

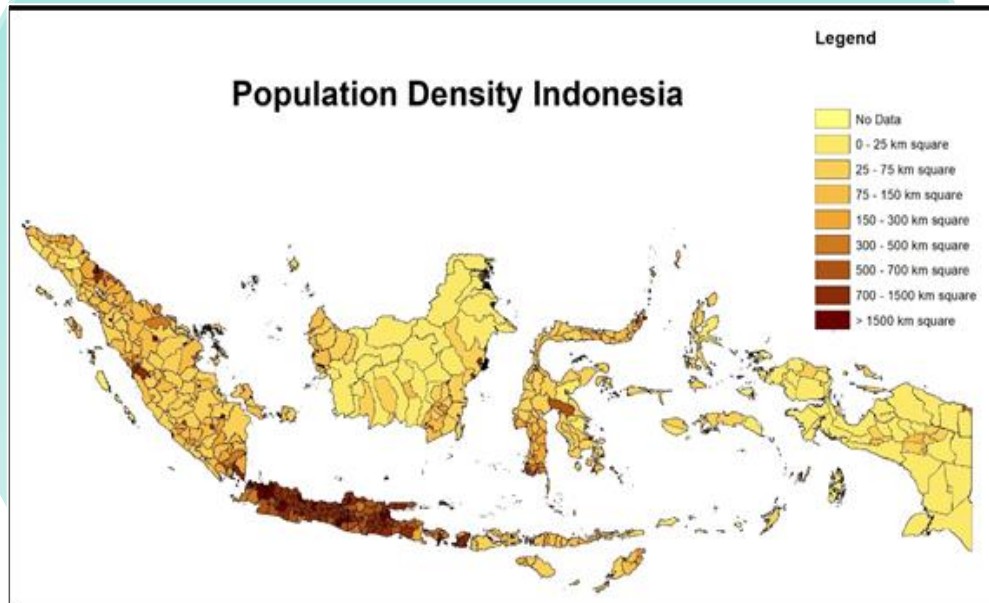
# Understanding and Clearing Immunisation Backlogs in the Wake of the COVID-19 Pandemic

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Location: Indonesia

Tuesday, 6 December 2022

# Indonesia Context



## Demographic

- ❖ 275.7 million inhabitant (57% of population – urban area)\*
- ❖ 34 provinces, 514 districts and 17,504 islands
- ❖ 10,179 primary health facilities and 1.445 private hospital (Health Indonesia profile 2021) .
- ❖ 2.3% fertility rate
- ❖ Birth cohort more than 4.3 million\*\*

## Income and social economics\*\*\*

- ❖ GDP average annual growth rate 3.7% (2021)
- ❖ Life expectancy at birth from 62 years in 1990 to 72 years in 2020

Source :

\*) Statistic Agency (BPS)

\*\*) MoH Decree R.I No. 5675/2021 regarding data of the target population for the health development program

\*\*\*) World bank data

# National Immunization Program (NIP)

## Routine immunization program

AGE	TYPE OF IMMUNIZATION
<24 hours	Hepatitis B
1	BCG, OPV1
2	DPT-HepB-Hib1, OPV2, <b>PCV1</b> , <b>RV1</b>
3	DPT-HepB-Hib2, OPV3, <b>PCV2</b> , <b>RV2</b>
4	DPT-HepB-Hib3, OPV4, IPV. <b>RV3</b>
9	MR1, <b>IPV2</b>
10	JE* (endemic region)
12	<b>PCV3</b>
18	DPT-HepB-Hib4, MR2

■ Scale up nationwide in 2022

■ Introduce in Dec 2022 at selected province/district

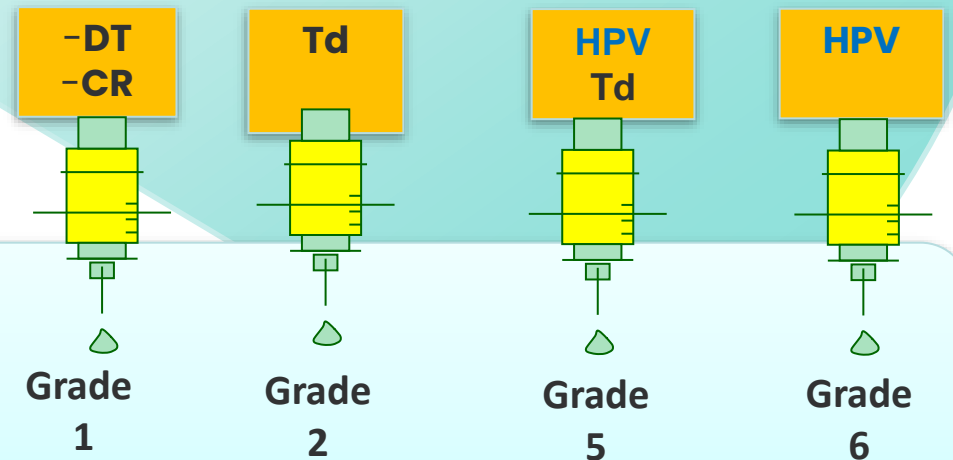


- ❖ 12 antigens
- ❖ Immunization system : Public and private health facilities and free of charge
- ❖ Vaccines and logistics (national level) and operational cost (sub national level)

### School Based Immunization

# BIAS

BULAN IMUNISASI ANAK SEKOLAH



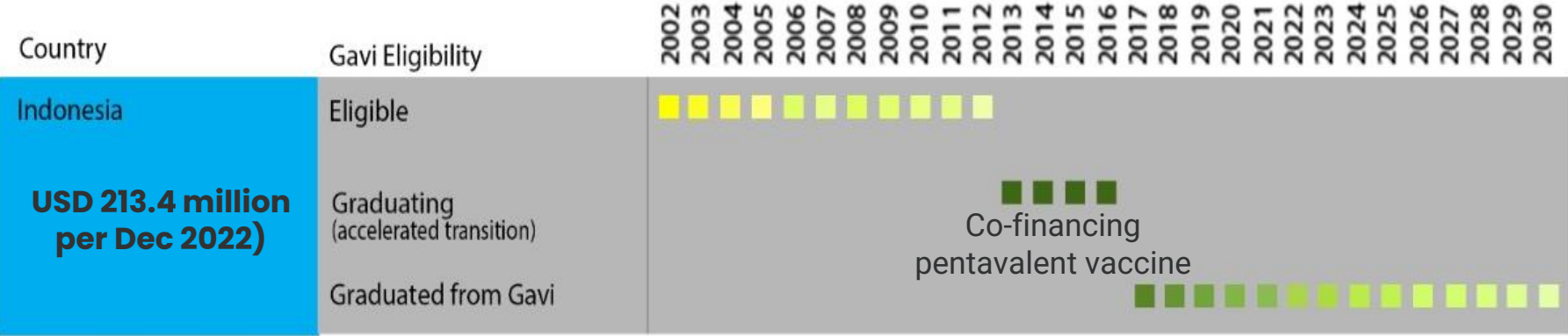
# Routine Immunization Program Target Groups

Indonesia has a large target groups for routine immunizations

**71 million  
people**

No	Target Groups	Denominator (approx.)
1	Infants ( 0 – 11 months)	4.373.429
2	Under two years (18 – 24 months)	4.370.223
3	School – age groups	
	a. First grade	4.387.385
	b. Second grade	4.393.317
	c. Fifth grade	4.411.273
	d. Fifth grade (female)	2.160.105
	e. Sixth grade (female)	2.162.914
4	Child Bearing Age Woman (15 – 39 yo)	53.522.457

# Gavi transition status



**USD 213.4 million per Dec 2022)**

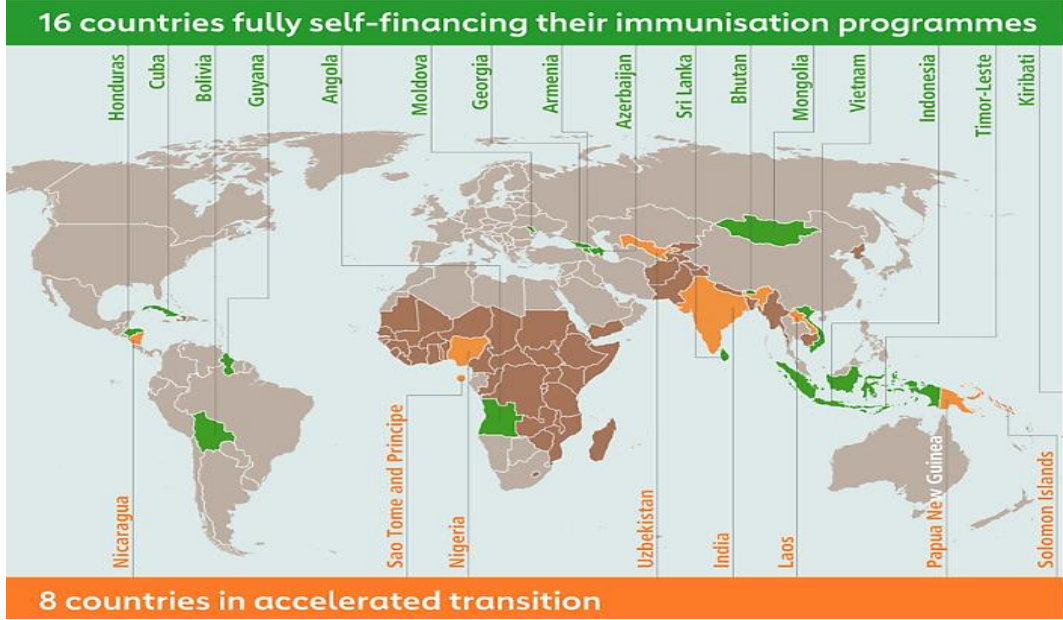
## Gavi support - eligible

- NVS - IPV up to 2027
- AMC or vaccines procurement through UNICEF SD for 10 years
- MICs application (2023 -2025)

## GNI per capita increased

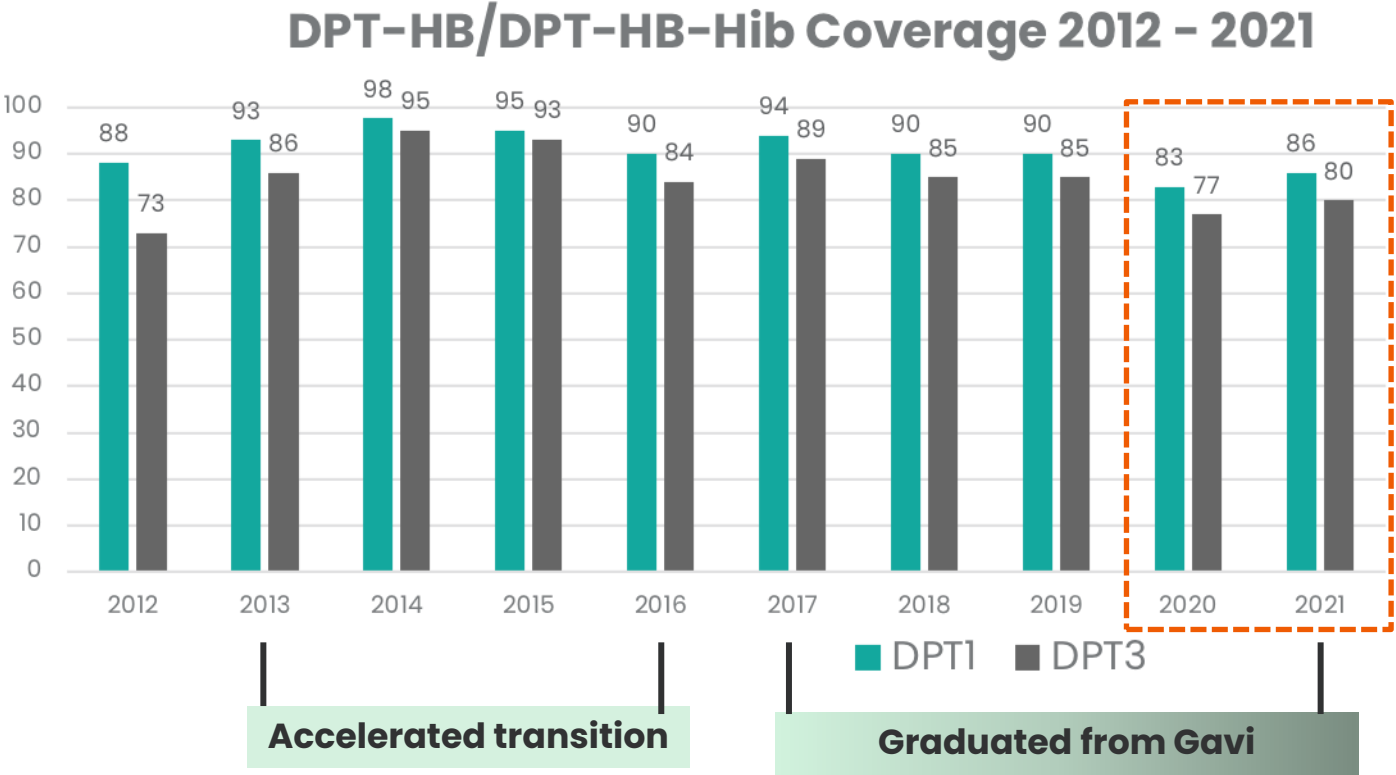
\$ 790 (2002)  
 \$ 3,730 (2013)  
 \$ 4,050 (2019)  
 \$ 3,870 (2020)  
 \$ 4,140 (2021)

- MICs, World Bank 2021-



# Status of Routine Immunisation Coverage

# Status of Coverage



- Pentavalent being introduced since 2013 and nationwide roll out in 2014
- Stagnant coverage pre-pandemic
- Coverage decline in 2020 – 2021

Source : JRF WHO – Unicef estimate 2012 – 2021 (official estimate)

# Overview of Coverage

**National coverage :**

Routine immunization coverage decline from 88% in 2019 to 76% in 2020 and 87.3% in 2021

**Equity**

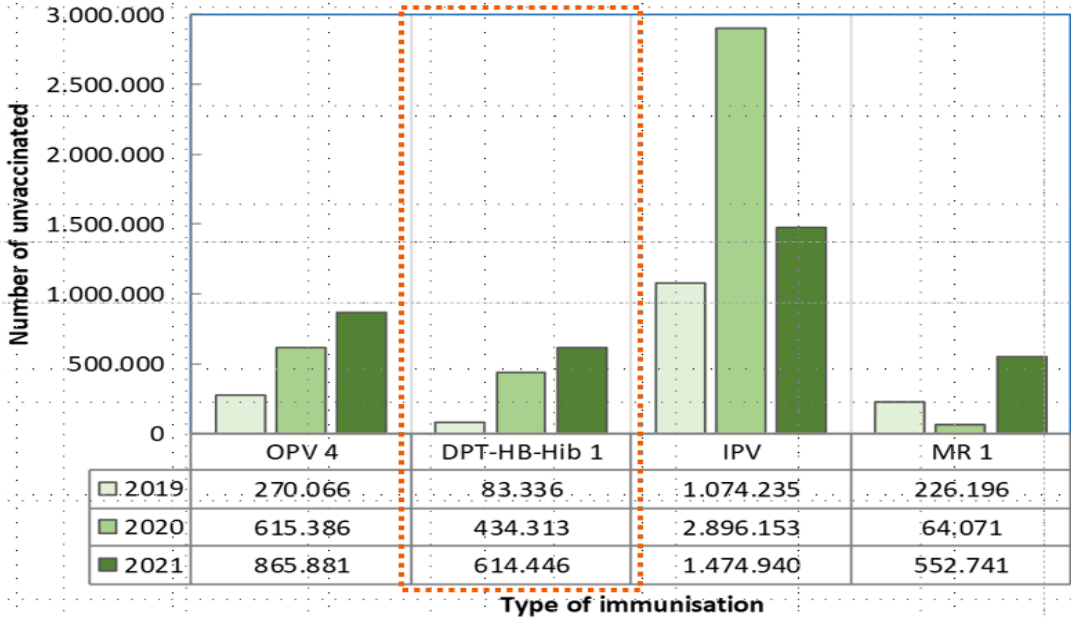
Decrease number of districts/city achieve complete routine immunization coverage in 2021 compared to 2019

- DPT3 (398 to 267 districts/cities)
- MR1 (295 to 238 districts/cities)
- MR2 (88 to 32 districts/cities)

> 20%

Source : JRF WHO – Unicef estimate 2019 – 2021 (official estimate)

Number of Unvaccinated OPV, DPT1, IPV and MR1 Year 2019 – 2021



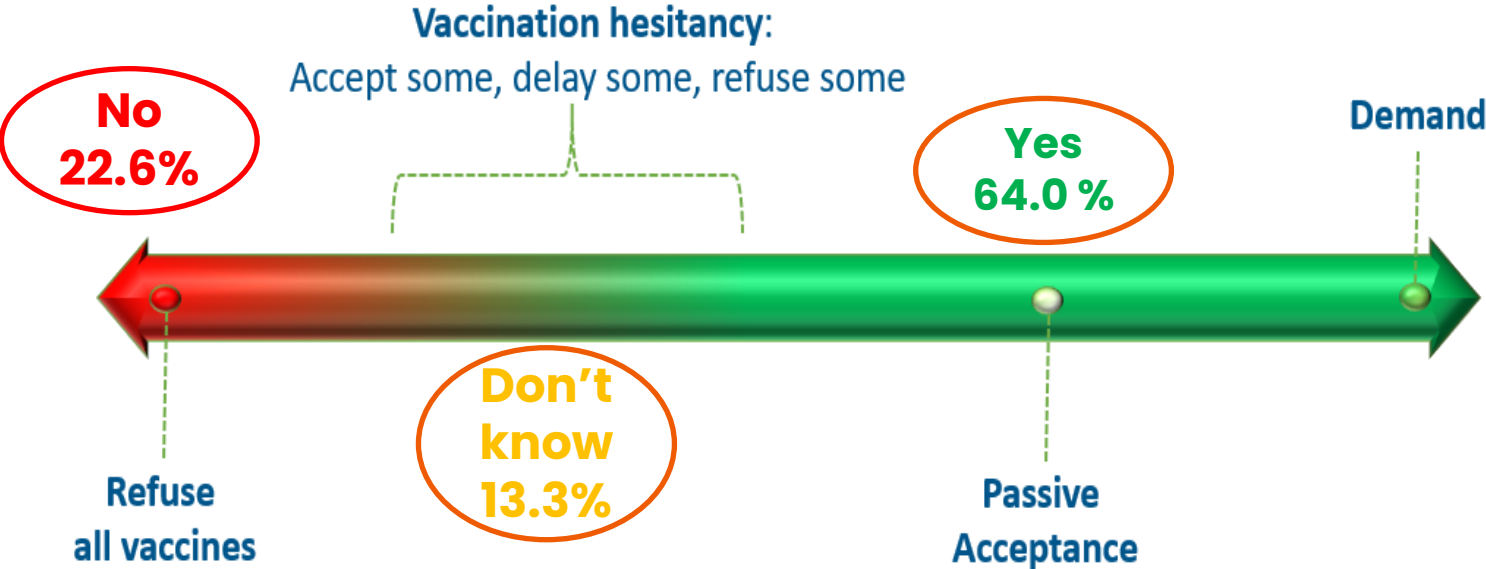
Source : MoH's slide, BIAN evaluation meeting



# Disruption & Mitigation Strategies

# Understanding Disruptions

**Will you bring your child for immunization during the COVID-19 pandemic?** followed more than 25,000 respondents



- 84% of all health facilities reported immunization service interruption at fixed and outreach sites.
- 68.5% afraid of contracting COVID-19 during vaccination and 31.5% other reason
- 43% private clinics and hospitals have become the primary source for seeking childhood immunizations

Source Rapid Survey : MoH and Unicef Indonesia. Routine Immunization for Children during the COVID-19 Pandemic in Indonesia : Perceptions of Parents and Caregivers. 2020. <https://www.unicef.org/indonesia/media/6066/file/Routine>

**Roll out COVID-19 vaccination 2021**

# Disproportionate Impact of Disruptions

	Urban	Rural
Immunization coverage (access)	-24.47%	-14.13%
Drop-out rate (utilization)	-9.24%	-24.95%
Ratio of administered dose per vaccinator (workload)	-4.17%	0.00%

Suwantika A.A.: Impact of COVID-19 Pandemic in Routine Immunization Programs; consultative work with CHAI under CDS grant

- Highest impact of lowering routine immunization program performance was in high urban population districts – possibility of private health facilities immunization access not being reported
- However, drop out rate was also lower in urban settings (high program utilization) – higher caregivers' education might lead to more likely completing their children's vaccination

# Mitigating Disruptions

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*What was done to mitigate disruptions to RI coverage during pandemic peaks?*



## **What worked?**

Develop of technical guideline for immunization services during COVID-19, immunization related refresher training, and develop of IEC, provided PPE, increase CCE capacity

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## **what didn't, why?**

Limited resources : HWs and budget reallocation to tackle to COVID-19 response

# Scale of Backlog

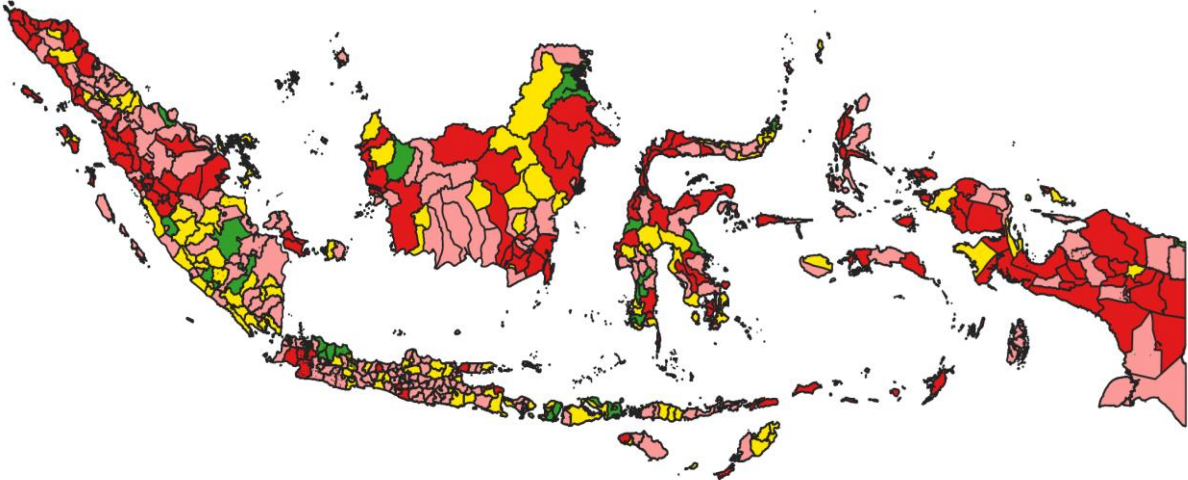
# Scale of Backlogs

Table of Percentage Zero Dose, Drop-Out, Missed Children

Year	Percentage of Zero Dose	Percentage of Drop Out (DTP1-DTP3)	Missed Children		
			OPV 4	IPV	MR 1
2019	1.8	3.5	5.8	23.0	4.9
2020	3.2	12.3	13.2	62.3	13.1
2021	6.8	19.9	19.8	33.8	12.7

Percentage of Zero Dose increase 1.8% in 2019 to 3.2% in 2020. Furthermore, in 2020 and 2021 increase 3 times to 6.8%. Drop-out for antigen DTP 1 and DTP 3, increase almost 6 times in 2021 compared in 2019

Analysis gap Immunization coverage Based on Drop Out and Zero Dose



Categorized	Risk	Number of Districts
0-1	-	36
1-2	Low	138
3-4	Medium	210
5-6	High	130

the map showing that 25% districts had wide gap immunization coverage.

# *The key barriers to Immunisation*

## **Program management and financing**

- ❖ Insufficient sub national budgeting for immunization

## **Human Resources Management**

- ❖ Inadequate supply of health staff
- ❖ Miss opportunity – wastage policy

## **Vaccine supply, quality and logistics**

- ❖ Vaccine stock out
- ❖ Inadequate cold chain capacity
- ❖ long distance for vaccine distribution

## **Service delivery**

- ❖ multiple injection
- ❖ long distance to health facilities
- ❖ marginalized population

## **Coverage and monitoring**

- ❖ lack of defaulter tracking data (unimmunized children's data was not tracked)
- ❖ not integrating reporting and recording with private health facilities

## **Surveillance and AEFI monitoring**

- ❖ Reveals outbreak of VPDs (e.g. polio, diphtheria, measles)

## **Demand generation**

- ❖ Vaccine hesitancy

# Addressing Backlogs.... (1)

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**The nationwide catch-up immunization campaign – National Childhood Immunization Month (BIAN)** to address the country's backsliding in childhood vaccinations for children **under the age of 15 y.o for one dose of MR (SIA)** and addition of **polio immunization for children under the age of 5 y.o (catch up)**

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National EPI lead the backlog clearing effort with PHO and DHO lead at subnational level.

## **Two phase catch-up immunization campaign (BIAN)**

- Phase 1 (since May 2022) in 27 provinces
- Phase 2 (since August 2022) – Java islands and Bali

- Develop tool for readiness assessment
- Develop of digital application – ASIK
- Multisectoral approach to support BIAN
- Review meeting for phase 1 and preparation meeting for phase 2 especially for high risk areas



# Addressing Backlogs...(2)

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- **Advocacy meeting** - halal haram issue, multiple injection, vaccine safety and monitoring provinces/districts which has low coverages
- **Routine monthly meeting** took in place to assess catch up immunization campaign coverage
- **Supervision** has been conducted by MoH and supported by international partners .
- **Roles of public, private and independent sectors** to promote benefit of immunisation, provide immunisation services schedule - reaching missed children especially at hard to reach areas, evaluate of the coverage - RCA



Government allocated budget to provide vaccines and operational cost for BIAN activities excl. incentive

# Best Practices & Lessons Learned

1

**Form Kesiapan BIAN 2022**

**Kegiatan Utama Provinsi**

**A. PERENCANAAN, KOORDINASI & PENDANAAN**

\*1. Apakah sudah dibentuk tim/POKJA pada tingkat provinsi? Lihat: Notulensi rapat/pertemuan

\*2. Apakah ada komitmen dari Kepala Daerah untuk BIAN? Lihat: Bukti keterlibatan pemerintah daerah dengan tim koordinasi, komunikasi, mobilisasi sumber daya daerah, rencana launching, dan/atau keterlibatan sektor pemerintahan lainnya

\*3. Keterlibatan lintas sektoral/organisasi profesi/ormas/lembaga keagamaan

\*4. Apakah ada pemetaan dan strategi khusus untuk Daerah Risiko Tinggi (cakupan Campak Rubela atau imunisasi lain < 80% dua tahun berturut-turut, drop out imunisasi, penerimaan vaksin, outbreak, terpencil, kekurangan tenaga). Lihat dokumen perencanaan pelaksanaan BIAN

2

**Analisa BIAN Nasional**

**Dashboard Pemantauan Imunisasi Nasional**

Sasaran Imunisasi IPV: 1,589,371

Sasaran Imunisasi DPT-Hib-HB: 1,185,830

**Imunisasi**

Bulan Imunisasi Anak Nasional 2022

Mari ikut serta sukseskan BIAN 2022 dengan mengisi jumlah sasaran dan data imunisasi

Imunisasi Rutin

Riwayat Imunisasi

Pilih menu Riwayat Imunisasi

Digital reporting & recording through ASIK application - Online monitoring and evaluation

Readiness Assessment (RA) to ensure the preparation already reach 100% in period time

3



Promote multiple injection during COVID-19 pandemic

4



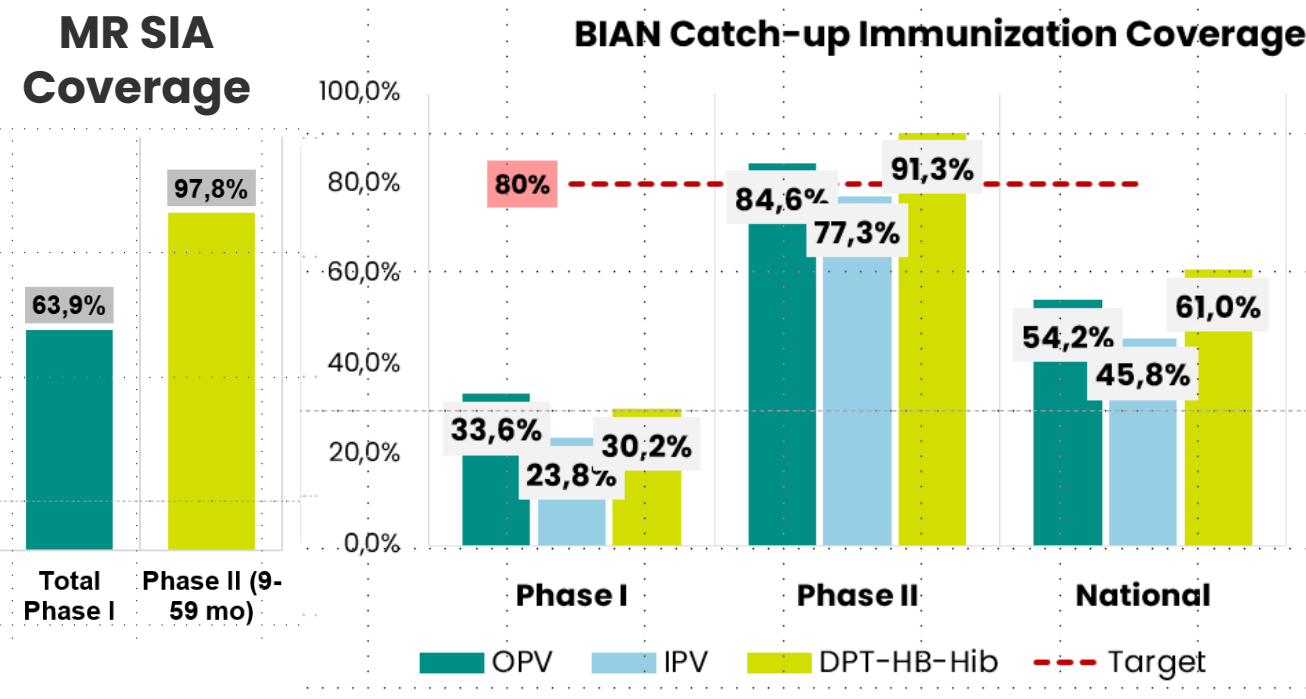
Improve public private partnership for immunization

# Current Status of Backlogs

**Phase 1 (27 million)**

**TARGET BIAN 36.5 million children**

**Phase 2 (9.4 million)**



Source : BIAN report per 15 Nov 2022

**BIAN is still on-going until end of Dec 2022**

**THANK YOU  
TERIMA KASIH**