

Universal Childhood Immunization: a realistic yet not achieved goal

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The Expanded Program on Immunization (EPI) was launched in Ethiopia in 1980 with the goal of achieving universal child immunization by 1990 (1). However, that goal remained unmet to date. The EPI was launched globally with a more or less the same goal in all target countries. The WHO African regional office estimated that about five million children were un-immunized for DPT3 in 2007. Thus, the challenge of meeting the EPI goal is not only limited to a few countries, many countries in Africa are struggling to meet the immunization targets.

The national EPI survey conducted in 2006 in Ethiopia showed coverage level for full immunization to be 50% and that of DPT3 66%, assessed by card and history, which is a significant improvement compared to past performances. However, it is important to note that DPT3 coverage in many of the regions was below 80% (2). The same report also showed that the odds of increased immunization coverage is associated with availability of immunization services closer to families in the kebele, and with the involvement of grass roots level health service providers (Health Extension Workers) and public administration in planning and rendering immunization services. The successes registered in immunizations campaigns also indicated very important lessons; well organized and effectively communicated immunization services offered closer to the residential house are more likely to be utilized by the caregivers than those located further in health facilities.

The major obstacles to achieving universal immunization including low access to services, inadequate awareness of caregivers, missed opportunities, and high dropout rates have been recognized since the early years of EPI efforts

(3-6). Those problems persisted to date causing formidable challenges to achieving universal immunization; especially through routine approaches. The RED (Reaching Every District) approach being implemented since 2002 up on recommendation of WHO appears to alleviate those problems to certain extent but its full impact is difficult to assess since its implementation has not been fully realized.

The need to make immunization a culture and create sustained demand for services in the communities must be recognized as key strategies (1,7). The service delivery system must be fully supported by community actions in order to succeed and cause a sustained impact on child health. The full implementation of the RED strategy, strengthening social mobilization activities, and developing culturally appropriate behavioral change communication strategies are essential in the effort to achieving universal immunization. Involvement of all relevant stakeholders in planning, implementation and evaluation of the immunization program cannot be overemphasized. Lessons learned during the immunization campaigns need to be integrated in routine services in order to ensure high level and sustained routine immunization coverage.

The national EPI coverage survey reported by Kidane et al (2) is an important milestone in improving informed decision-making. Programmes often retain survey and evaluation findings within the programme circle and restrict access to information. This article can potentially encourage wider debate on how to improve immunization services among practitioners, programme managers, policy makers and academicians. It also paves the road for generating better information for better decision making in the future. Coverage

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surveys can be useful in countries where the routine information system is weak and suffers from major methodological challenges such as accurately defining the denominator; the target population for immunization in specific geographic area. Integrating operational research in the immunization programme can be useful in addressing key programmatic issues that help achieve high and sustained coverage. It appears that operational research has been largely undermined in EPI and available literatures on EPI are very scanty; especially in the last decade.

Reference

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