PROMOTION OF ROUTINE IMMUNISATION IN UGANDA

WHAT NATIONAL AND DISTRICT LEADERS NEED TO DO

HEALTH PROMOTION & EDUCATION DIVISION-MOH

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Introduction

The Uganda National Expanded Programme on Immunisation (UNEPI) has been in existence since 1983 with a mandate of ensuring that infants and women of child bearing age are fully immunized. In 1987, the programme was re-launched by His Excellency the President of Uganda with a call on the leaders to support immunization services throughout the country.

The involvement of political and civic leaders played a big role in mobilizing communities for the uptake of immunization services and resulted into the achievement of high immunization coverage. This coverage was maintained until mid 1990s when the country began to experience stagnation in the immunization coverage which was followed by a downward trend by 1995.

Between 2001 and 2005/5, some achievements were registered which indicated that measles deaths and illnesses declined by 96 percent; haemophilus Influenzae type B infections (meningitis and pneumonia related diseases) declined by 93% and neonatal tetanus cases declined by 85%. In addition, Uganda has not reported cases of whooping cough or diphtheria since 2001. The Ministry of Health is in the process of introducing pneumococcal and rotavirus vaccines which will substantially reduce child deaths due to pneumonia and diarrhea that are responsible for 38% of deaths annually for all children under five years.

During the period (2007-2009), an estimated number of 590,000 children were unimmunized against DPT3 and 652,711 children were unimmunized against measles. In 2009, the total number of unimmunized children (DPT3) was 223,218 nationally, increasing from 210,361 reported in 2008. This scenario together with other vaccine preventable diseases that are still occurring have made Uganda to be ranked among the top five countries with the largest number of unimmunized children in Eastern and Southern Africa.

Currently, there is concern by government and development partners that Uganda is experiencing declining trends in immunization as the gains that had been achieved were reversed by reported cases of high infant mortality rate which was attributed to vaccine preventable diseases.
Challenges affecting service delivery

The major challenges affecting the delivery of immunization services and leading to low immunization coverage include:

**Coverage**

- No district has reached the full immunization coverage of 80% for children below one year. This leaves the children exposed to the risk of vaccine preventable diseases.

- The proportion of children who are fully immunized has been dropping since 1995 from 47% in 1995, to 37% in 2001; rising to 44% in 2006 and finally to 52% in 2011 which is far below the national target of 80% coverage for all vaccines.

**Funding**

- Funding for UNEPI operational costs has stagnated for the past 5 years. The percentage of MOH budget for EPI decreased from 7.7% in 2006/7 to 3.6% in 2009/10.

- PHC funds to the districts have been stagnant for more than 5 years despite the increase in population to be catered for.

**System challenges**

- There has been an increase in the number of districts from 56 in 2004/05 to 112 in 2010/2011. This has overstretched the available financial and human capacity to handle the health needs of the existing population with inadequate resources.

- Existing social mobilization structures are not optimally utilized; for example, VHTs, Local Councils, Local FM Radios, Mobile phones, religious leaders and cultural institutions.
Service availability and delivery

- There is minimal engagement and mobilization of the community in planning and implementation of services, especially outreach services.
- Lack of community engagement through advocacy and partnership building to increase demand and uptake of available vaccination services.
- The hard to reach/serve populations have no or little access to immunization services.
- Inadequate human resource to handle the demands raised by the number of people being served. The District Health Offices, hospitals and health centres are inadequately staffed with trained health workers and consequently immunization is left in the hands of untrained persons.
- Poor delivery of logistics at district level especially in hard to reach/hard to serve communities coupled with frequent gas shortages for refrigerators leading to vaccine stock-outs.

Knowledge and attitudes about Immunisation

- There is inadequate knowledge on benefits of immunisation by parents and caretakers. The depth of knowledge available to parents and VHTs on the eight immunisable diseases, schedules of immunisation, modes and sites of immunization, confirmed that this knowledge is limited.
- Traditional and religious beliefs which negatively affect the uptake of immunisation services.

External factors

- There is continued threat of wild polio virus importation into Uganda from neighbouring countries. This situation underscores the need for high routine Polio Vaccine coverage and vaccination of all unimmunized children in districts with low coverage.

In an effort to reverse the situation, the Ministry of Health in collaboration with partners has embarked on advocacy with political, civic, traditional and religious leaders and intensive community mobilization with parents, caretakers and the entire community to promote utilization of routine immunization services.
The success of immunization services in this country greatly depends on your involvement in the programme at different levels so that communities are motivated to utilize these services.

The Ministry of Health appeals to you to continue supporting and committing yourselves to the immunization programme at national, district and community level.
What is Immunisation?

Immunization is a means of protecting the human body against specific diseases by building up the body’s defense system. This is done through administering vaccines either through the mouth or by injection.

Who should be immunized?

- All children below one year. Children should complete 5 doses of immunization before their first birthday.
- All women of child bearing age (15-49) years including pregnant women. Immunization is given to all girls and women of child bearing age 15-49 years old and pregnant women to protect them and their unborn and new babies from getting tetanus.

How is Immunisation done?

Polio vaccine is administered by putting drops in the mouth of the baby while all other vaccines are given by injections on the right upper arm and left upper thigh.

How effective is Immunisation?

All vaccines are very effective in preventing diseases only when all recommended doses have been completed. These vaccines have been approved by MOH, WHO and UNICEF.

What are the childhood immunisable diseases in Uganda?

In Uganda, children are immunized against 9 vaccine preventable diseases routinely before they are one year old. These diseases are: Polio, tuberculosis, whooping cough, diphtheria, tetanus, hepatitis B (liver disease and later on cancer), measles and haemophilus influenza type b.
However, there is a plan to introduce pneumococcal conjugate vaccine (PCV) in 2013 to prevent pneumonia, and rotavirus vaccine to prevent diarrhea in 2014, among children.

What are the benefits of Immunisation?

- Immunisation strengthens a child’s ability to fight diseases
- Reduces chances of children suffering from childhood immunizable diseases
- Protects children from liver disease and cancer later in life
- Prevents complications such as lameness and blindness in children; and reduces burden to parents/caretakers, community and nation
- Contributes to child’s proper growth and development
- Reduces costs in terms of time and money spent on treatment. This contributes to socio-economic development
- Protects the entire community from the 9 childhood vaccine preventable diseases
- Protects the mother and her unborn baby from tetanus

What can leaders do to promote immunization services at national, district and community level?

National level

- Advocate for allocation of adequate financial resources for immunization services
- Be a role model by making sure that your own children are fully immunized
- Advocate for immunization during national, district, constituency, and other community functions.
- Educate communities on the value and benefits of immunization
- Counter rumours and misinformation about immunization with correct information
- Work closely with the Ministry of Health and Development Partners at national level for planning, implementation, monitoring and evaluation of immunization services

**District and community level**

- Advocate for allocation of adequate financial resources for immunization services at district level.
- Be a role model by making sure that your own children are fully immunized.
- Advocate for immunization services during national, district, constituency and community functions such as days of worship, school open days, health days, planning meetings, LC meetings, weddings and funerals.
- Educate communities on the value and benefits of immunization to children, parents and the nation.
- Counter rumours and misinformation about immunization with correct information.
- Mobilise resources for immunization services at community level e.g. venue, furniture, human resource, and transport for outreaches.
- Work closely with health workers in your area for planning, implementation, monitoring and evaluation of immunization services.
- Register all children in the immunization age group in your community.
- Identify model communities and homes where parents have fully immunized their children and use them as role models during meetings.
- Use locally appropriate means like community radios to announce and remind parents and caretakers on when the vaccination is due:
  - Distribute IEC materials to the community during mobilization sessions.
  - Visit homes of children who have not returned for immunization according to the schedule and establish reasons why they did not return and trace for drop outs.
- Report all cases of immunisable diseases to the nearest health unit.
**KEY MESSAGES**

- Immunization protects children against 9 vaccine preventable diseases
- Immunization should be completed in the first year of a child’s life with 5 doses of the different vaccines.
- The vaccines are safe, effective and free; and are available at government and non-government health facilities. The vaccines have been approved by MOH, WHO and UNICEF.
- Remind parents and caretakers to keep their child health cards and take them to the health unit every time they visit a health facility for immunization.
- It is safe to immunize a child who has a minor illness, disability or is malnourished. Very sick children should be treated first and immunized on discharge.
- Additional doses of vaccines during Supplemental immunization Activities (SIAs) strengthen children’s defense system against diseases. Support supplemental Immunization Activities at national, district and community level.
- Remember to tell parents and caretakers to take their children for Vitamin A supplementation when children are 6 months old and after every 6 months until they are 5 years old. Vitamin A strengthens a child defense system to fight diseases and also prevents blindness.
- Remember to keep records of children who have been immunized, dropped out and have not completed immunization in your area.
- Immunization of children is a government priority and children have a right to be immunized. All leaders have a responsibility to mobilize communities and ensure that all children below one year in their districts and communities are fully immunized against childhood vaccine preventable diseases. Immunized children are a foundation for socio-economic development of a nation.