

Global Vaccine Action Plan

Secretariat Annual Report 2016

Priority Country report on progress towards GVAP-RVAP goals

PAKISTAN

A. Progress towards achievement of GVAP goals

1. Summary

This summary table describes the current situation in Pakistan regarding achieving the GVAP goals. Data used to assess progress towards achievement of GVAP goals are included in the annex (Country immunization profile).

Area	Indicator	Pakistan
5. Reach 90% national coverage and 80% in every district with DTP3cv	National coverage (WUENIC 2015)	72%
5. Reach 90% national coverage and 80% in every district with DTP3cv	Drop-out rate DTP1 DTP3 (2015 WUENIC) (DTP1-DTP3)/DTP1*100	9%
5. Reach 90% national coverage and 80% in every district with DTP3cv	Actual numbers of children that dropped out (2015 WUENIC)	356163
5. Reach 90% national coverage and 80% in every district with DTP3cv	Difference between poorest and richest quintile DTP3 coverage (2013 data)	58.1
5. Reach 90% national coverage and 80% in every district with DTP3cv	% District coverage reaching 80% coverage from 2015 JRF	60%

3.1 Goal 3 : Meet vaccination coverage targets

- Achieve 90% National coverage and 80% in every district with 3 doses of diphtheria-tetanus-pertussis containing vaccines

Immunization coverage in Pakistan has stayed steady over the last decade. Most of the coverage surveys in Pakistan have given varying figures, yet have a consensus on a slow progress on immunization coverage. The current coverage, as estimated by different surveys, varies between 47% and 88%. The elements of over reporting in the routine data and of recall biases in the PDHS and PSLM cannot be ruled out. Pakistan's coverage rate with the most basic vaccines stood at 73% in 2014 although there are large variations between the four main provinces – the most recent Pakistan Demographic Health Survey, from 2013, showed Punjab had 76% coverage while in Balochistan the figure was just 27%. This can be largely attributed to Punjab's strong political commitment to increasing coverage; through the DFID sponsored Roadmap project, which gives Android phones to vaccinators and requires them to check in to vaccination posts, coverage has increased from 64% to 82% in one year. This successful program is now being expanded to KPK and Balochistan. Measles coverage ranged from 57% to 95% by province. Children under 2 years of age who never received any vaccination ranged from 2% to 30%. The estimated coverage for a fully immunized child in Pakistan varies between 56% and 88%, with considerable variation among provinces⁵ (PDHS, PSLM).

Except for two provinces, the vaccine delivery model is almost entirely vertical, with challenges even for creating synergies between non-RI vaccination programs. Questions were raised about the certification of vaccinators (currently non-existent), the lack of use of other health providers such as CHWs and overall how to standardize vaccination outreach services. Pakistan is one of the ten countries where UNICEF aims to enhance the equity in routine immunization hence contributing to health system strengthening efforts with improved immunization outcomes. GAVI provided funds for the technical support to introduce and support methodologies to identify main drivers of inequities shifting the focus beyond national level planning for 'Reaching Every District / Reaching Every Community' (RED/ REC) approach. Recent surveys have identified multiple barriers to immunization, including but not limited to: Disease awareness and risk perception, vaccine doubts, alternative means of prevention, healthcare provider risk perception, transport and waiting time, unavailability of vaccine and vaccinators, and missing home-based vaccination cards/immunization record.

Additionally, there is very low level of coverage of children belonging to parents migrating for economic or social reasons. To address this, the government of Punjab took the initiative to address internal migration between districts through targeting vaccination outreach at transit points. The initiative focuses on children under 5 years of age. Transitory point locations include bus stations, airports and regular transit areas between districts.

ANNEXES

1. Coverage and Equity

Figure 1: All vaccines national coverage, Pakistan, 2000-2015

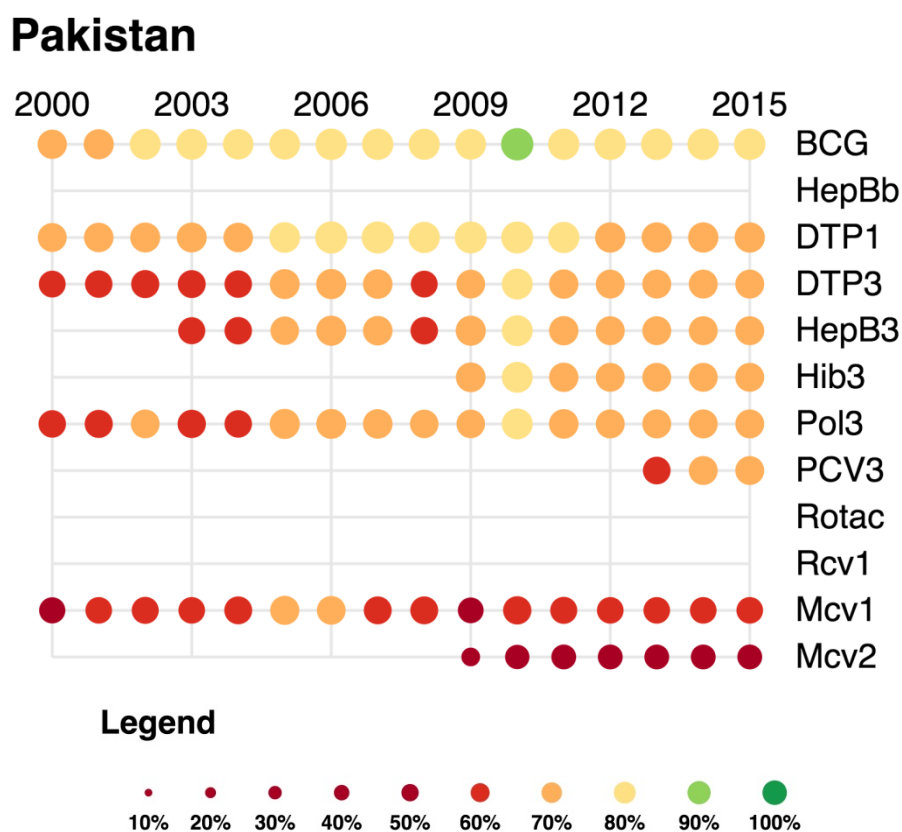
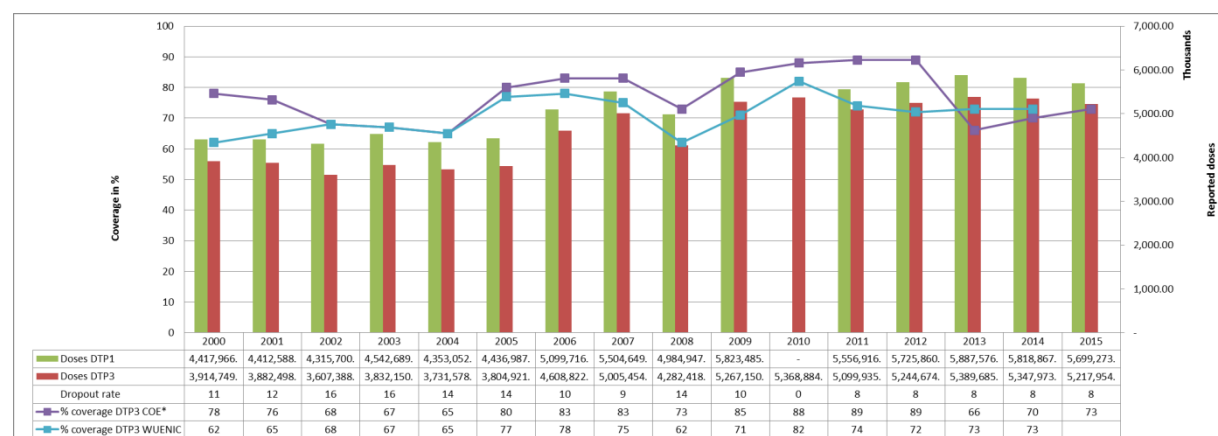


Figure 2: Reported DTPCV doses administered & coverage, Pakistan, 2000-2015



* COE: country Official Estimates

Source:

WHO/IVB database, data reported to WHO by member states as of 1 July 2016

WHO/UNICEF national coverage estimates, 2014 revision, data as of July 2015

Figure 3: Percentage of district achieving <50%; 50-79% and ≥80% coverage, 2000-2015

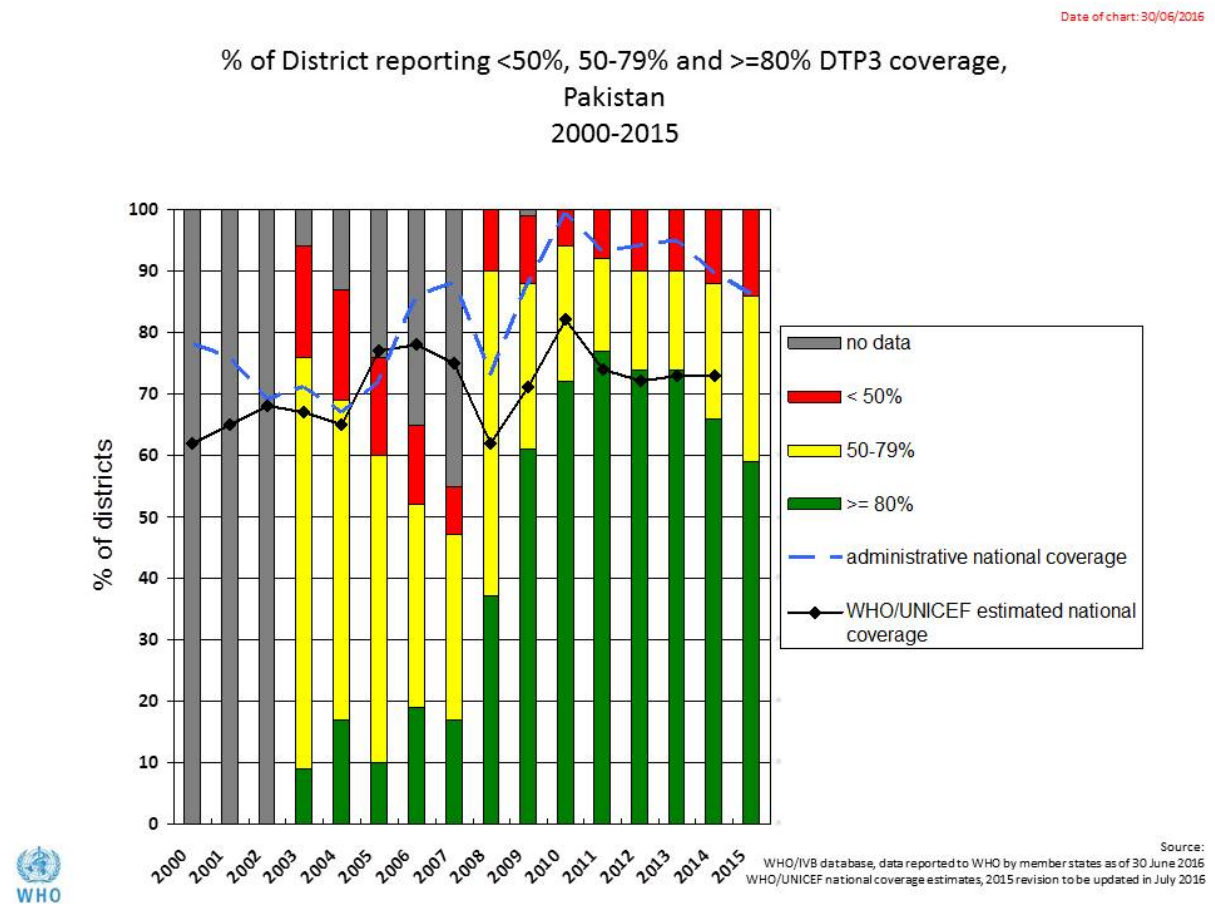


Figure 4: DTP3 coverage by district/province, Pakistan 2010 (admin)

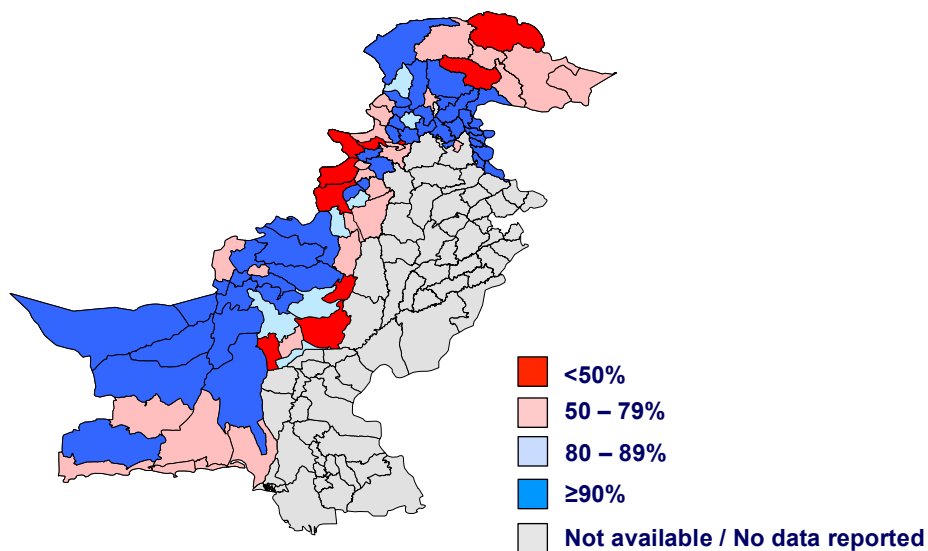


Figure 5: DTP3 coverage by district/province, Pakistan 2015 (admin data)

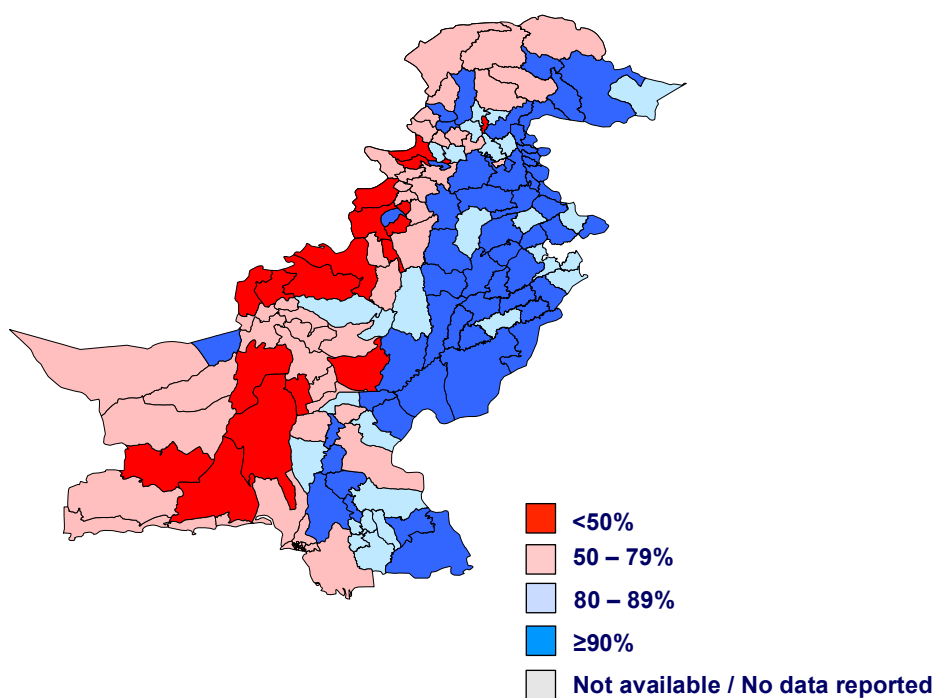
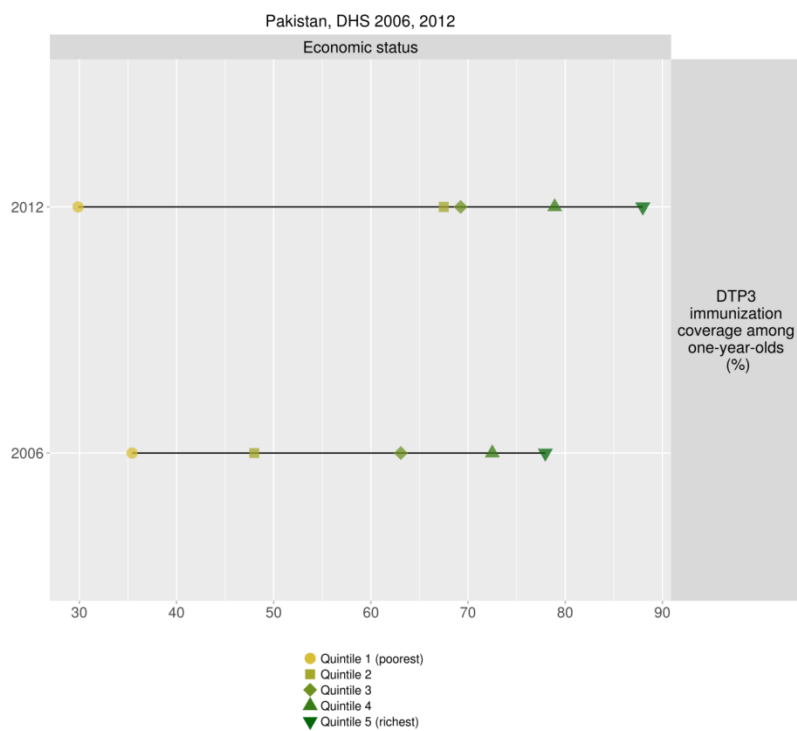


Figure 6: Immunization coverage data disaggregated by sex and wealth quintile



Source: Health Equity Assessment Toolkit (HEAT): Software for exploring and comparing health inequalities in countries. Built-in database edition. Version 1.0. Geneva, World Health Organization, 2016.
Data source: The disaggregated data used in this version were drawn from the WHO Health Equity Monitor database (2015 update), and subsequent updates are likely to have occurred.