

Checklist and indicators for optimizing the impact of polio activities on EPI

We have learned¹:

- ◆ Positive impacts of polio eradication (PE) do not occur automatically, rather they have to be deliberately pursued; and
- ◆ Most negative impacts of polio eradication can be avoided through better planning.

The checklist and indicators below have been developed to help national decision-makers and programme managers to maximize the positive impact of PE on routine immunization services.

Checklist

▼ Polio eradication activity

1. Advocacy:

Sustained political and financial commitment is necessary at all levels.

2. Partner coordination:

PE relies on coordinated partners to ensure sufficient resources.

3. Information, education, communication (IEC):

Nationwide multi-sectoral awareness is critical for PE.

4. Social mobilization:

Active participation of the community is needed to achieve PE.

5. Planning:

Comprehensive strategic and annual micro-planning is necessary for PE to reach every child with OPV.

▼ Actions to strengthen routine immunization

◆ **Combine efforts:** Explain to decision-makers that PE depends on strong routine immunization services. State the importance and needs of routine immunization in all PE advocacy opportunities.

◆ **Compare performance:** When reporting NID coverage, compare with DPT3 and measles (e.g. publish tables comparing district coverage).

◆ **Troubleshoot:** Use high-visibility of NIDs to solve administrative and technical bottlenecks around routine immunization (i.e. slow release of funds, staffing).

◆ **Think bigger:** Ensure that Inter-Agency Coordinating Committee (ICC) meets throughout the year. Ensure mandate of ICC includes routine immunization.

◆ **Generate demand:** Include messages in NID training, material or media events about other EPI vaccines and the need for children to be fully immunized.

◆ **Maintain involvement:** Use the organizations, leaders, media and people mobilized for PE to support the delivery of routine immunization services in all areas.

◆ **Share plans early:** To avoid disruptions to other health services, share planned NID dates widely with all health programmes.

◆ **Double up:** Use PE micro-planning and training to improve planning of routine immunization services (e.g. frequency, sites, etc).

◆ **Use data:** Use NID target population data for routine immunization if these are more accurate than official data.

¹ Meeting on the impact of targeted programmes on health systems : a case study of the Polio Eradication Initiative : WHO, Geneva, 16-17 December 1999, WHO/V&B/00.29

▼ Polio eradication activity

6. Cold chain/logistics:

PE requires effective logistics and cold chain to ensure safe and potent administration of OPV with minimum wastage.

7. Service delivery & supervision:

PE needs to provide high quality services (OPV) at point of delivery in NIDs and during routine immunization.

8. Surveillance:

High-performing, timely AFP surveillance is essential to achieve PE.

9. Injection safety:

PE offers opportunities to promote safe injection practices.

10. Monitoring:

Achievement of the PE goal requires careful monitoring.

▼ Actions to strengthen routine immunization

◆ **Protect the investment:** Ask NID partners to invest in cold chain that meets EPI standards, and to support the preventive maintenance, spare parts and training to keep it functioning for routine immunization.

◆ **Waste not, want not:** Apply good NID vaccine practices to reinforce/teach stock management for routine vaccines (e.g. adjust OPV requirements and re-distribute stock after NIDs).

◆ **Exploit technology:** Provide training on the use of VVMs as a management tool for routine immunization services.

◆ **Build capacity:** Use PE training opportunities to refresh routine immunization skills and knowledge.

◆ **Work together:** Combine surveillance and routine supervisory visits.

◆ **Get integrated:** Gradually include other priority diseases with AFP surveillance and reporting.

◆ **Play it safe:** Ensure that NID activities that include injectable vaccines have a detailed plan of action to ensure safe injection and waste disposal at all levels. Establish safe practices/systems for routine immunization.

◆ **Track impact on system:** Make a commitment to “achieve PE in ways that strengthen routine immunization systems”. Use indicators to monitor the impact of PE on strengthening routine immunization (see below). Analyse and use collected information to take corrective action, and report progress periodically.

Nine key indicators

1. Trends in routine immunization coverage:

Monitor and analyse annual DTP3 and measles coverage by district over time.

2. Trends in financial resources:

Trend analysis of annual financing (external and national) of routine immunization services (if possible compare to overall health sector budget/expenditures).

3. Surveillance:

The number of other diseases integrated with “active” AFP surveillance activities.

4. Cold chain improvement:

The percentage of district cold stores with full complement of functioning equipment and systems for maintenance.

5. Integration of other services:

In countries with vitamin A deficiency, delivery of vitamin A is integrated with routine immunization services.

6. Information, education, and communication:

Existence of PE communication and social mobilization plan that provides for polio eradication, routine immunization and surveillance.

7. Vaccine logistics:

Inclusion of vaccine vial monitor (VVM) training for PE campaign activities.

8. Partner coordination:

Inter-Agency Coordinating Committee (ICC) mandate and membership has mandate and membership for all EPI activities at least.

9. Human resource development:

Systematic use of the experience of PE micro-planning to improve the delivery of routine health services.