

# 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
6. Reach 90% and 80% coverage with all vaccines in national immunization programmes	National Coverage (2015 WUENIC)	BCG 85 DTP1 79 DTP3-HepB3-Hib3 72 MCV1 61 MCV2 53 PCV3 72 Pol3 72

##### 3.1 Goal 3 : Meet vaccination coverage targets

##### a. Achieve 90% National coverage and 80% in every district with all vaccines included in the national schedule

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 provinces<sup>5</sup> (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

