

**IMPACT OF REFORMS ON MONITORING AND SURVEILLANCE  
SYSTEMS FOR VACCINE-PREVENTABLE DISEASES**

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BASICS II**

**Ten Years of Health Systems Transition in Central and  
Eastern Europe  
USAID 10-Year Retrospective Conference  
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Washington, DC**

## **Immunization Reform Began Before Sector-Wide Health Reform**

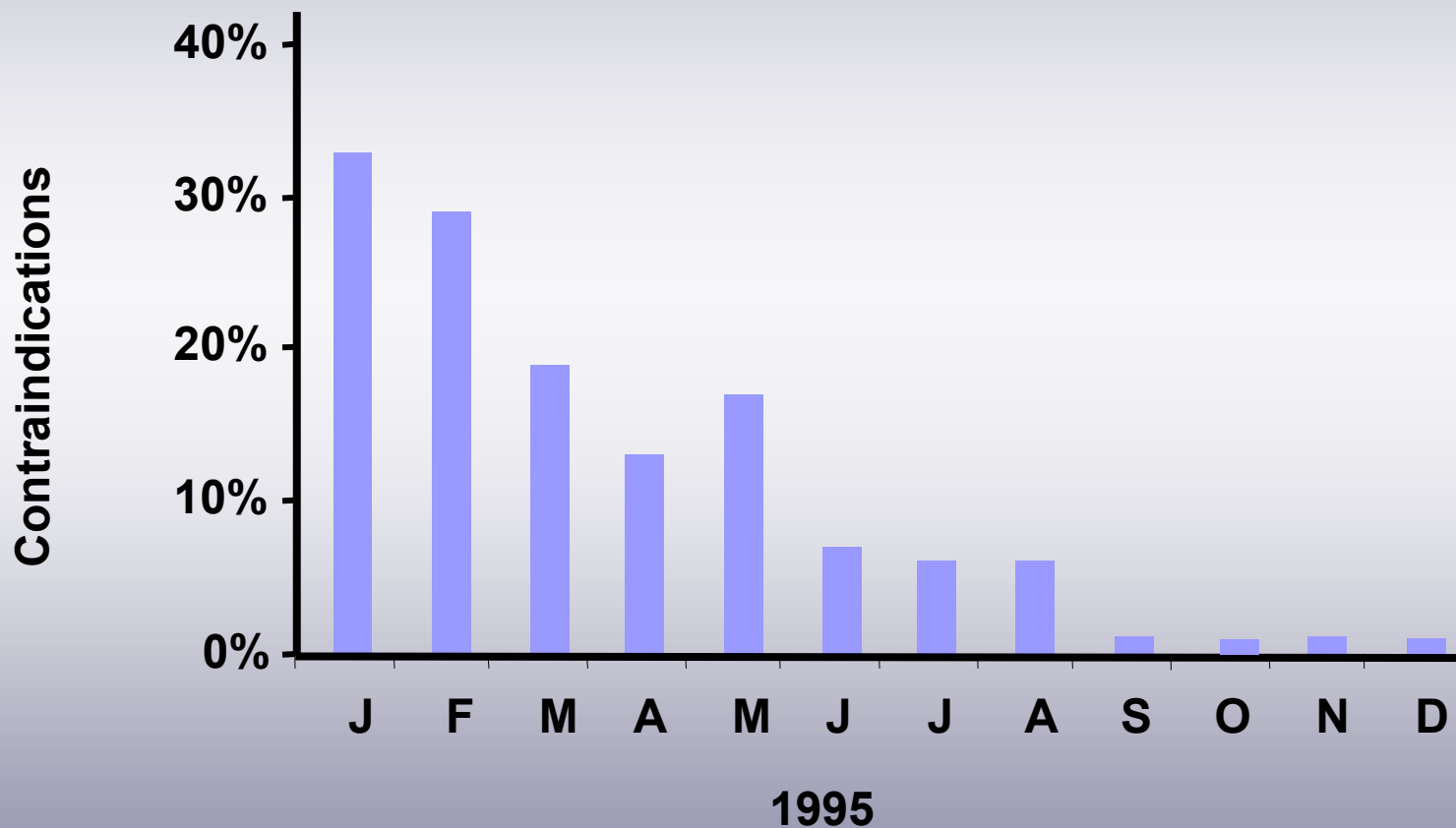
- **Developing a multi-year multi-agency 5-year plan**
- **Creating a National Program of Immunization**
- **Establishing a Republican Center for Immunoprophylaxis**
- **Rationalizing the immunization calendar**
- **Reducing and clarifying medical contraindications**
- **Modernizing vaccine and cold chain management**
- **Creating Interagency Coordinating Committee**
- **Introducing bottom-up self-assessment and monitoring**

Developed Monitoring Process for Better Management and Efficiency



# Per Cent of Infants Denied DPT Immunization Due to Inappropriate Contraindications

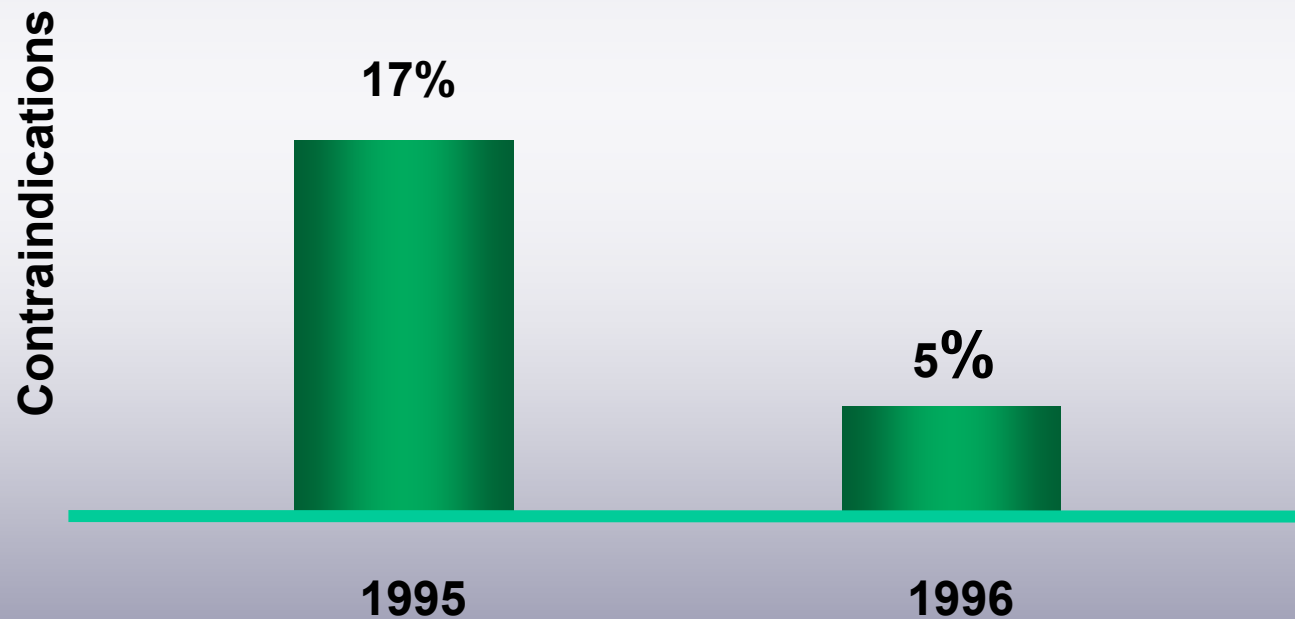
Pilot Area in Alamudin District, Kyrgyzstan



Source: MOH Kyrgyzstan

## Per Cent of Infants Denied DPT Immunization Due to Inappropriate Contraindications

Alamudin District, Kyrgyzstan

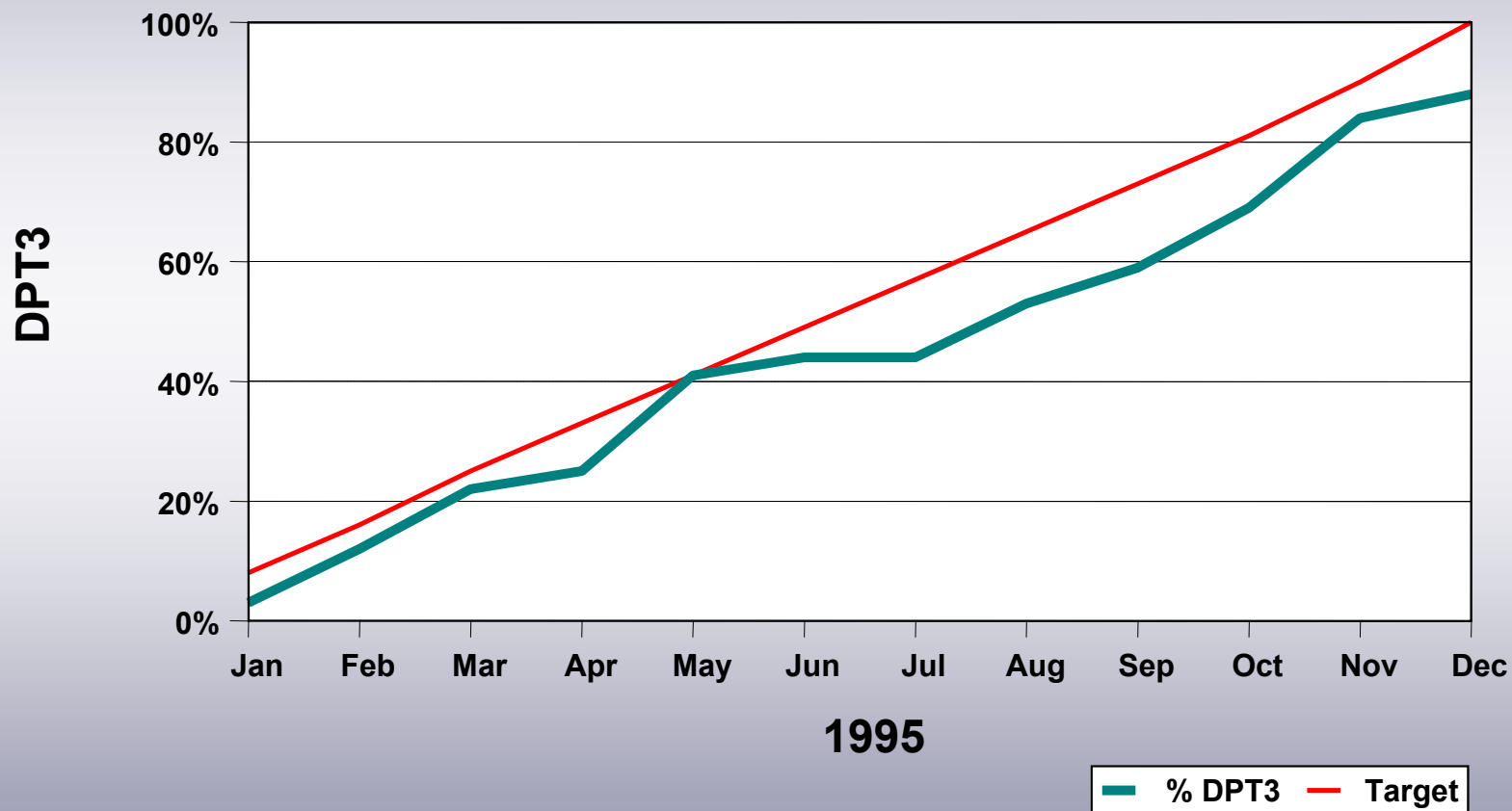


Source: MOH Kyrgyzstan



# Cumulative DPT3 Coverage Achieved Compared to Monthly Targets, Children < 12 Months, 1995

## Pilot Area in Alamudin District, Kyrgyzstan



Source: MOH Kyrgyzstan



## Developed MIS for Better Management and Efficiency

### Lesson Learned:

**Monitoring improves motivation, performance, and data quality**





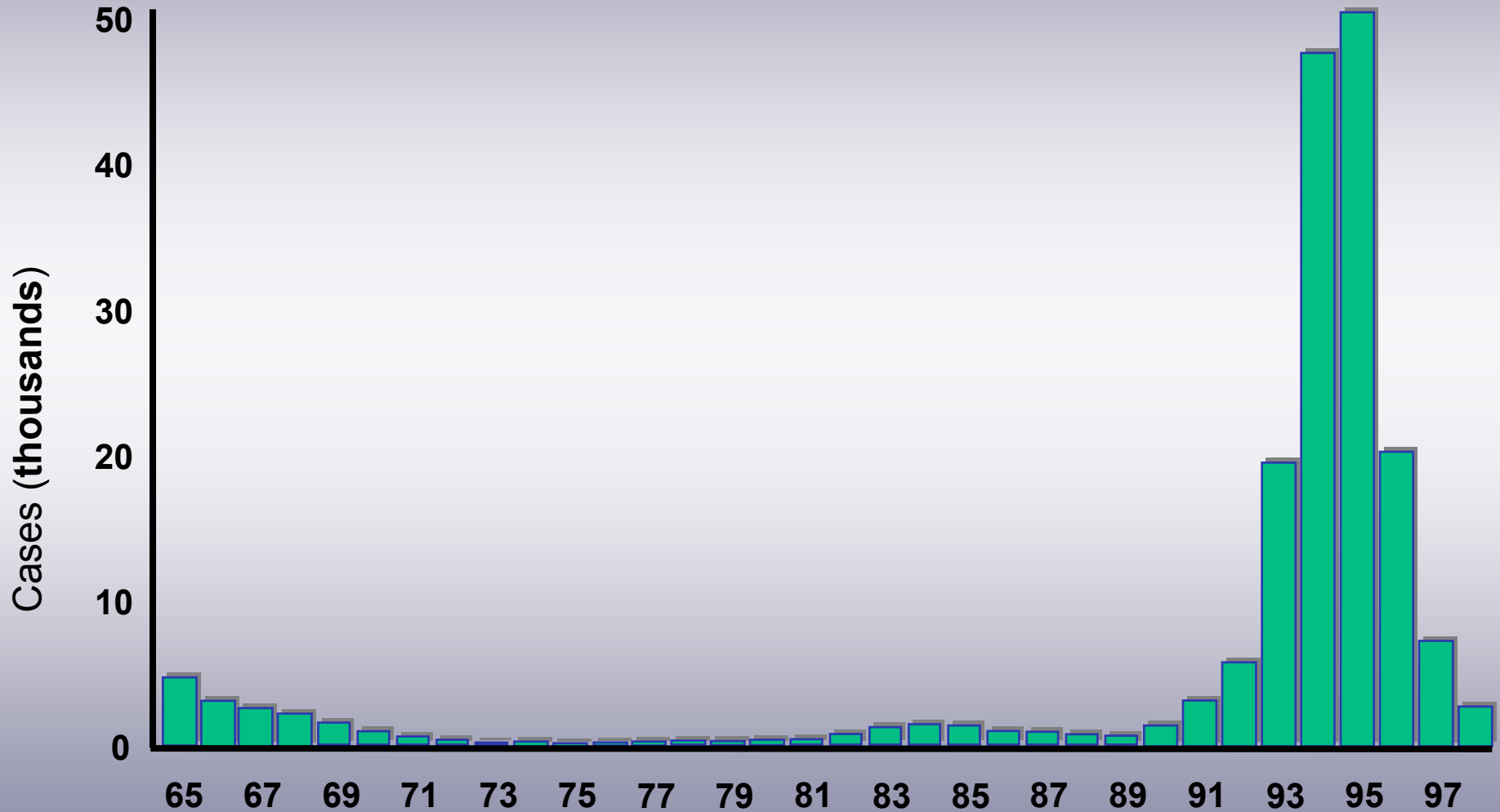
## **REFORM OF IMMUNIZATION MONITORING STILL NEEDED IN MANY NIS**

- **Infants with contraindications are excluded from the denominator**
- **DPT coverage is not calculated (D, P,T reported separately)**
- **Coverage not measured or monitored by 12 months of age**

## **SOME NEW AND OLD CHALLENGES FOR SURVEILLANCE OF VACCINE-PREVENTABLE DISEASES**

- **Polio**
- **Measles**
- **Hepatitis B**
- **Haemophilus Influenzae Type B (HIB)**
- **Congenital Rubella Syndrome**
- **Diphtheria**

# Diphtheria in the Soviet Union and the Former Soviet Union, 1965-98



Source: WHO

## **FUNDAMENTAL WEAKNESSES IN DISEASE SURVEILLANCE**

- **Overly focused on individual cases, not population**
  - **Lacks public health priorities**
  - **Some unproven disease control protocols**
  - **Unclear roles and responsibilities**
  - **Unclear reporting standards**
  - **Poor coordination among lab, epidemiology, clinical staff**
  - **Poor cooperation of SANEPID and district medical services**
  - **Inadequate capacity and quality of laboratories**
  - **Under-financed (\$.30 spent by SANEPID per capita in Kyrgyzstan)**
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- **Overstaffed, staff turnover**
  - **Weak analytic skills and tools**
  - **Inadequate communications systems**
  - **Little feedback**

## **FUNDAMENTAL WEAKNESSES IN DISEASE SURVEILLANCE (cont.)**

- **Massive but unanalyzed data, especially at level of collection**
- **Much data is archived, irrelevant and not used for action**
- **Perceived low usefulness of data**
- **Under-reporting of disease**
- **Low timeliness and completeness of reports**
- **Lack of updated forms**
- **Duplicate data collection and reporting**
- **Lack of standardized case definitions**

## CONCLUSIONS

- **Health reform bypassed SANEPID**
- **Impact of reform on surveillance not documented**
- **Narrow time-limited surveillance achieved rapid results**
- **Long-term investment in surveillance system needed**
- **SANEPID is fundamentally weak, but ready to reform**
- **Use data for action at each level to achieve results**
- **Include explicit health outcome indicators in health reform**
- **Engage technical/program staff more in health reform**