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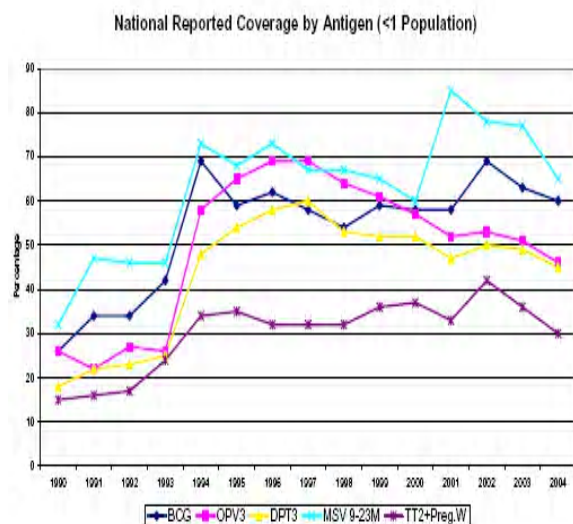
STRENGTHENING DEMAND FOR IMMUNIZATION IN LAO PEOPLE'S DEMOCRATIC REPUBLIC

A technical assistance was initiated in 2006 aimed at developing new and effective approaches to generate demand for immunization in Lao People's Democratic Republic.

Despite nearly 20 years of immunization efforts, globally about 1.4 million children under the age of five and 0.7 million adults dies of preventable diseases in 2002.¹ A quarter of the world's children (about 34 million infants) are not immunized against polio, diphtheria, tuberculosis, pertussis (whooping cough), measles, and tetanus.² Immunization³ is one of the most cost-effective and safest public health interventions and in the developing world, prevents⁴ about three million child deaths each year. Childhood illness have been contained with the help of vaccines, but these will re-emerge if immunization coverage drops.

In the Lao People's Democratic Republic (Lao PDR), one in 10 children still dies before 5 years of age.⁵ About 10% die from vaccine preventable illnesses. Routine immunization coverage has stagnated since the mid-1990s and has declined since 2000 (see Figure 1).

Figure 1



Source: UNICEF. Fact Sheets 2005 Progress Report – Child Survival in Lao PDR

Only about 50% of Lao children are fully immunized before 12 months of age.⁶ Unless current trends are reversed, Lao PDR cannot meet the 2015 Millennium Development Goal (MDG) target of reducing child mortality by two thirds.

The Lao expanded program of immunization (EPI) is delivered through four vaccination campaigns each year, organized by each provincial team, in addition to static service delivery points at hospitals and some health centers. Eighty percent of routine immunization services must be delivered through mobile outreach teams.⁷ Low-paid health workers walk for days to reach isolated villages—often difficult to access during the rainy season—which also limits people's access to hospitals.

However, there are other supply and demand problems affecting the immunization program. On the supply side, these include funding and logistical problems. The network of static service delivery points is also limited due to staff and operational constraints. The Ministry of Health (MOH) has taken drastic steps to address supply problems. For example, each vice-minister has been asked to oversee the immunization program in one part of the country, and senior headquarter officers have each been assigned a province to help the provincial team improve coverage. Resolving these supply issues will help improve uptake of immunization in the general population.

However, Lao's EPI also has serious demand problems, in particular among some of its 49 ethnic minorities constituting about 33% of the population. In 2006, immunization coverage for DPT3⁸ was about 62% for the main ethnic group of Lao, but only 40% for both Hmong and Mon Khmer ethnic minorities, and only 20% for Tibeto-Birman according to a 2006 household survey in the eight northern provinces (see figure 2).⁹

Ethnic minorities often live in remote parts of Lao PDR, so this explains some of the observed difference in vaccination coverage.

Immunization coverage for DPT3 by ethnic group

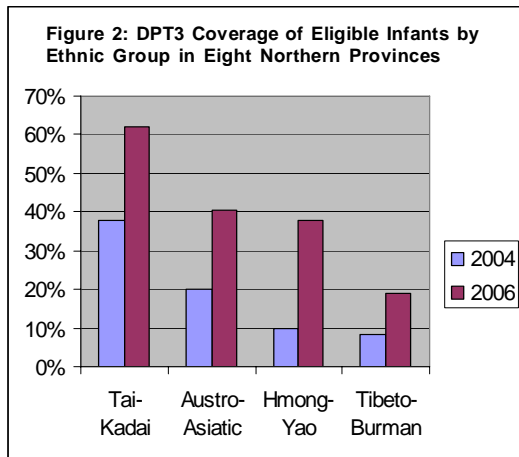


Figure 2 compares the percentage of villages that received three or more immunization visits in 2004 and 2006. Source: Lao Primary Health Care Expansion Project 2006 Household Survey. August 2007.

However, they often make less effort in accessing immunization services for various reasons, including unfamiliarity with potential benefits and side effects of vaccination, language barriers, staff attitude, and concern about affordability of services.¹⁰ The MOH has been making efforts to address these through a successful village health worker program, and by training ethnic minority persons as “primary health care workers” and posting these people back to the health center nearest to their home. This also includes scholarships for prevocational education.

However, more effort is needed to improve demand for immunization. Better understanding of immunization and enhanced relationships between health workers and communities are critical to increasing immunization coverage. The United Nations Children’s Fund (UNICEF) studies in Luang Prabang province during 2003–2004 showed that demand for immunization services was low because of poor knowledge of the benefits and risks of immunization and the quality and timing of services.

Health workers themselves admit they often lack the communication skills to engage families from different ethnic groups to bring their children to the immunization sessions.¹²

Revitalizing Community Demand for Immunization Key Results¹³ and Outcomes¹⁴

Lao PDR’s MOH collaborated with the Asian Development Bank (ADB), Glaxo Smith Kline Biologicals (GSK), and UNICEF to pilot a strategy to increase the demand for vaccination among rural poor, including ethnic minorities. Technical Assistance (TA) 4787 Revitalizing Community Demand for Immunization (RCDI)¹⁵ was aimed at developing new and effective approaches to generate demand for immunization and directly contribute to the achievement of MDG 4: Reduce Child Mortality.

Using an operational research approach, the RCDI set out to answer three questions:

- how to create demand for immunization in low coverage communities;
- how to create demand for immunization services in fixed sites; and
- how to partner with and mobilize other sectors to advocate and communicate about immunization (e.g., mass organizations, teachers, and media).

The TA covered 966 villages in the 12 pilot and scale-up districts of Luang Prabang and Savannakhet provinces, with a total population of 487,000, of which about 18,400 were in the immunization target population of under one year of age.¹⁶

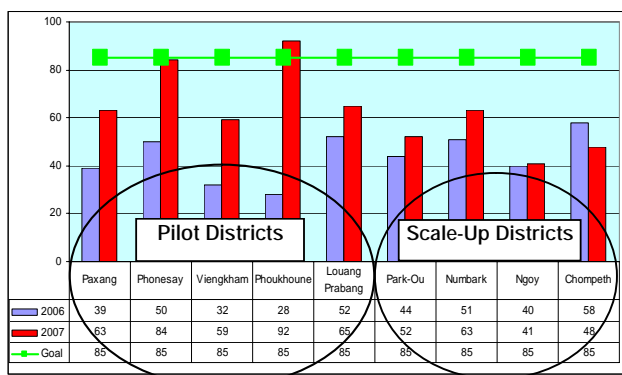
The TA’s activities and outputs were:

1. Participatory community and health worker motivation assessments were conducted to determine their perception and motivation of immunization service delivery. Assessment results were used as the basis for developing and testing strategies to increase the motivation of health providers and enhance their skills in interpersonal communication and social marketing.
2. A participatory tools and resources workshop developed appropriate information, education, and communication (IEC) materials. The results were distributed and used in the participating districts and their impact was monitored and used as the basis for scale-up of materials. Among the materials developed were village EPI monitoring tool, immunized child certificate of completion, and EPI target household flag.
3. Different community education programs were piloted, such as peer-to-peer education; a village health notice board; and short radio spots, dramas, and short information programs in ethnic languages (Hmong and Khmu) on Luang Prabang Radio. Peer educators and radio dramas were reported as very successful.
4. The TA further promoted the national immunization brand developed by the MOH and UNICEF in 2004 by incorporating it into the new IEC materials.
5. Dissemination workshops were conducted at each stage of the TA to report the finding to key project stakeholders. Finding were also disseminated through the Luang Prabang Radio. The final evaluation workshop was an opportunity for districts to share their experiences, findings, lessons, and recommendations. A dissemination meeting was also conducted for central government officials and development partners.

The RCDI interventions were able to increase demand for immunization in low-coverage populations, increase demand for immunization in the fixed site, and mobilize other sectors to be active in supporting the immunization program.

Encouraging signs of behavior change and subsequent improved coverage rates have been noted. Pilot districts have reported that their immunization coverage rates have nearly doubled (October 2007) compared to the same period in 2006, increasing from 38% or 1,653 children immunized to 73% or 2,564 children immunized. Immunization coverage in pilot districts is expected to come close to the national immunization goal of 85% by end-2007. The pilot and scaled-up districts immunization coverage increased from 48% or 6,356 children immunized to 63% or 5,578 children immunized during the same period in 2007 (see figure 3).

Figure 3: 2006 (January to October) compared to 2007 (January to October)
Luang Prabang Province



(Source: Che Katz and Keophouthone Kittiphanh. 2007. Phase V Final Project Report: Revitalizing Community Demand for Immunization. TA4787-Lao PDR).

Furthermore, there has been a reactivation of the District Committees for Mother and Child (DCMCs) in the project areas. The DMCs, mainly inactive prior to the TA implementation, now have clearer terms of reference and are more actively engaged in coordinating EPI outreach activities.

Considerable interest has been shown by other projects and organizations (e.g., the Central-Level Lao Women's Union) in the RCDI process, outcomes, and lessons.

One issue was that the increased demand could not be fully met due to a shortage of vaccines (Lao PDR has funding problems for vaccines). It was also felt that this kind of participation approach needs more time to see its full impact.

With support from UNICEF, the MOH has indicated that they intend to continue to support RCDI activities in the participating districts so that they can be further tested for wider application. They have also indicated potential to scale up to other provinces. Meanwhile, the district themselves have shown interest in continuing with the gains achieved by the TA. They have drawn up district sustainability plans.

Endnotes

- 1 World Health Organization. March. 2005. *Fact Sheet No. 288*.
- 2 Available: www.unicef.org/immunization/index_coverage.html
- 3 Immunization is the process where a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.
- 4 Currently vaccines can prevent 10 childhood diseases—polio, diphtheria, tetanus, pertussis, measles, mumps, rubella, hepatitis B, varicella, and H. Influenza b.
- 5 Ruth Landy and Susan Mackay. *At a glance: Lao People's Democratic Republic. Immunization is an act of love'-Revitalizing community demand for vaccination in Lao PDR*. Lao PDR. Available: www.unicef.org/infobycountry/laopdr_28363.html?q=printme
- 6 Recent survey suggest full coverage may be as low as 30% in some areas in the country. ADB. 2006. *LAO: Proposed Small-Scale Technical Assistance for Revitalizing Community Demand for Immunization*. Manila.
- 7 Ruth Landy and Susan Mackay. *At a glance: Lao People's Democratic Republic. Immunization is an act of love'-Revitalizing community demand for vaccination in Lao PDR*. Lao PDR. Available: www.unicef.org/infobycountry/laopdr_28363.html?q=printme

- 8 DPT3 is used as a proxy for fully immunized children (FIC) where FIC statistics are not available.
- 9 Loan 1749-LAO Primary Health Care Expansion Project (PHCEP). August 2007. *2006 Household Survey*.
- 10 Che Katz and Keophouthone Kittiphanh. 2007. *Phase V Final Project Report (TA 4787)*.
- 11 ADB. 2006. *LAO: Proposed Small-Scale Technical Assistance for Revitalizing Community Demand for Immunization*. Manila.
- 12 Immunization is an Act of Love: Revitalizing Community Demand for Immunization in the Lao People's Democratic Republic. Available: www.globalhealth.org/reports/text.php3?id=262
- 13 Project Information Documents. NPRS-PRF Semi-Annual Project Status Report for the period January to June 2007. Available: www.adb.org/Documents/PIDS/40004012.asp
- 14 Che Katz and Keophouthone Kittiphanh. 2007. *Phase IV Process Report (TA 4787 LAO) August 2007 and Phase V Final Project Report (TA 4787) December 2007*.
- 15 TA 4787 Revitalizing Community Demand for Immunization. Executing Agency: UNICEF. Approval Date: May 2006. Completion Date: December 2007. TA Amount: (\$140,000 (PRF), \$30,000 (Government Financing), \$150,000 (UNICEF), \$120,000 (GSK Biologicals).
- 16 Che Katz and Keophouthone Kittiphanh. 2007. *Phase IV Process Report (TA 4787 LAO) August 2007 and Phase V Final Project Report (TA 4787) December 2007*.

This case study was written by Mario Randolph Dacanay, ADB Consultant with inputs from Susan Kerr, Project Officer of TA 4787, and Sonomi Tanaka, Senior Social Development Specialist, ADB. The views and assessments contained herein do not necessarily reflect the views of ADB or its Board of Directors or the governments they represent. ADB does not guarantee the accuracy of the data and accepts no responsibility for any consequences of their use.

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