

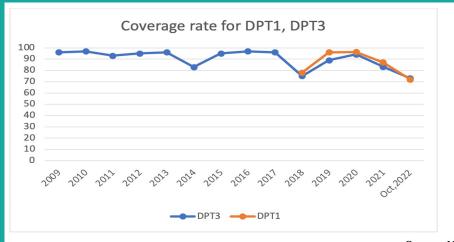
Viet Nam

BUILDING BACK BETTER WORKSHOP

Sri Lanka, December 6-7, 2022



Key Measures 2018 - 2021						
	18	19	20	21		
Number of Children under 1 year of age	1670313	1595050	1574139	1501510		
Coverage with third dose of DTP vaccine (%)	75	89	94.2	83.2		
Coverage with the first DTP dose under 12 m. (%)	78.5	96	96.3	87.2		
Drop-out rate between the first and third dose of DTP vaccine under 12 m. (%)	3.5	7	2.1	4.0		
Coverage with the first DTP dose w/t age restriction (%)	n/a	n/a	n/a	n/a		
Drop-out rate between the first and third DTP dose w/t age restriction (%)	n/a	n/a	n/a	n/a		
Rota-1 coverage (%)	NI	NI	NI	NI		
PCV-1 coverage (%)	NI	NI	NI	NI		
DPT-1 coverage by 4 months (%)	78.5	96	96.3	87.2		
MCV-1 coverage timely (as per schedule)	97.2	95.4	97.3	89		
MCV-2 coverage timely (as per schedule)	90.4	92.4	92.9	84.9		
Number of Zero dose children by 12 months	359376	63001	58360	191495		
Number of Zero dose children by 24 months	359376	63001	58360	191495		



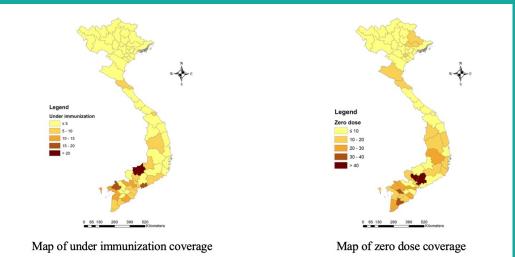
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Workforce

(National):

Workforce (Sub-national):

Source: National EPI



Under Immunised Children 4.0%

Zero Dose Children 12.8%

Restoring RI Coverage in the Wake of COVID-19 **Explaining Factors:**

Interruption of routine immunization	Social distancing during COVID-19
Less parents brought their children to immunization posts	Parents worried about getting infection when the bring their children to
Lack of vaccine in routine	immunization posts

Drivers:

Procurement mechanism

Current Initiatives: Maintained some kinds of routine vaccines for infants at birth at hospitals such as BCG, HepB

- Organize immunization Managed target population sessions that is suitable to Developed guidelines for COVID-19 situation health facilities to organize Prepare a good plan for appropriate immunize communication with parents
- and community Increase stock at national Cooperated with relevant ministries to revise the level regulations
 - Flexible mechanism of vaccine supply

Possible Solutions:

immunization during COVID-

Sustain routine

19 pandemic

Reaching zero-dose and under-immunized children

Drivers:	Explaining Factors:	Current Initiatives:	Possible Solutions:
COVID-19 pandemic is still	COVID-19 pandemic is still	Control the pandemic by	 Continue to closely monitor
complicated	circulating with new variances	vaccination, communication,	COVID-19 pandemic
Lack of health workers and their	Working hard for a long time and	treatment and prevention	 Develop and share COVID-
dedication. Many staff quitted	not stop yet	Reward health workers	vaccines against variances
their job	Lack of encouragement and	Increase salary and allowance	Reduce pressure
Limited resources	recompense	Onen horders and all activities	Continue to rise salary and

- Low salary Difficult to access
- Focus on COVID-19 disadvantageous groups AEFI/anti-vaccine groups Depressed economy due to
 - COVID-19 Living in remote areas or the
 - Worry about AEFI
 - Anti-vaccine
- come back normal Adjust policies to develop
- Management of target population
- Mobile immunization teams
- Immunization campaigns
- Different communication strategies
- Causality assessment committee of AEFI

- tinue to closely monitor ID-19 pandemic elop and share COVID-19
- ines against variances ice pressure
- tinue to rise salary and allowance
- Government allocates more budget for health sector
- Mobilize international support Encourage health collaborators at
- Extend mobile immunization
- New communication approaches
- Improve AEFI surveillance









