



National Policy of Expanded Program on Immunization (EPI) School Children Immunization

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**SUBDIRECTORATE of IMMUNIZATION
DIR . GEN OF DISEASES PREVENTION
AND CONTROL**

Outline

- 1) Legal Framework of EPI
- 2) Policy & Operational Strategy
- 3) Implementation of School Children Immunization**
- 4) Targets & Indicators
- 5) School Health and School Children Immunization



Legal Framework of EPI (1)

1. State Constitution 1945 (article 28)
2. Law No. 36 / 2009 → on Health
3. Law No. 23 / 2002 → on Children Right
4. MoH Regulation No. 42 / 2013 → EPI Program



- EPI Goals & Objective
 - UCI Target

To Reduce Morbidity, Mortality & Disability Caused by EPI Target Diseases (Reduction, Elimination, Eradication of EPI Target Diseases)

Legal Framework of EPI (2)

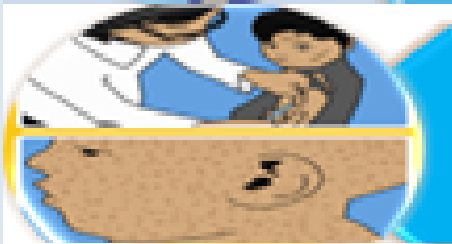
Types of Immunization Services

A. Obligatory



ROUTINE

- Basic Immunization for Infant
- Continued Immunization for Under five
- Continued Immunization for School Children
- Continued Immunization for Child Bearing Age (CBA)



ADDITIONAL

- Backlog Fighting
- Catch up Program Sub NID
- NID
- ORI
- Catch up Campaign Measles



Specific Case Immunizations

- Meningitis Meningococcus
- Yellow Fever
- Anti Rabies (VAR)

B. OPTIONAL

Vaccine Not Provided by Gov → For Example: Pediacel, MMR, etc⁴

Policy & Operational Strategy

1. To Achieve High Immunization Coverage, Accessible, Equally Distributed

- Availability of Static and Accessible EPI Service
- Availability of EPI Services in Hard to Reach Areas

2. Continuous Quality Improvement Through;

- Skill Personnels
- Quality Vaccine and Cold Chain System
- Correct Vaccination Procedure

3. Community Mobilization and Participation



Targets & Indicators

- IPV (Inactivated Polio Vaccine) will be introduced in July 2016
- One dose IPV is given together with DPT-HB-Hib 3 & OPV 4 (4 Month infant of age)

Age	Antigen	
0-7 Days	Hepatitis B	IPV ONE DOSE AT 4 MONTH OF AGE
1 st Month	BCG, Polio 1	
2 nd Month	DPT-HB-Hib 1, Polio 1	
3 rd Month	DPT-HB-Hib 2, Polio 2	
4 th Month	DPT-HB-Hib 3, Polio 3, IPV*	
9 th Month	Measles	
18 th Month	Measles, DPT-HB-HIB	

School Health Program

- Begun in 1956
- Collaboration of Ministries of Health, Education, Internal Affairs, Religious Affairs
- UKS Boards exist at each level
- 3 programs under UKS
 - health education
 - health service delivery through schools
 - healthy school environment.
- **School Immunization Month Programme (BIAS) comes under UKS**



SCHOOL IMMUNIZATION BACKGROUND

- ➔ Low coverage of TT2+ immunization (pregnant women, CBAW, and grade 6 of elementary school)
- ➔ UCI level achieved in 1990, this cohort has reached grade 1 of elementary school in 1997
- ➔ School enrollment ratio $> 95\%$ at elementary school

Objectives of School Children Immunization

General Objectives :

To provide long protection to children against EPI target diseases : measles, diphtheria, tetanus including neonatal tetanus.

Specific Objectives :

- Life long protection against measles.
- Ten years protection against diphtheria.
- Twenty five years protection against tetanus.

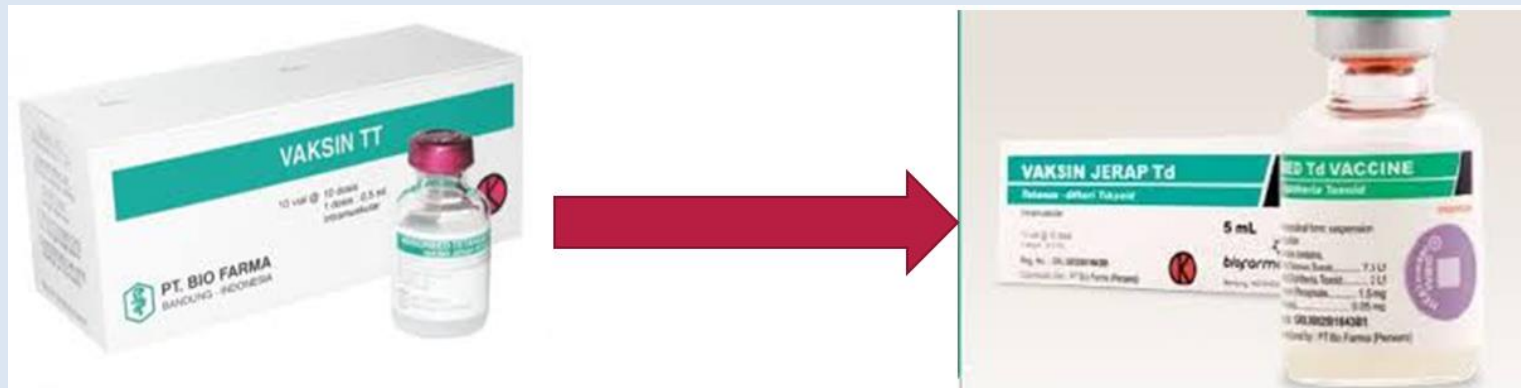


School Immunization Schedule

	1984-1997	1998-2000	2001	2002-2010	2011 →
Grade 1	DT 2x	DT 1x	DT 1x	DT 1x, Measles 1x	DT 1x, Measles 1x
Grade 2		TT 1x	TT 1x	TT 1x	Td 1x
Grade 3		TT 1x	TT 1x	TT 1x	Td 1x
Grade 4		TT 1x			
Grade 5		TT 1x			
Grade 6	TT 2x	TT 1x			

Rationale for changing TT to Td

- The level of immune protection of children younger than 15 years of age against diphtheria was very low, particularly in children age 1-2 years and age 5-6 years*
- Re-emergence of diphtheria cases in some areas since 2008



*Source: Kusnandy Rusmil, Eddy Fadlyana, Meita Dhamayanti, Alex Chairulfatah, 2001

Lessons Learned From BIAS Based on Result of WHO Team Visit in November'08

- **BIAS is well-designed**
 - Elements for successful program exist
 - official policy
 - operational guidelines for health workers and teachers
 - roles and responsibilities of each Ministry
 - budget at health centers and districts
 - vaccine and supplies provided from Central
- **High coverage in all schools, where BIAS conducted**
- **Local ownership of operational costs**
- **Not a heavy burden on health staff**
- **Operational costs per student vaccinated are low (TT : \$0,65, Measles :\$0,68)**
- **Consistent data from schools upwards to PHO**

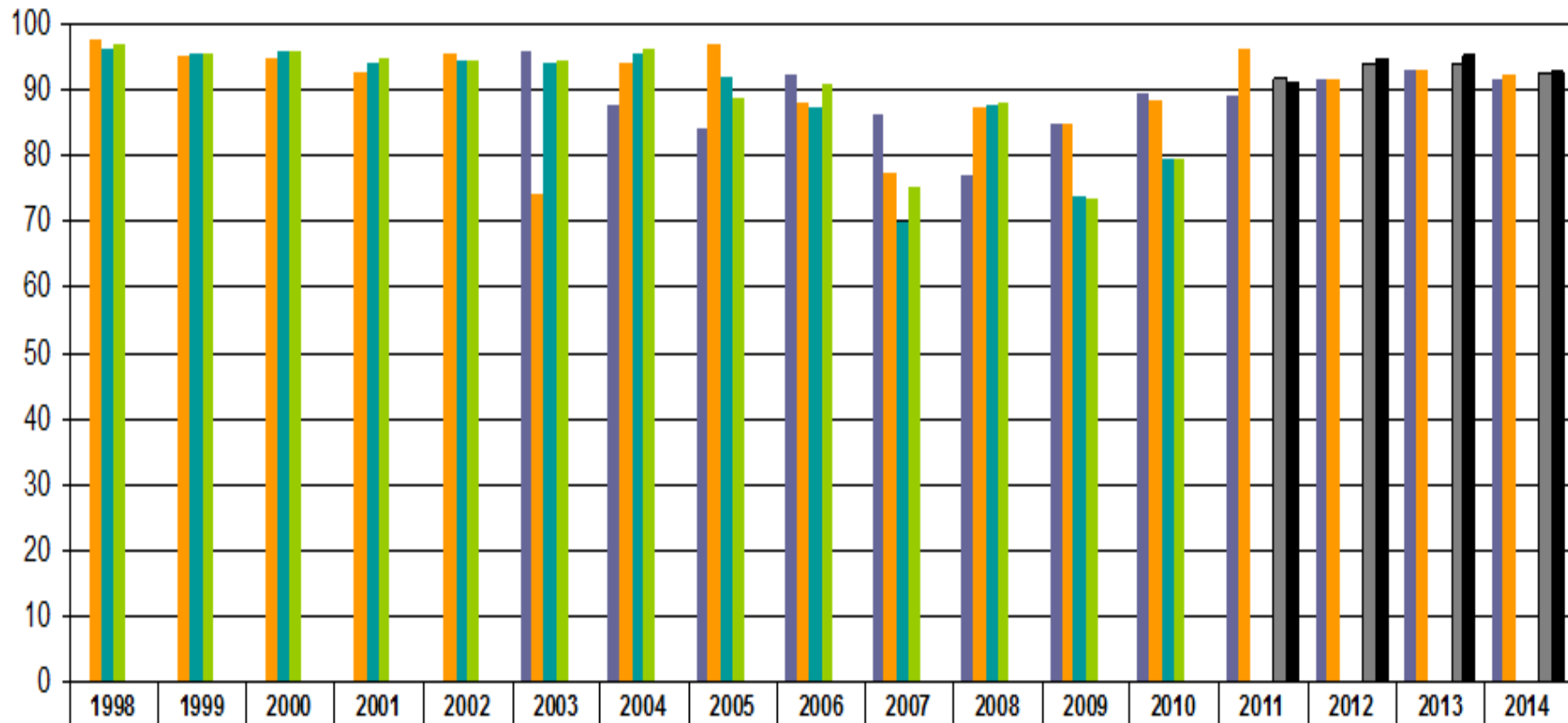


Cost & Financing Issues

Local ownership of operational costs, however in some areas:

- **Limited operational cost for BIAS**
- **Limited sources for monitoring & evaluation**
- **Lack of advocacy to local government**

Trend of BIAS National Coverage, 1998-2014



■ Measles						96	87,5	83,9	92,3	86,5	77	84,9	89,8	89,4	91,8	93,4	91,8
■ DT (grade 1)	97,7	95,3	95	92,9	95,7	74,2	94,1	96,7	88,2	77,2	87,2	84,7	88,3	96,5	91,7	93,1	92,6
■ TT (grade 2)	96,6	95,8	96,1	93,9	94,5	93,9	95,5	92	87,4	69,9	87,7	73,9	79,5				
■ TT (grade 3)	96,9	95,5	95,9	94,8	94,4	94,5	96,3	88,8	90,8	75,3	88	73,3	79,7				
■ Td (grade 2)														91,6	93,9	94,2	92,6
■ Td (grade 3)														91,2	94,7	95,1	92,8

Guidance and IEC Materials

8. BERKAWAN DENGAN SISA
WASDA?


Sebelum makan dan minum, selalu mencuci tangan dengan air mengalir dan menggunakan sabun.

Uraian:
 1. Menjaga kebersihan diri dan lingkungan.

Waktu: 15 menit
 Sasaran: Guru dan Siswa
 Metode: Ceramah dan Demonstrasi

No	Uraian	Waktu	Tempat	Alat/Bahan
1.	1. Menjaga kebersihan diri dan lingkungan.	15	15	15
2.				
3.				
4.				
5.				

Desain: Pusdiklat Diklat Kesehatan, 1999



BULAN IMUNISASI ANAK SEKOLAH
PEDOMAN GURU


BIAS

DEPARTEMEN KESEHATAN
 TIM PEMBINA UKS

Bulan Imunisasi Anak Sekolah


Uraian:
 1. Menjaga kebersihan diri dan lingkungan.
 2. Menjaga kebersihan diri dan lingkungan.
 3. Menjaga kebersihan diri dan lingkungan.
 4. Menjaga kebersihan diri dan lingkungan.
 5. Menjaga kebersihan diri dan lingkungan.

Desain: Pusdiklat Diklat Kesehatan, 1999




PENCANANGAN
BULAN IMUNISASI ANAK SEKOLAH
 Jakarta, 14 Februari 1997

IM.26



PETUNJUK TEKNIS
BULAN IMUNISASI ANAK SEKOLAH
"BIAS"

Bagi Pengelola Program



DEPARTEMEN KESEHATAN
 TIM PEMBINA UKS PUSAT
 1998



PETUNJUK TEKNIS PELAKSANAAN
BULAN IMUNISASI ANAK SEKOLAH
(BIAS)



DIREKTORAT JENDERAL
 PENGENDALIAN PENYAKIT DAN PENYEHATAN LINGKUNGAN
 KEMENTERIAN KESEHATAN RI
 2013

A collaboration....

Role of MOH :

- Development of policy and guidance of technical matters
- Preparation and implementation of immunization service at schools
- Monitoring and evaluation

Role of Ministry of Education :

- Socialization and mobilization of teachers in general schools, both public and private schools, to support the program
- Coordination with schools to approach the parents

A collaboration...

Role of Ministry of Religion :

- Socialization and mobilization of teachers in religion-based schools, both public and private schools, including Islamic boarding schools which are many in most of areas of Indonesia

Role of Ministry of Home Affairs :

- Socialization and advocacy to local governments regarding budget allocation to support logistic supplies (not include vaccines) and operational cost for the program implementation.

Challenges

- To institutionalize of BIAS report
- To improve parents' awareness
- To integrate new vaccines into BIAS schedule (ex: HPV and dengue)

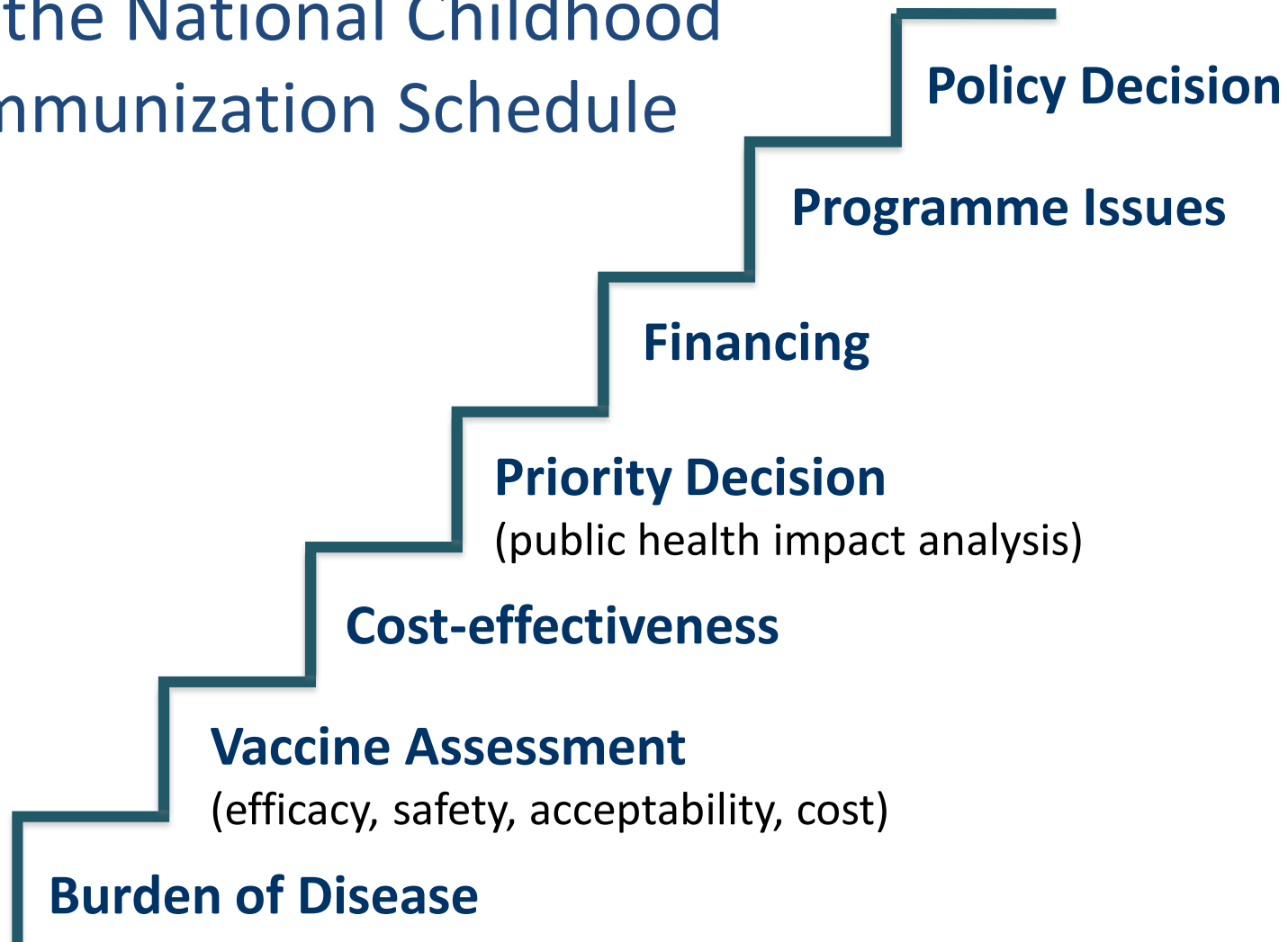
Global Disease Elimination and Eradication as Public Health Strategies



Fact sheets for candidate diseases for elimination or eradication

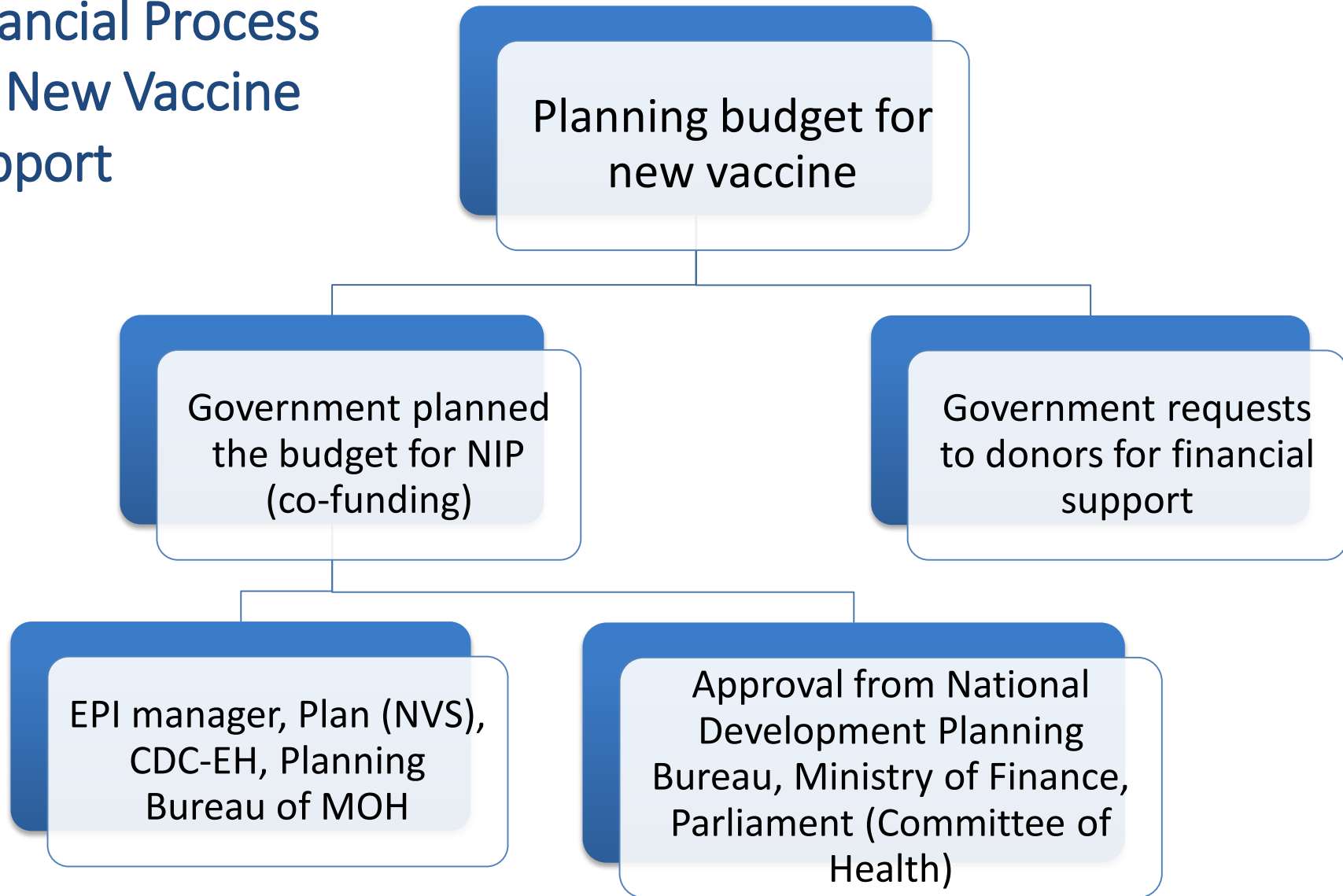
1. Brief description of the condition/disease
2. Current burden and rating within the overall burden of disease
3. Feasibility (Biological) of elimination/eradication.
4. Estimated cost and benefits of elimination/eradication
5. Key strategies to accomplish the objection
6. Research needs
7. Status of elimination/eradication efforts to date
8. Principal challenges to elimination/eradication.

Steps Towards a New Vaccine on the National Childhood Immunization Schedule



Source: Zuber P, 2004, WHO

Financial Process for New Vaccine Support





HEALTH IS MY WEALTH,
WE MUST MAINTAIN

Thank You