

Situation update

Immunization plays a pivotal role in reducing mortality and morbidity from vaccine-preventable diseases in Afghanistan. The Ministry of Public Health (MoPH) has strengthened its commitment to improving people's access to immunization services. Over the past years, cold chain capacity has expanded, new life-saving vaccines have been introduced, vaccination coverage has expanded for traditional and new and under-utilized vaccines, and immunization is among the government's top health priorities. However, overall immunization coverage remains low with disparities throughout the country, particularly between rural and urban areas and secure and insecure zones. Among children under five, the most vulnerable are those living in hard-to-reach communities.

Achievements

Despite a challenging situation in terms of access and utilization of immunization services, the routine immunization (RI) has made the following progress:

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- Currently 11 antigens are in public use against vaccine-preventable diseases.
- Expanded health centres providing immunization services from 1,575 in 2015 to 2,926 in 2018. 400 new vaccinators have been trained to meet the needs of the programmes mainly in remote areas.
- Updated/revised the RI immunization strategic plan (cMYP15-19) as a key immunization programme management tool.
- Carried out a comprehensive external immunization programme review and made recommendations to improve coverage.
- As part of AHS 2018, all RI indicators were included in the survey. Preliminary national DPT3 containing vaccine coverage is 60 per cent.

- Carried out an immunization data quality assessment and made plans to improve data quality.
- Application for rotavirus introduction was approved and the vaccine was introduced into national immunization programmes.
- Vaccine and cold chain capacity increased to accommodate all routine vaccines and vaccines for SIAs.
- The 1st round of national measles SIAs conducted in 2018, reaching 14 million children aged between 9 months and 10 years.
- The national measles/rubella lab was accredited by WHO. Measles/rubella lab quality control/genotyping was conducted and the circulating measles genotype (B3) identified.
- With lab support, national measles/rubella surveillance has achieved the capacity required to detect MR cases/outbreaks and take timely corrective actions. Further, MR, CRS, Rotavirus, IBD and intussusception surveillance with lab support has been expanded to four regional children's hospitals and labs.

Challenges

§ Poor utilization of immunization services due to low BPHS coverage.

§ Disparity in distribution of healthcare services between rural and urban areas: health services are unavailable in many areas

§ Deteriorating security, resulting in difficulty in accessing health services.

§ Weak management and accountability.

Way forward

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§ Strengthen government ownership and closely monitor BPHS NGOs' performance.

§ Expand RI services to reach as-yet unreached populations.

§ Strengthen the Reach Every District (RED) approach and establish a country-tailored approach to improving data quality at all administrative levels, conducting a Data Quality Self-assessment (DQs), and using data.

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