Nine Opportunities to Enhance Synergy between Supplemental Immunization Activities and Routine Immunization Services

A key strategy for the accelerated and sustained reduction of mortality due to measles is providing all children with two opportunities to be vaccinated against measles. While there is progress towards assuring protection of all children with two doses of vaccine through routine immunization services, at the current time, the first dose is often given through routine services and the second opportunity provided via campaign strategies. Importantly, the provision of measles vaccine through supplemental immunization activities (SIA) is critical where routine coverage has not reached and maintained high levels. Experience from areas such as the Americas, where sustained measles reduction has been achieved, highlights the importance of ensuring a strong, well-functioning routine immunization program to maintain high coverage and disease reduction achieved through SIAs. Moreover, the success of the introduction of new vaccines in the future and for the development of surveillance for future vaccine preventable diseases (VPDs), e.g., rotavirus and pneumococcus, will depend on the presence of strong routine immunization services with an infrastructure that can reach and protect all children. Thus, there are compelling reasons to consider the potential for synergy between measles mortality reduction/ elimination activities, including SIA planning and implementation, and routine immunization services.

A list of potential areas for synergy between supplementary and routine immunization services is provided here, organized by common planning headings. This list is not meant to be exhaustive nor is it expected that all suggestions will be used in a given country or year. Rather, this is intended as a stimulant for ideas. It is thought that these suggestions will have global application to all regions and areas.

Macro and Micro Planning	Lessons learned while developing and implementing district micro-plans for campaigns can be used to strengthen micro-planning for routine immunization, using the Reaching Every District (RED) approach and Supportive Supervision. Micro planning for SIAs should begin with a review of micro plans and reports for routine immunization services, including data on coverage, disease incidence, existing supplies and equipment.
Cold Chain	Every immunization program should have a system for tracking cold chain equipment and planning for future needs. The SIA planning process should use, improve, or promote the establishment of such a system. Cold chain assessments will benefit both SIAs and on-going activities. Thus, they should be done together and not in isolation. The influx of resources for SIAs represents an opportunity to assist the routine program in attaining national standards for the cold chain (e.g., a refrigerator and capacity to freeze ice packs in every district, freezer and refrigerator in every region).

Advocacy

While the major focus of advocacy in the SIA planning period must remain on garnering support for the SIA, the donors, elected officials, leaders, and others that are supporting the SIA must have an interest and a role in routine immunization. Short messages such as the below help assure their continued support for both:

- Effective control of measles depends upon both high-quality campaigns and achieving and maintaining high routine coverage.
- High routine coverage with one dose of measles lengthens the period between campaigns.
- Countries capable of achieving high routine 2-dose coverage may not need "follow-up" campaigns to sustain measles elimination.
- Routine services also protect against other important diseases of childhood and adulthood (diphtheria, pertussis, maternal and neonatal tetanus, hepatitis B, cancer (due to Hepatitis B), Hib, yellow fever, as appropriate for the schedule in the country).
- Full protection from the nine vaccine-preventable diseases requires a minimum of four contacts with immunization services before the age of one and additional contacts for school age children and adults. This cannot be accomplished through campaigns alone.

Every country should create advocacy and social mobilization committee(s) which have both SIA and routine as part of their terms of reference.

When advocating for immunization programs, messages should include:

- All children should be provided with a second opportunity for measles immunization. The second opportunity is often administered through periodic campaigns.

Identification of target population

Those missed by SIAs are often the same children that are missed by routine immunization services.

Information available from immunization services and surveillance information systems can be used to identify high risk areas and populations for both SIA and routine.

- Areas of low coverage.
- Areas with continued high incidence of target diseases (wild poliovirus, measles, yellow fever, other).
- Areas with poor performance on surveillance indicators.
- High-risk groups, e.g. refugees, seasonal labor, children of working mothers, indigenous populations.

High-risk areas and groups should be targeted for detailed microplanning and better supervision during SIAs.

Populations or areas found during SIAs to be at high risk should receive support for intensified outreach or stronger supervision by routine services.

Training	Personnel involved in planning and implementing SIAs at the national, regional and district level are often responsible for routine services. SIA vaccinators are drawn from health center personnel, nursing/medical schools and other qualified individuals. During training in logistics, cold chain, data management and all aspects of SIAs, a brief session should be added to discuss how skills can be applied between SIAs, i.e., to strengthen routine. Training needs assessments should identify performance gaps that have a negative impact on both routine and SIA activities.
Supervision	Training during SIA preparation and routine immunization services workshops should include sessions on supportive supervision techniques. As needed, supportive supervision checklists can be updated or created. Data and information from the immunization program should be used to target high-risk districts for extra supervision support during and after SIAs. Field supervisory visits for SIAs should include supervision of general immunization activities and not be limited to topics or issues devoted strictly to measles or SIA preparation.
Monitoring and Evaluation	Coverage surveys to evaluate measles campaigns should be designed to also review routine immunization coverage and utilized to identify causes for low coverage and low coverage populations. Recommendations from all evaluations should be mindful of the role that lessons learned in SIAs can play in the improvement of routine programs and the role that immunization staff can and do have in follow up between campaigns.
Surveillance	Review of data management and measles surveillance will include review and modification if needed, of general guidelines for other VPDs. Review of data management can include operational aspects of both surveillance and routine administrative data system. Recommendations will address data systems and standard operating procedures for good data management Training in surveillance can address all vaccine-preventable diseases and the interface with integrated disease surveillance.
Immunization safety	Vaccine safety plans can address installation of waste disposal equipment and the development of safe injection/immunization waste disposal procedures, and maintenance of equipment for both SIA and routine. Throughout the training for an SIA, the application of safe injection and AEFI surveillance skills to routine immunizations should be highlighted. Safe disposal assessments and training for measles vaccination should include activities for all antigens.