Meeting India's immunisation goals

This requires sustainable use of resources, timely execution of strategies and total participation from all stakeholders

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Today, as India makes strides in sustained living for its citizens, health is rightly placed at the centre of the conversation, as a crucial determinant of the power of its growing economy. For a country that has such a massive and diverse population, the progress made in the last 70 years is remarkable. However, the promotion of health to international standards has proven to be a highly desirable yet elusive goal for the country.

In this context, the GVAP (Global Vaccine Action Plan) launched in 2012 has been a formidable step towards providing equitable access to vaccines for people living in low-income countries. Under GVAP, 194 countries came together to commit better healthcare for the world and with a promise for a disease-free future. India too stepped forward, making considerable efforts in enhancing its public health framework.

India introduced its flagship immunisation programme — Mission Indradhanush — in 2014, calling into action India's urgent need to improve the 65 per cent immunisation rate achieved in its Universal Immunisation Programme (UIP) since 1985. Further, new vaccines were added to the UIP in realising India's obligations to GVAP 2020. Newer technologies were introduced in the healthcare environment of the country, priming the system to excel.

Still, there are gaps

Globally, the GVAP commitment has fallen behind in several ways. In 2017, WHO estimated that worldwide, 20 million infants still do not receive the most basic vaccines. Essential immunisation coverage rates in low-income countries have increased by a paltry 1 per cent since 2010. A whopping 68 countries, including India, fall well short of the 90 per cent basic immunisation target coverage. According to the 2016 midterm review of GVAP, India continues to have the highest number of unvaccinated children worldwide. This has hampered the overall progress of GVAP.

In response to the crisis, the Government identified 201 high-focus districts across 28 States that have the highest number of partially-immunised and unimmunised children and channelled resources to address the gap. In addition, India recently launched one of the world's largest vaccination campaigns against measles, a major childhood disease, and congenital rubella, which is responsible for irreversible birth defects. The campaign will vaccinate more than 35 million children in the age group of 9 months to 15 years with the MR (measles and rubella) vaccine. Simultaneously, India continues to strengthen surveillance for measles and rubella, an important learning from the country's polio eradication programme that helped identify appropriate strategies to eradicate the disease.

Stakeholders must participate

These are promising measures by most standards. However, merely creating opportunities is not enough to build a robust healthcare ecosystem. Sustainable exploitation of dwindling resources and timely execution of well-crafted strategies are of primary importance, and this can only be achieved through participation from multiple stakeholders across the community. Stakeholder cooperation will be paramount in making India fully immunised. Here are some ways to make it happen.

Building awareness about the value of vaccines — A crucial step towards delivering 'Health for All' is building trust in vaccines and in the healthcare system. WHO recommends scaling advocacy efforts to improve understanding of the 'Value of Vaccines' and urgency of meeting the GVAP goals. Keeping in mind the dire epidemiologic situation in India, and the myriad cultural, religious and political settings, concerted efforts in communicating the benefits of vaccines are vital. Community-based information provided by trusted sources can help address issues confronting vaccine hesitancy at large. Communities need to appreciate immunisation as their fundamental healthcare right, and not as government propaganda thrust upon them.

Eye of the needle Trained on the unvaccinated NIYAZZ/SHUTTERSTOCK.COM

Use of technologies to optimise delivery of existing vaccines — Low and middle-income countries (LMICs) like India face the challenges of inefficiencies in vaccine management and delivery, mostly in the use of antiquated logistics and temperature monitoring systems prevalent in vaccine delivery. In order to achieve 100 per cent immunisation rate in the country, it becomes imperative that all the available technologies for vaccine delivery are optimally used to improve efficiency.

In this regard, it is very encouraging to see the use of eVIN technology (electronic vaccine intelligence network) as an example of India leading the world in indigenously developed technology that digitises vaccine stocks and monitors the temperature of the cold chain through smartphone applications. *Invest in R&D for new vaccine development* — The road to achieving GVAP 2020 is through efficient vaccine delivery technologies that provide high and equitable coverage to the most under-served populations of the world. New technologies aimed at lowering the dose of vaccine or reducing the required number of doses, reducing wastage and enhancing vaccine to stimulate the best immune response particularly in small children are needed.

As we walk down the path of GVAP, it is encouraging to see the introduction of newer vaccines in LMICs, yet we must not lose sight of the core task at hand — to improve the immunisation rates of the most basic vaccines.

Thus, India must continue to invest in the development of new vaccines as well as adopt strategies to increase the efficiency of delivering existing vaccines.

Increase domestic investment in immunisation services — According to the World Bank, one of the most crucial elements in building equitable and sustainable immunisation coverage is intensification of domestic financing. To meet the goals of India's UIP, improved financing will be essential not only to meet current targets but also to lower long-term healthcare costs. Such financial investments are sound healthcare strategies to ensure the overall human development. As an example, a recent report from the US suggests the introduction of rotavirus vaccines reduced the number of acute gastroenteritis-related hospitalisations by 3,82,000 from 2008 to 2013, saving $1.23 billion in medicals costs. This is a significant impact to the health and the economy of any country, where the return on investment is paid in the form of dividend over decades through a healthy and productive population.

Accountability counts

- Healthcare authorities should be encouraged to craft, defend and champion immunisation budgets while closely monitoring disbursements and immunisation programme activities, both at the national as well as the local level.
- Officials at the national and subnational level responsible for implementation of the immunisation plans, should be empowered and held accountable for programme monitoring and performance.
- Civil society organisations that can effectively advocate for greater commitment to vaccines and immunisations should be engaged proactively, and leveraged for increased effectiveness of delivery systems.
- Immunisation programmes must have robust training, management and knowledge-sharing structures for programme implementation to be effective.

The future of healthcare lies in collaboration, innovative solutions and intelligent delivery designs. With a keen focus on the immunisation drive, the Centre is making remarkable progress in building a stronger healthcare environment across the country. And this will most certainly pave the way for a stronger and healthier India.

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