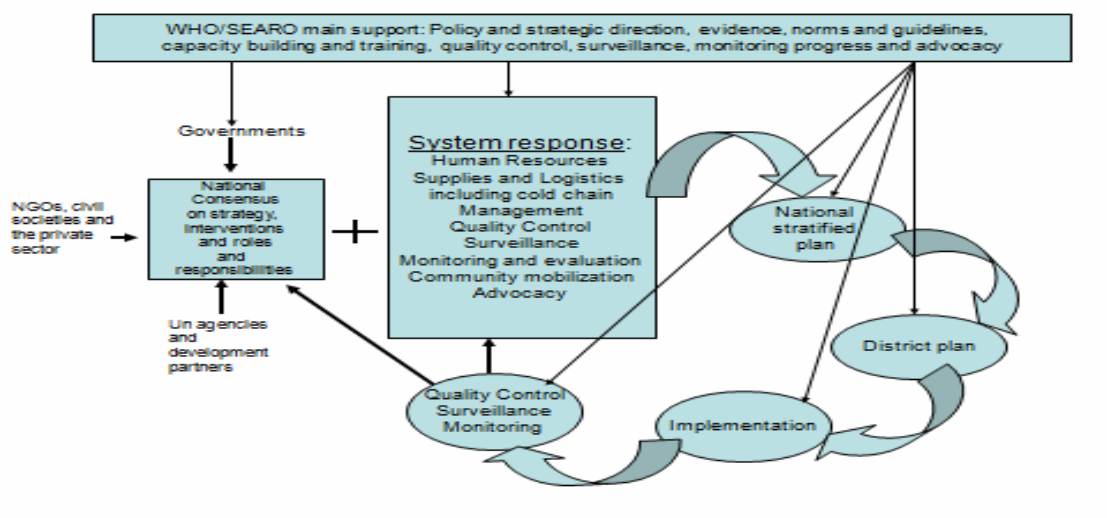
- Using middle level managerial (MLM) training modules to address training needs at different levels and scaling up MLM training for key managers.
- Reorganizing monitoring and supervision systems to improve performance.
- Establish Standard Operating Procedures (SOPs) for immunization service providers and supervisors; provide performance-based incentives.

Roles and responsibilities

The WHO Regional office for South-East Asia (SEARO) will strive to ensure efficient and effective collaboration between Member States, WHO country offices, UN agencies, NGOs, civil society, private sector, donors, foundations and other development partners on advocacy, development of programme and implementation tools and guidelines, and will provide technical assistance and support to Member States in implementation of the programme, and in mobilizing resources and monitoring the progress.

Intensification of routine immunization will be conducted at the country level, by providing technical inputs necessary to assist countries with prioritization of high-risk states and districts, particularly those that have been excluded and left behind. Planning, monitoring and evaluation will mainly focus on competency-based capacity building of human resources with the specific aim to enhance managerial capacity to implement the strategic framework.

Operational framework of support to countries



Conclusion

Approximately 10 million children and many pregnant women are left behind and are not immunized. They are therefore not protected from dying or suffering from lifelong disability, which is unacceptable precisely because it is solvable – we know what needs to be done. A simple intervention of providing routine immunization with BCG, OPV, DPT and measles

vaccines can save those lives and keep our future generation healthy! The task of intensification of routine immunization to achieve its universal coverage is enormous but not insurmountable. Our efforts in securing investment need to be equal to the task of intensification of routine immunization if we want to reach the unreached, unfortunate children and future mothers.

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[1] Burton A , WHO and UNICEF estimates of national infant immunization coverage: methods and processes. *Bulletin of the World Health Organization* 2009;87:535–541

[2] WHO. Progress towards global immunization goals-2009. August 2010

[3] WHO Vaccine-preventable diseases: monitoring system 2010 Global Summary.