

SANCHAR briefs

Science And News: Communicating Health And Research Brief #8: Vaccination Coverage

Vaccination is proven to be one of the most cost-effective public health interventions to combat childhood morbidity and mortality. Despite this known fact, achieving full immunization has remained a challenge globally. To address this, child immunization rate is now an indicator under Target 3.b of the Sustainable Development Goals (SDG).

India carries a significant burden of global infant and under-five child mortality and the prevalence of vaccine-preventable diseases is one of the major underlying causes leading to high mortality. To combat this, the Government of India launched the Expanded Programme for Immunisation (EPI) in 1978. In 1985, it was renamed as the Universal Immunisation programme (UIP) and extended six basic vaccines to all infants and the tetanus vaccine to pregnant women. The UIP was an essential component of the Childhood Survival and Safe Motherhood Program (CSSM, 1992), the National Health Policy (NHP, 2002), and the National Rural Health Mission (NRHM, 2005). In 2015, GoI launched Mission Indradhanush (MI) to expand full immunization coverage in India to at least 90% children in the next five years. From 2015 to 2017, MI targeted high priority districts identified to have nearly 50% of all unvaccinated or partially vaccinated children in the country. Of these, 82 districts are in just four states- Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan. In 2017, it has given way to Intensified MI, expanding coverage to other districts.

Quick Facts from NFHS-4 (2015-16)

1. 62% of children aged 12-23 months receive all basic vaccinations.
2. 54% of children received all basic vaccinations by age 12 months.
3. 6% of children aged 12-23 months receive no vaccination.
4. From 2005 to 2015, the vaccination coverage has increased from 44% to 62%.
5. The coverage was highest in Puducherry, Punjab, Lakshwadweep and Goa (88-91%), and lowest in Nagaland (35%) and Arunachal Pradesh (38%).



Out of 20 children, 1 is completely left out, while 7 are partially vaccinated.



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As per NFHS-4 (2015-16), 62 percent of children aged 12-23 months were fully immunized (up from 44 percent in 2005-06). BCG showed the highest level of coverage (92 percent) followed by Measles (81 percent), and DPT (78 percent). Despite the focus on Polio eradication, the coverage rate of polio vaccine saw a decline from 78 percent to 73 percent from 2005-06 to 2015-16. To improve vaccination coverage, one must understand the social determinants of health in play. For instance, the NFHS-4 data shows that vaccination coverage increases with increasing wealth status, and with increasing mother's schooling. It is also seen that religion (Sikhs at 89% vs Muslims at 55%) is an important determinant of vaccination coverage. The vaccination rates are highly variable by geography (from 35% in Nagaland to 91% in Puducherry).

How can this inform your work?

The information on vaccination coverage can inform the development and implementation of immunization programmes. It can help program managers and public health practitioners assess the efficacy of current programmes, formulate appropriate interventions, target low coverage states and learn from high coverage states. As journalists, you can help identify factors that influence vaccination coverage and bring these issues into frontline public agenda. You can follow the data sources and observe the effects of Mission Indradhanush, if any. Insights from your reporting can be used by government officials and policymakers to improve upon the current immunization program, strengthen existing policies and help design, pilot and implement cost-effective measures in smaller and remote areas to improve the coverage of routine immunization.

Reference:

International Institute for Population Sciences (IIPS) and ICF. 2017. *National Family Health Survey (NFHS-4), 2015-16: India*. Mumbai: IIPS.

Project SANCHAR is aimed at building capacity and facilitating the adoption of practices to use or draw on evidence in public health communication and practice. To facilitate this, SANCHAR collates and provides data from scientifically validated sources, from national datasets in easily interpretable formats, and accessible visuals that can be downloaded easily.



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