

Improving Routine Immunization Coverage in Iraq

Working Group Findings

March 2019



Workshop on improving routine immunization coverage in Iraq

Erbil 25 – 28 March 2019

Summary of Group Work findings

EPI component	Area	Identified problems	Possible solutions	Level of implementation	Priority	Are additional resource needed?	Speed action can be taken (in view of action needed)
Program Management	EPI Policies, strategies guidelines and plans	Absence of written EPI Policy. Administrative circulars are issued from time to time conveying some rules and procedure.	Development of EPI policy: collecting, collating and updating all administrative circulars and complementing into a national EPI policy	National	Medium	Yes (consultant, partners support)	Medium term
		Lack of implementation of the public health law committing the parents to vaccinate their children (compulsory immunization)	Enforcing implementation of this law, exploring linking its implementation to any health or social benefit	National	Medium	No	Long term
		Absence of EPI strategic plan	Comprehensive budgeted multi-year plan is to be developed	National	Medium	Yes (consultant, partners support)	Medium
		One national guidelines available for all levels Absence of field guide specific for vaccinators resulting in lack of clarity about simple procedures	<ul style="list-style-type: none"> Updating the national EPI guide Developing specific user friendly vaccinators' guide 	National/governorate	High	Minimum	Medium
	Program structure	No EPI programme structure at district level. Only one EPI focal point at district	<ul style="list-style-type: none"> At district level there should be min 2 dedicated positions for EPI 	National/Governor	High	Yes	Medium

	and HR	level. Shortage of EPI staff in PHC levels. Consider gender and other cultural sensitivity.	with clear job description Mapping the situation at each PHC • Creating required posts/Filling vacant posts • Redistribution of staff to correct any maldistribution	ate/district			
		Increased work-load, lack of motivation and incentives result in rapid turnover of HR	• Limit transfer and ensure adequate training of the new staff and smooth hand over • Motivation of the well performing staff (consider non-monetary motivation; certificates of excellence, opportunity for external training.) • Include EPI staff in the incentives system		High	Yes	Medium
		Inadequate staff capacity	Capacity building of EPI staff at all levels in different areas of EPI	National/Governorates/districts	High	Yes (partners support can be utilized)	Immediate
	Microplans	Controversy about denominators	Explore options for best estimate; - Birth registration (98%??) - Polio vaccination data - BCG vaccination	National	high	min	Medium
		Districts/ health centers Micro-plans are generally not available. Where available, they are incomplete and not budgeted	Train staff, complete districts/ Health centers Micro-plans	District-Governorate	High	Yes (minimal)	Immediate
	Financing	Release of allocated funds for EPI is complicated and lengthy bureaucratic process results in implementation delays and subsequent cuts in next year allocation.	Make the process simple and fast track by delegation of authority to appropriate office.	National and provincial	High	No	Immediate
		Allocated budget doesn't include all	• Ensure including all required	National/	High	No	immediate

		required categories, omitting important activities (e.g. supervision and vaccine transport cost)	categories of expenditure to cover all requirements of EPI operations	Governorate			e
Service Delivery	Infra-structure	Some health facilities are not providing EPI (peripheral health facilities and health houses)	<ul style="list-style-type: none"> Assessment of the necessity of additional immunization sessions. If additional sessions are needed: Establish temporary immunization unit in the nearest hospital, health house, private clinic or rented house whatever available. Provide vaccination in second shift in the PHC if needed Implement outreach when needed. Inform local community about the availability of immunization services in the new facilities/hospitals 	Governorate/District	High	Yes	Immediate
		Destruction of PHCs in some areas and absence of immunization delivery points while the available districts hospitals are not providing immunization services					
	Defaulter tracking	Defaulter tracking system is not in place in all districts	<ul style="list-style-type: none"> Develop guidelines and train staff on defaulter tracing Add phone numbers in vaccination registers for sending reminders, follow up and allow the HWs to use the official phones/ cards. 	National, Provincial, Districts/ PHC	High	No	immediate
	Special groups/ areas	Mobile populations, Hard to Reach population; bedwin and gypsies are not mapped and under served	<ul style="list-style-type: none"> Mapping mobile populations Inclusion in Micro-plans 	District/PHC	High	Yes	Medium
Monitoring, supervising	Recording and reporting	No guideline for EPI data management	Include required guidance in the new EPI guideline	National	High	No	Medium
		Registers are not updated, including	<ul style="list-style-type: none"> Update Immunization 	National	Intermedi	Yes	Medium

ion and Evaluat ion		immunization Cards	cards and recording-reporting tools <ul style="list-style-type: none"> Consider redesign the vaccination card with inclusion of other child health intervention 		ate		
		Electronic immunization reporting system does not include some new antigens	Use EMRO electronic data management system for EPI to replace the old one	National	Intermedi ate	Yes	Medium
	Data analysis and feed back	Weak capacity for data management including analysis	Capacity building for data management	National/ Provincia l/district	High	Yes	Medium
		No coordination between CDC and EPI resulting in EPI managers are unaware of surveillance data of their own district.	Better coordination and data sharing between CDC and EPI at district and provincial level	District/P rovincial	Intermedi ate	Yes	Medium
	Data quality	DQS is not a regular practice everywhere	Train on DQS and implement regularly	District	Intermedi ate	Yes	Medium
	Supportive supervisio n	No supervision plan. Implemented on adhoc basis when resource available.	<ul style="list-style-type: none"> Allocate specific budget for supportive supervision Update the checklist with inclusion of DQS elements and other necessary amendments 	Provincia l/district	Intermedi ate	Yes	Medium
	Program review	<ul style="list-style-type: none"> No comprehensive EPI program review done since long. Regular review meeting not done in every district 	<ul style="list-style-type: none"> Implement a comprehensive EPI review every 3 years Conduct monthly EPI review meeting in every district 	Provincia l/district	Intermedi ate	Yes	Medium
Vaccine and supply chain manage	Vaccine supply and forecasting	<ul style="list-style-type: none"> A mixed approach is taken for vaccine distribution from province to district. Sometime province decides the need of the district according to target without considering balance stock at districts 	<ul style="list-style-type: none"> Bottom up demand based supply can be practiced. Web based VSSM can be considered for scaling up in other provinces. Specific fund for vaccine 	Intermedi ate	National/ provincia l	Yes	Medium

ment		<p>and PHC which may result in excess supply.</p> <ul style="list-style-type: none"> Inaccurate vaccine need estimation has been reported by some districts. There is no specific fund or refrigerated truck available for vaccine transportation. EPI manager and health workers often use their personal vehicle and pay personally for vaccine transport. 	<p>transportation to be allocated.</p> <ul style="list-style-type: none"> Refrigerated truck for vaccine transport can be provided to district/province 				
		<ul style="list-style-type: none"> No vaccine supply/distribution plan 	<ul style="list-style-type: none"> Use EVM guideline to develop comprehensive vaccine supply/distribution plan 	Low	National/provincial/district	No	Medium
	Vaccine stock out	<ul style="list-style-type: none"> There was repeated and consistent stock out of different antigens (e.g. OPV, Rotavirus vaccine, PCV etc.). Districts reported supply of excess vaccine with short expiry date and 2ns stage of VVM 	<ul style="list-style-type: none"> ??? 	Top urgent	National	No	Immediate
	Cold chain capacity	<ul style="list-style-type: none"> Continuous temperature monitoring not practiced except at national store 	<ul style="list-style-type: none"> Install and use CTM system for all cold rooms 	Medium	National/Provincial	Yes	Medium
		<ul style="list-style-type: none"> Irregular electricity supply with voltage fluctuation 	<ul style="list-style-type: none"> Use Solar equipment 	High	National	Yes	Medium
Community demand and vaccine hesitancy	Community demand	<ul style="list-style-type: none"> Parents often not aware about complete schedule of vaccination and importance of vaccination. Rumor against vaccine in some area. 	<ul style="list-style-type: none"> Electronic health education materials (video clip) can be formed with immunization message for broadcasting in local TV channel, and in the PHC in the waiting area. Engage civil society and community leaders to handle rumors. 	High	National/provincial/district	Yes	Immediate
	Community engagement	<ul style="list-style-type: none"> Community usually not engaged in any way with health service delivery 	<ul style="list-style-type: none"> Local health committee can be formed with engagement of community leaders 	Intermediate	Community	No	Medium

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	Advocacy, communication and social mobilization	<ul style="list-style-type: none"> • No national communication strategy and action plan • No coordination, communication between EPI and Health promotion dept. • IPC skill of health workers is poor and post vaccination message about AEFI and next visit often not given to the caregiver. • No specific resource allocation for ACSM activities 	<ul style="list-style-type: none"> • Develop national communication strategy and action plan with involvement of all key stakeholders • Coordination between EPI and health promotion dept. • IPC training for health workers • Conduct public awareness campaign for immunization • Allocate specific resource for ACSM activities at district level 	Intermediate	National	Limited resource	Medium