

Strategy To Address Barriers To Immunization

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ABBREVIATIONS

BCG	Bacille Calmette- Guérin
BHU	Basic Health Unit
CBA	Child Bearing Age
CBO	Community Based Organization
CHIP	Civil Society Human And Institutional Development Programme
CHW	Community Health Worker
CSO	Civil Society Organization
DPT	Diphtheria-Tetanus-Pertussis
EPI	Expanded Programme Of Immunization
GAVI	Global Alliance For Vaccines And Immunization
HBV	Hepatitis B Vaccine
HMC	Health Management Committee
LHV	Lady Health Visitor
LHW	Lady Health Worker
MCH	Mother And Child Health
MCV	Measles Containing Vaccine
MDG	Millennium Development Goals
OPV	Oral Polio Vaccine
TT	Tetanus Toxoid
UC	Union Council
VHC	Village Health Committee
WHO	World Health Organization

1. Introduction

Immunization is a process by which a person is made immune to a certain infectious disease, typically by the administration of a vaccine. Vaccines stimulate a person's defense (immune) system to protect the person against subsequent infectious disease. As they say prevention is better than cure and is the need of the day. The mortality and morbidity of the diseases and further cost on treatment requires us to put more focus on prevention. Immunization is the most successful component of the community and preventive medicine under the umbrella of prevention. The Expanded Programme on Immunization was launched in Pakistan in 1978. It aims at protecting children by immunizing them against Childhood Tuberculosis, Poliomyelitis, Diphtheria, Pertussis, Tetanus, Measles and lastly Maternal Tetanus. Immunization rates in Pakistan for children and adults are gradually increasing, but coverage levels have yet not reached national goals. As a result of low immunization rates, vaccine-preventable diseases still occur. They result in increased doctor visits, missed days from work, hospitalization, disability and even premature death. So when immunization rates fall, epidemics of disease occur, which brings attention towards the barriers leading to fall in immunization coverage. In an era of increasing complexity of immunization schedules, rising expectations about the performance of primary immunization it is important to understand and promote interventions that work in primary care settings to increase immunization coverage. According to an estimate of Ministry of Inter Provincial Coordination (IPC) in collaboration with the World Health Organization (WHO) and UNICEF, the immunization coverage rate in Pakistan is reportedly below 65 per cent (2013) and is the cause of over 70,000 child deaths annually.

1.1 Purpose of Strategy Paper:

The purpose of Strategy Paper is to provide clear direction for immunization stakeholders on how to optimize immunization service delivery across Pakistan especially in "Hard to reach areas" & marginalized communities. The strategy paper has been designed to formulate and suggest ways to address most common barriers to immunization in the light of the current status. The barriers faced can be broadly categorized into the following three levels:

Barriers at policy level –reviewing and feedback of all stakeholders.

Barriers at service level – such as access, logistics, cold chain maintenance, skills training, delayed salaries of field workers, political interference, safety and security of health service providers, inadequate communication and ineffective documentation/reminder system.

Barriers at community level – such as myths, fears, misconceptions, lack of awareness, religious influences, gender inequity and socio-cultural factors.

1.2 Overview of Pakistan CSOs Coalition:

Pakistan CSOs Coalition for Health and Immunization came into existence in 2011. At the time it had 15 members who had been working in coordination with GAVI Alliance, Federal Ministry of Health and UNICEF on different health care projects. The dedicated initiative on 'Strengthening CSOs Engagement in Health' was offered to CSOs Coalition in July 2012 which has started its interventions from Sindh Province through a Pakistani CSO 'CHIP'. The Coalition focuses on directing its efforts towards different health projects such as to reduce neonate, infant and maternal death rates. Civil Society Organizations (CSOs) have been recognized to play a significant role in strengthening health delivery systems in the country. The GAVI Alliance under the mentioned strategy has focused on selected CSOs in Sindh Province. These CSOs have been working extensively in hard-to-reach areas and also with marginalized communities. Hence the CSOs engaged in Sindh to increase immunization coverage rates identified barriers to immunization, implemented strategies to overcome these challenges, documented best practices, and monitored the resultant improvement in immunization coverage.

Hence Pakistan CSOs Coalition for Health & Immunization (PCCHI) is an initiative which is working on a vision to collectively reach the unreached areas through health system strengthening to support government for achieving MDGs 4 & 5. The Coalition is basically aimed at synergizing efforts for increasing safe deliveries and immunizations coverage rates through research, identifying barriers, developing strategy to address the barriers, knowledge development, experience sharing, dissemination of information and advocacy at national and global forums.

Objective:

Main objective is to lessen the reprehensible mortality rates of child and mother alike and promote “Immunization Coverage”. All efforts are directed towards helping the government in strengthening the health care system for the people in far flung areas and achieving MDG 4 and 5. Better immunization would also translate into better survival and shall reduce child mortality.

The overarching objectives of the strategy are to:

- ✓ Achieve or sustain high levels of immunization coverage by overcoming barriers, with equity of access to immunization services, including communities that have special needs because of remote location or socio-cultural or economic factors.
- ✓ Provide safe, high-quality vaccines and immunization services that generate and maintain public confidence and adherence to immunization schedule.
- ✓ Ensure cost-effective use of vaccines and efficient immunization services that minimize waste.
- ✓ Have timely and effective monitoring of immunization coverage and surveillance for better results.

Barriers to Immunization:

The Expanded Programme on Immunization began in 1978 in Pakistan, with the aim of “National Routine Immunization” coverage of over 90%. However this target has yet not been achieved due to multi-factorial reasons that include poor planning and mismanagement, religious misconceptions regarding immunization, lack of supervision and accountability, inaccurate data, lack of outreach and so on. Civil Society Organizations are known to play an integral role in strengthening health system reforms and in working for improving immunization coverage.

2. Strategic Directions:

The following evidence-based strategic directions i.e. short term and long term to address immunization challenges and barriers will be used to improve immunization rates in Pakistan:

2.1 Short Term Strategies

- Enhance Accessibility
- Strengthen Partnerships
- Strengthen Public Education and Awareness
- Strengthen Research and Evaluation

2.2 Long Term Strategies

- National Census
- Incentive Based Commitment (Reward & Punishment for Health Service Providers)
- Strengthen Healthcare Providers Training and Education

2.1 Short Term Strategies**2.1.1 Enhance Accessibility**

Socio-economic factors have a bearing on the immunization status of children, with children in lower socio-economic situations more likely to be under-immunized. Convenient, timely access is also an issue for all levels of society, with delays putting individuals at risk for vaccine-preventable diseases.

Objective

Reduce immunization delays for all age groups and immunize on schedule.

Proposed Strategy

Develop new evidence-based, innovative approaches to enhance accessibility to immunization. Such approaches may include: outreach programs, use of incentives and increased collaboration with other service providers/stake holders.

2.1.2 Strengthen Partnerships

There is a need for strengthened partnerships between the government, EPI and CSOs involved in providing direct or indirect immunization services. This shall help to address immunization barriers

by reducing duplication of efforts and taking advantage of opportunities to increase access to immunization services.

Objective

Improve effectiveness of collaboration among Govt, CSOs and other stake holders that can play a role in increasing immunization coverage.

Proposed Strategy

Promote and support coordination between Health Dept, Government and CSOs to bring together multi-disciplinary teams to enhance services and streamline service delivery.

2.1.3 Strengthen Public Education and Awareness

Some people perceive the risk of disease to be lower than the risk of vaccine. Misinformation OR myths about immunization are readily accessible. Attitudes and beliefs have a powerful impact on decisions that are made about immunization, especially in varying socio-economic groups and certain religious/community groups.

Objective:

Improve public knowledge about the importance of immunization and immunizing on routine schedule.

Proposed Strategy:

Develop and implement targeted public education immunization programs, including development of user-friendly educational materials that meets a range of literacy and language requirements and use a variety of dissemination methods.

Develop and sustain collaborative working relationships with other provincial government departments, the federal government, primary care organizations/networks, community-based organizations, health authorities and CSOs.

2.1.4 Strengthen Research and Evaluation

Research and evaluation of immunization programs are critical to ensure maximum effectiveness. In addition, evaluation of innovative approaches to improving immunization is important to ensure that effective strategies are implemented.

Objective

Increase immunization research to support evidence-based practice and service delivery.

Proposed Strategy

Research should include immunization and vaccine-preventable disease studies that address immediate needs, challenges, adverse events, and long term effectiveness of vaccines and immunization.

Use scientific evidence to support standards development, policy planning and service performance. Monitor public attitudes and behavior using population health surveys and disseminate findings from research projects at all levels.

2.2 Long Term Strategies:

2.2.1 National Census:

The fundamental purpose of the census is to provide the facts essential to government for policy-making, planning and administration. The characteristics of the population drive the decision-making that facilitates the development of socio-economic policies that will enhance the welfare of the population. Additionally, the population census provides important data for the analysis and appraisal of the changing patterns of rural/urban movement and concentration, the development of urbanized areas, geographical distribution of the population according to such variables as occupation, education, health as well as the socio-economic characteristics of the population and the labor force.

Objective:

Population size and characteristics influence the location and distribution of services that satisfy the needs of the target population. Process and gather information from a census survey as a preliminary step for supporting the working of primary healthcare services. Present briefly the results of the survey and its broader implications on the health needs of the local population.

Proposed Strategy:

To highlight the importance of regular national census with validated data and local based information.

Application of the collected information in formulating health strategies accordingly.

2.2.2 Incentive Based Commitment (Reward & Punishment for Health Service Providers)

Offering incentives to healthcare service workers might provide more and better quality health care services to achieve immunization targets, however, sustainability of such incentives, chances of increased corruption, over reporting and lack of transparency may be issues in the existing health system.

Objective:

Incentives, both financial and non-financial, provide one tool that governments and other employer bodies can use to develop and sustain a workforce with the skills and experience to deliver the required care. This demands not just political will and continued hard work, but an acknowledgement by all key stakeholders of the commitment, skills and health benefits provided by health professionals worldwide.

Proposed Strategy:

A well thought out mix of accountability and offering incentives is the answer to the problem and it may differ in different settings within the same system, subject to variables in place.

Accountability and very strict monitoring of disgruntled staff may also prove counterproductive in an environment where a lot is left on individual effort without providing the required enabling environment.

2.2.3 Strengthen Healthcare Providers Training and Education

Health care providers, LHW's, LHV's, CHW's all require some training and education to counsel people and provide valid immunization information to parents and eligible high risk groups. Providers need to ensure that all opportunities to monitor and follow-up on immunization needs are being put to use.

Objective

Improve health care provider's knowledge and awareness of immunization.

Improve health care provider's mode of action to identify and refer patients who have inadequate immunization coverage.

Proposed Strategy

- Focus on professional training and continuing education to reinforce the importance of immunization and appropriate immunization service delivery.
- Include information on vaccine preventable diseases, vaccine efficacy, vaccine safety, vaccine administration and vaccine importance in relevant mandated post-secondary curriculum/pamphlets in local languages.
- Develop and sustain collaborative working relationships with federal, provincial and local governments, community-based organizations and CSOs.
- Hold a regular provincial immunization forum as a major public health professional educational event.

3. Conclusion

The perspective of Pakistan CSOs Coalition varies from the government since it is a platform working together with similar civil societies working within the community. They tend to have a familiarity with the problems of the people on a daily basis. Also these organizations tend to be devoid of any political interest and leans towards the community welfare that they are dealing with. Coalition members along with other partners realize that their efforts would prove to be more fruitful if they were included in the process of policy making and implementation. All the members of Pakistan CSOs Coalition for Health and Immunization want to make use of their full potential in order to improve the conditions of immunization in Pakistan. To overcome geographic short comings it is important to first strategize and then implement steps to improve upon the issue of immunization and mother and child health care.

To maximize the working of the Health Department and the CSOs and most of all to overcome the barriers to Immunization it is crucial to minimize the gap between the two and work on the proposed strategies. The areas of cooperation and potential of each stakeholder should be laid down in order to increase the effectiveness of work and chances of success. It is also essential to clarify the role of CSOs in the provincial planning commissions and also engage them at all levels including review, monitoring and coordination meetings at district, provincial and federal level. This will help in joint efforts for common goals and will improve coverage of immunization and mother and child health care. It will also bring forward a balanced perspective from both the public and civil society.

Annex 1: New Schedule of Immunization:

New immunization schedule

Disease	Cause of Infection	Vaccine	Doses	Age of administration
Childhood TB	Bacteria	BCG	1	Soon after birth
Polio myelitis	Virus	OPV	4	OPV0: soon after birth OPV1: 6 wks OPV2: 10 wks OPV3: 14 wks
Diphtheria	Bacteria	Pentavalent vaccine (DTP + Hep B + Hib)	3	Penta1: 6 wks Penta2: 10 wks Penta3: 14 wks
Tetanus	Bacteria			
Pertussis	Bacteria			
Hepatitis B	Virus			
Hib pneumonia and meningitis	Bacteria			
Pneumonia and meningitis due to <i>S. pneumoniae</i>	Bacteria	Pneumococcal conjugate vaccine (PCV10)	3	Pneumo1: 6 wks Pneumo2: 10 wks Pneumo3: 14 wks
Measles	Virus	Measles	2	Measles1: 09 months Measles2: 15 months