



Editorial

An alternative maximum reach strategy for routine immunization during the pandemic in Indonesia

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ABSTRACT

Immunization plays a significant role in reducing the mortality rate for children under five. Immunization has been proven to be an efficient and effective health effort in preventing and reducing morbidity, disability, and death due to diseases that can be prevented by immunization. Increasing the coverage of immunization needs to be considered by the government by involving the community and health offices, and other stakeholders. Health centers should provide immunization services considering the immunization guidelines during the COVID-19 pandemic, ensuring adequate health workers (vaccinators). Provide information about safe immunization services and coordination and collaboration with stakeholders (private and public sectors).

INTRODUCTION

Complete basic immunization coverage is getting heavier right now. Parents worry about going to health workers and health facilities. There is also a misperception that Large-Scale Social Restrictions in several cities and the stay-at-home campaign seemed to be prohibiting parents from bringing their children to immunizations. The survey shows, nearly 84 percent of health facilities report immunization services to have significant disruption due to the COVID-19 outbreak.¹ Many health centers continue to provide immunization services during the COVID-19 pandemic, but many also experience disruption or even stop immunization services completely.²

There is a potential risk of vaccine-preventable disease outbreaks if immunization services are not strengthened by providing adequate knowledge and prepared resources. Health experts agree that immunization is essential. Immunizations are safe as long as health protocols are followed. Because if the child does not undergo immunization, the child does not have immunity to related diseases. It takes a wise explanation to parents and health care personnel.

Lesson from Measles and Rubella Supplementary Immunization Activities (MR-SIA) Phase 2, coverage in 28 provinces outside Java Island was 66%. Nationally, the vaccination realization has also not reached 70%. The biggest problem in the MR immunization campaign is the rejection of the vaccine, and some people reject this vaccine

after they are exposed to social media (talked about negative consequences of MR immunization) and the haram issue of vaccines (D, Purwito, RN, M.Sc., Ph.D, unpublished data, February 2019).

Although the Indonesia Ministry of Home Affairs has issued letters and instructions several times to all districts to ensure a successful MR Campaign, the Ministry of Religion, the Ministry of Education as well as various health professional organizations (Indonesian Pediatrician Association, Indonesian Doctors Association, Indonesian National Nurses Association, and Indonesian Midwifery Association) also supported this campaign. However, the campaign activities in 2018 were not successful. The resistance to the MR vaccine in various places outside Java is high. This rejection is not only from parents but up to the level of religious leaders. Even regional heads whose population is predominantly Muslim have also declared a postponement of the IMR campaign.³

In particular, the immunization program, to increase immunization coverage, the government should mobilize all available resources to disseminate the benefits of immunization, ensure immunization services are easily accessible to the entire community, and improve quality immunization services with high and even coverage.⁴ Cross-programs and sectors are needed to understand all parties that immunization is vital to improving health and prevent outbreaks. To raise awareness about the importance of complete routine immunization among policymakers and the public advocacy activities can be carried out through mass mobilization. Advocacy to community leaders, among others, can be done with seminars that discuss the

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importance of immunization in preventing outbreaks, disabilities, and deaths due to vaccine-preventable diseases. Adopting the WHO guideline, Global Routine Immunization Strategies and Practices (GRISP), the manuscript is dedicated to adding discourse to support implementing the immunization program in Indonesia.

THE APPROACH STRATEGY AND ACTIVITY PLANNING

Strategy to reach bundling with the community involvement; after identify under-vaccinated and unvaccinated persons, continue with community approaches to elevate the number of immunization coverage.⁵

Identify under-vaccinated and unvaccinated persons and regularly provide them with the vaccines they need.

The COVID-19 pandemic has also disrupted immunization services. More than 50 percent of the integrated health post and primary health center had stopped services entirely because of this outbreak.⁶ Parents worry to the health workers who provide services are exposed to COVID-19. On the other hand, health workers are worried about having to serve patients during this pandemic. In addition, The Disease Prevention and Control, Ministry of Health report; since 2014-2016, 1.7 million children have not received immunizations, or their immunization status is incomplete.¹

Vaccine doubt occurs when someone delays or refuses to get the available immunization services.⁷ These conditions are complex and specific, vary widely from time to time, differ between places and for each type of vaccine.⁸ Although parents' backgrounds are very heterogeneous, the pattern of parents' decision-making towards vaccination is similar. These factors influence parents to refuse or accept specific immunization programs or vaccines. The importance of social norms and support from pro-vaccine groups is that vaccination becomes a "normal thing to do" for most parents. This is so that they receive the vaccination without thinking twice. Ease of access and recommendations on the importance of immunization by the government and sources that are believed to have significantly contributed to making vaccination acceptable as a social norm for parents.

The activities and strategies relate to detecting unreached or marginalized people⁵: a) engage in a dialogue which both transmits information and responds to people's concerns and fears; b) conduct social research to improve the delivery of immunization services and the ability to meet the needs of diverse communities; c) conduct operational and social science research to identify successful strate-

gies to reduce inequities and improve the quality and delivery of immunization services and d) prevent and respond to vaccine-preventable diseases during disease outbreaks and humanitarian crises, and in conflict zones.

Invest in vaccinators and district managers by regularly building their capacity, strengthening their performance, and providing supportive supervision.

MoH issued safe immunization protocols on August 5, 2020. Circulars, technical instructions, and providing routine assistance to all provinces, districts/cities, and health care service facilities have also been provided by the central government.⁹ However, its effectiveness in implementing immunization for a child in the community cannot be evaluated for its effectiveness. It is necessary to increase the awareness and capacity of health care personnel and to be able to answer the community need.¹⁰ On one occasion, the Minister of Health appealed to all districts; (1) to carefully address the main obstacles in their respective regions in implementing the immunization program; (2) mobilizing the resources of all related sectors, including the private sector; and (3) increase public awareness of the importance of complete routine immunization so that they are willing and able to visit immunization service points.

The strategy to strengthen health workers, especially at the primary health center, is the right step to address immunization challenges in the pandemic era. The activities and strategies relate to vaccinator and district manager capacity building: a) increase levels of pre-service, in-service, and post-service training for human resources, and develop new, relevant curricula that approach immunization as a component of comprehensive disease control; b) include immunization in the primary education curriculum; c) ensure that immunization and other primary health-care programs have adequate human resources to schedule and deliver predictable services of acceptable quality; d) promote coordinated training and supervision of community-based health workers; e) train health workers and civil society organizations in engaging communities, in identifying influential people who can assist in planning, organizing and monitoring health and immunization programs, as well as community needs, and in working with communities to meet those needs.

Invest in the shared responsibility for immunization delivery between communities and the immunization program to reach uniformly high coverage through high demand and quality services.

Pandemic COVID-19 should not be an obstacle to immunization. The thing that needs to be overcome is the adjusted health protocol; through this approach, parent con-

sciously takes their children to health service to get immunization and not be easily affected by inappropriate negative issues regarding immunization.

In addition, the public is also advised not to be easily influenced by inappropriate negative issues regarding immunization. Engaging communities and creating demand for vaccination and mobilizing and communicating for vaccination activities and strategies relate to engaging communities and creating demand: a) take advantage of community structures to enhance communication and deliver services (for example, traditional birth attendants, birth registries); b) involve civil society organizations in community outreach and planning; c) develop new approaches to community engagement for urban and per urban areas; d) train health workers and civil society organizations in engaging communities, in identifying influential people who can assist in planning, organizing and monitoring health and immunization programs, as well as community needs, and in working with communities to meet those needs; e) conduct operational and social science research to identify successful strategies to reduce inequities and improve the quality and delivery of immunization services; f) include immunization in the primary education curriculum.

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