



Are We on the Right Track to Achieve Global Immunization Targets? Public Health Perspective

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How to cite this article: ???

DEAR EDITOR,

Worldwide, immunization has been identified as one of the most common cost-effective preventive strategies, which not only can prevent 2–3 million deaths every year, but even protect many individuals from morbidities and disability.^[1,2] Despite this, the global trends pertaining to immunization are not encouraging, as close to 22 million children did not receive basic vaccines in 2013, of which majority are from low resource settings.^[2]

Recognizing the scope of the problem, it was proposed that by the year 2020 everyone in the world should have a life free from vaccine-preventable diseases under the Global Vaccine Action Plan laid in 2012.^[3] To achieve the final goal, six targets were proposed which should be achieved by the year 2015, namely 90% immunization coverage against DPT (currently 65 nations have not achieved); introduction of under-utilized vaccines in at least 90 low or middle income nations (on track); ensuring no new cases of polio after 2014 (currently, three nations are polio endemic); elimination of maternal and neonatal tetanus (however, the problem still persists in 24 nations); elimination of measles from three WHO regions (however, even today 16% of children do not receive measles vaccine); and elimination of rubella from two WHO regions (almost 50% children fail to receive the rubella vaccine).^[3,4] Hence, owing to the lack of achievement of the proposed targets, the reality is that one in every five children are not being administered the routine life-saving vaccines.^[4]

Even though, various factors like resource constraints; competing health priorities; quality of the health system; sociodemographic attributes; etc., have been held responsible for poor coverage, any sort of excuse does not justify low immunization trends.^[5-7] It is high time that

we realize our responsibility and thus make a rejuvenated effort to not only bring the six targets back on track, but even reduce the unnecessary cases of disability and deaths resulting because of failure to administer the vaccine.^[4]

In general, three crucial interventions, namely ensuring integration of immunization activity with other health care services targeted for mother and child, planning and implementing steps to strengthen the health care delivery system so that vaccines continue to be given even in times of crisis (as it was observed in 2014 outbreak of Ebola in West African nations – where there is a potential risk of measles outbreak in three nations), and taking steps to enhance the universal accessibility for vaccines (like creating awareness and demand for immunization among local people; devising ways to simplify the vaccination procedures; building a micro-plan of vaccination operations and specifying precise role of health personnel; training health workers for administration of vaccine; sensitizing managers to extend quality monitoring and supervision assistance; taking steps to improve the completeness and enhance the quality of data, and using the same to improve immunization operations; developing an action plan to counter the unexpected public health emergencies like conflict, outbreak of an infectious diseases so that routine immunization services do not suffer; etc.), have been suggested to close the immunization gap.^[2-4,8]

To conclude, in order to avert millions of deaths, there is a global need to improve the existing efforts in the field of immunization, and vaccination delivery services. Thus, all the concerned stakeholders should understand their responsibility and work in a coordinated manner to achieve the final goal of the Global Vaccine Action Plan by 2020.

Received: 24 Apr 15 Accepted: 16 Jun 15

Published: 01 Dec 2015

REFERENCES

1. World Health Organization. World Immunization Week 2015: Close the Immunization Gap; 2015. Available from: <http://www.who.int/campaigns/immunization-week/2015/en/>. [Last accessed on 2015 Apr 22].
2. World Health Organization. Immunization Coverage – Fact Sheet No 378; 2015. Available from: <http://www.who.int/mediacentre/factsheets/fs378/en/>. [Last accessed on 2015 Apr 19].
3. World Health Organization. Global Vaccine Action Plan 2011-2020. Geneva: WHO Press; 2013.
4. World Health Organization. Global Vaccination Targets 'Off-track' Warns WHO; 2015. Available from: <http://www.who.int/mediacentre/news/releases/2015/global-vaccination-targets/en/>. [Last accessed on 2015 Apr 22].
5. Gupta P, Prakash D, Srivastava JP. Determinants of immunization coverage in Lucknow district. *N Am J Med Sci* 2015;7:36-40.
6. Gidado S, Nguku P, Biya O, Waziri NE, Mohammed A, Nsubuga P, et al. Determinants of routine immunization coverage in Bungudu, Zamfara State, Northern Nigeria, May 2010. *Pan Afr Med J* 2014;18 Suppl 1:9.
7. Ismail IT, El-Tayeb EM, Omer MD, Eltahir YM, El-Sayed ET, Deribe K. Assessment of routine immunization coverage in Nyala locality, reasons behind incomplete immunization in South Darfur State, Sudan. *Asian J Med Sci* 2014;6:1-8.
8. Takahashi S, Metcalf CJ, Ferrari MJ, Moss WJ, Truelove SA, Tatem AJ, et al. Reduced vaccination and the risk of measles and other childhood infections post-Ebola. *Science* 2015;347:1240-2.

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DOI:
10.4103/2008-7802.170867

