

## **National Immunization Programme**

Except for the provision of safe water, the vaccine has had a major effect on mortality reduction in communicable diseases. The vaccine is a highly regulated, complex biologic product designed to induce a protective immune response both effectively and safely. Immunization is the administration of a vaccine to stimulate that protective response and an immunized person will be protected in subsequent exposures.

The National Immunization Programme (NIP) of Sri Lanka has been implemented to prevent priority vaccine-preventable diseases among the community in the country. It has an excellent record, with zero or very low incidence of vaccine-preventable diseases as a result of the high coverage of all NIP vaccines.

This programme is planned and implemented at the national, district, and divisional levels.

### **National level**

The Epidemiology Unit of the Ministry of Health is the National focal point for the Immunization Programme in Sri Lanka.

### **Role of the Epidemiology Unit in relation to NIP**

- Development of policies, regulations and guidelines
- Advocacy, planning and implementation
- Management of vaccine logistics
- Management of immunization safety including surveillance
- Training
- Monitoring and Evaluation
- Operational research

## National Immunization Policy

Sri Lanka has a National Immunization Policy which was approved by the Cabinet of Ministers and launched in 2014.

It has seven objectives to ensure the optimal implementation of the National Immunization Programme.



**Objective 1** - To ensure the availability and affordability of quality immunization services in a sustainable and equitable manner.

**Objective 2** - To have a country free of vaccine preventable diseases of public health importance by ensuring the use of efficacious, safe and quality vaccines relevant to the health care needs of the people, in a sustainable and equitable manner.

**Objective 3** - To ensure the rational and evidence-based introduction of new vaccines.

**Objective 4** - To ensure the implementation of the National Immunization Programme by all service providers by monitoring, evaluation, information management and research in the field of immunization.

**Objective 5** - To ensure the financial sustainability of the National Immunization Programme.

**Objective 6** - To ensure advocacy, promotion, awareness, protection and support for the National Immunization Programme.

**Objective 7** - To implement the National Immunization Policy in a systematic manner, inclusive of all stakeholders and the training of all immunization service providers.

### **National Advisory Committee on Communicable Diseases (NACCD)**

The National Advisory Committee on Communicable Diseases of the Ministry of Health, which also perform as the National Immunization Technical Advisory Group (NITAG), is the statutory body recognized locally and internationally to take policy-level decisions and advise the Ministry of Health on communicable disease control and prevention and the immunization related activities. It is one of the oldest NITAGs in the South East Asian region.

All vaccines used in the NIP are WHO-prequalified and follow the immunization schedules approved by the NACCD. Timing and the type of vaccines to be included in the NIP are based on the disease burden, availability of a safe and efficacious vaccine, the feasibility of implementation and achieving the objectives of the NIP.

### **Quality and safety assurance of the National Immunization Programme**

Strict regulatory procedures are in place for vaccine registration with National Medicines Regulatory Authority (NMRA). Vaccine procurement is mainly done by the State Pharmaceutical Corporation through an open market bidding process adhering to technical specifications laid down by the Epidemiology Unit. On arrival, all NIP vaccines undergo mandatory lot quality assurance at the vaccine quality assurance lab at the Medical Research Institute (MRI). An in-built mechanism is in place to ensure the potency (efficacy and safety) of all NIP vaccines through effective vaccine management including cold chain.

## **Monitoring and Evaluation of the programme**

The NIP is closely monitored and evaluated through process, outcome and impact indicators at each level with the in-built supervisory mechanism.

- Progress of the implementation of the NIP at the Divisional (Medical Officer of Health) level is reviewed by annual, district and national reviews (NIP and VPD).
- Implementation of NIP, VPD surveillance and vaccine safety surveillance at the district level is reviewed through quarterly Regional Epidemiologist reviews.
- Frequent supervision of the implementation process of NIP at all levels by National, Provincial, district and divisional level technical officials.
- Periodic Sero-prevalence surveys conducted for targeted communicable diseases
- District-level immunization coverage surveys

### **District level**

Monitoring and evaluation of the NIP, coordination, implementation and distribution of vaccines and logistics to the divisional level are happening at the district level. Regional Epidemiologist acts as the district focal point in the implementation of NIP under the administrative guidance of the Regional Director of Health Services and the technical guidance from the Epidemiology Unit.

### **Divisional level**

Immunization services of the NIP are delivered to the community at the divisional level and it is integrated into the primary preventive healthcare delivery system since its inception.

Currently, there are 356 Medical Officer of Health (MOH) units in Sri Lanka covering all parts of the country. The MOH is responsible for the overall implementation, monitoring and supervision of the NIP in his/her area. Predominantly, the immunization services are provided by the MOH, through fixed-field immunization clinics in an equitable manner. In addition, immunization services are also provided at the curative sector institutes where specialist paediatric care is available.

Public Health Nursing Sister (PHNS), Supervising Public Health Inspector (SPHI) and Supervising Public Health Midwife (SPHM) function as supervisory officers for the NIP at the MOH office.

Public Health Midwife (PHM) and Public Health Inspector (PHI) are the two grass root level healthcare workers who provide immunization services at the community level.

### **The flow of immunization data**

- Individual immunization data captured and aggregated at field clinic/school level
- Aggregated data will be fed to the e-based National Immunization Programme (eNIP) at the clinic level/school.
- The birth and Immunization register is updated routinely using individual-level immunization data at each PHM level from birth to 15 years of age.
- School immunization register is updated routinely using individual-level immunization data at each school level
- Individual-level immunization and AEFI data are recorded in the Child Health Development Record (CHDR) A and B portions. (A portion is with the mother while the B portion is retained with the PHM)

## Immunization-related services offered by Public Health Midwives

- Registering all pregnant mothers and live births occurring in her area
- Provision of vaccination services to all children and pregnant mothers (Rubella and Tetanus immunization)
- Routine update of individual-level immunization data (Birth & Immunization register and Child Health Development Record)



Registration and updating immunization records



Providing immunization services

## Immunization-related services offered by Public Health Inspector

- Organizing immunization services, related to the school health programme
- Provision of school immunization services (aTd and HPV)
- Maintenance of school immunization register
- Routine update of individual-level school immunization data (school immunization register and CHDR)
- Carryout VPD surveillance at the divisional level



Organizing the School Health Programme



Providing immunization services