



Experience & Challenge

Immunization Recommendations

Thailand

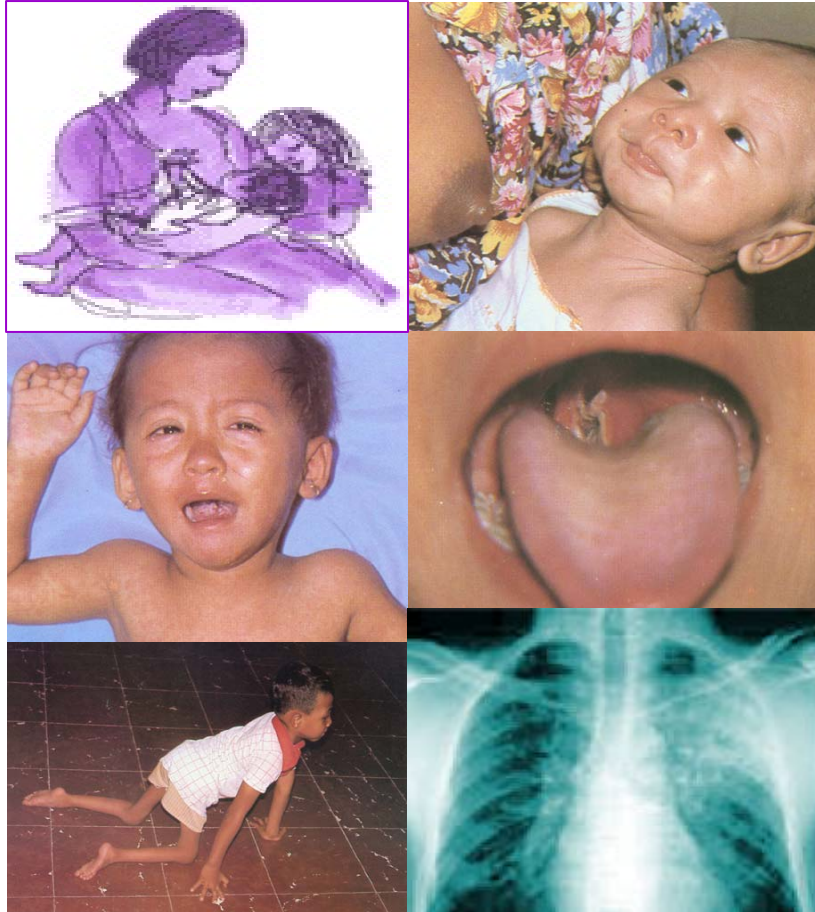
Unchalee Siripitayakunkit
NVI, DDC, MoPH
September, 15, 2011













Smallpox vaccination in 1838, Bangkok Thailand



Current vaccines in EPI



-  BCG
-  DTP
-  OPV
-  HB
-  JE
-  TT / dT
-  DTP-HB
-  M
-  MMR
-  Influenza

Basic Immunization - EPI

National Advisory Committee on Immunization Practice (NACIP) established since 1970

EPI established since 1977 under technical & strategic advisory of NAICP

Target populations:

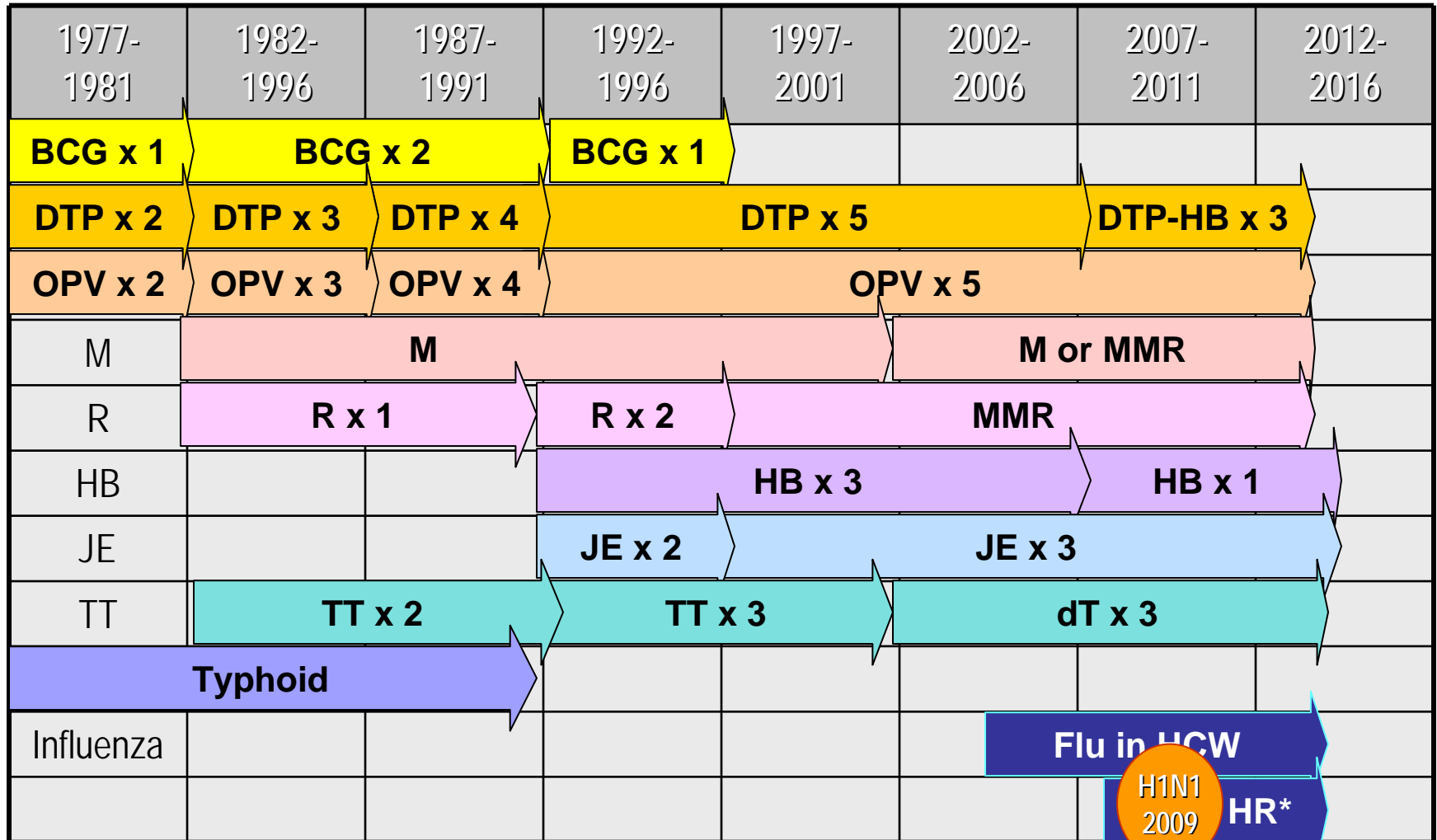
- New born babies & children
- Pregnant women
- High-risk groups

Nationwide coverage >90%, except in border areas & high terrains

Vaccine procurement, technical support, evaluation are organized at national level

All hospitals & HCs provide immunization service, free of charge

Timeline of vaccine introduction in Thai EPI since 1977

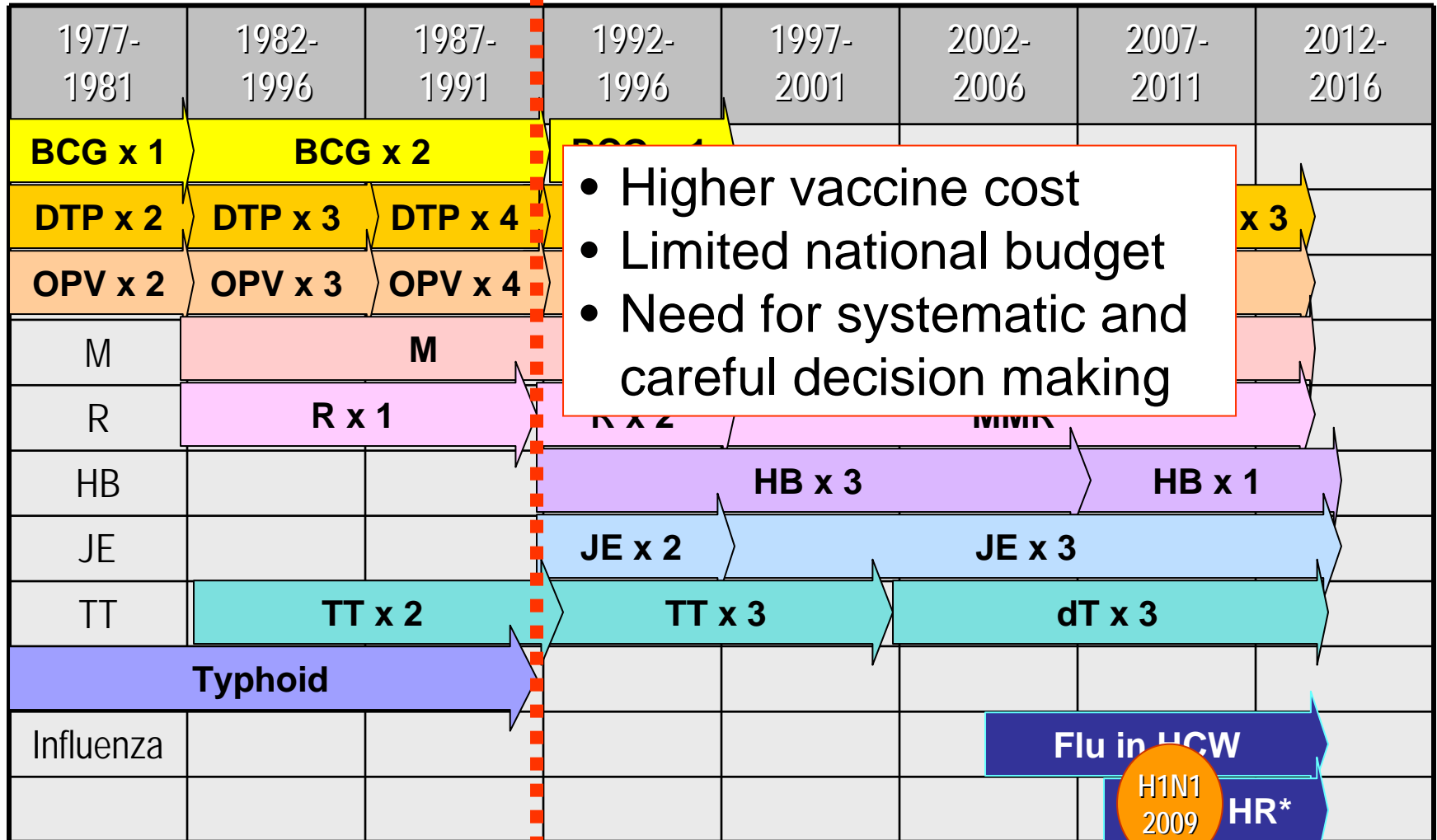


Source: EPI / DDC / MOPH, 14 July 2011

(A)

HR* – High risk groups

Timeline of vaccine introduction in Thai EPI since 1977



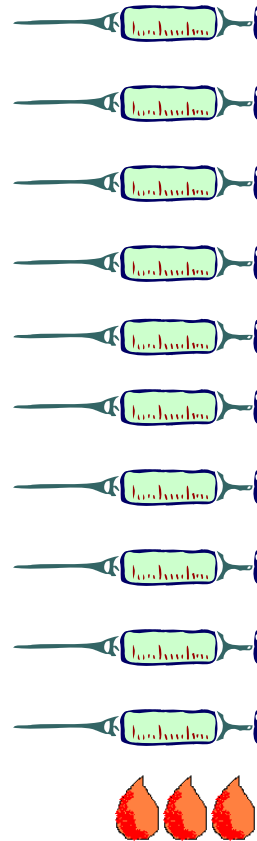
Source: EPI / DDC / MOPH, 14 July 2011

(A)

HR* – High risk groups

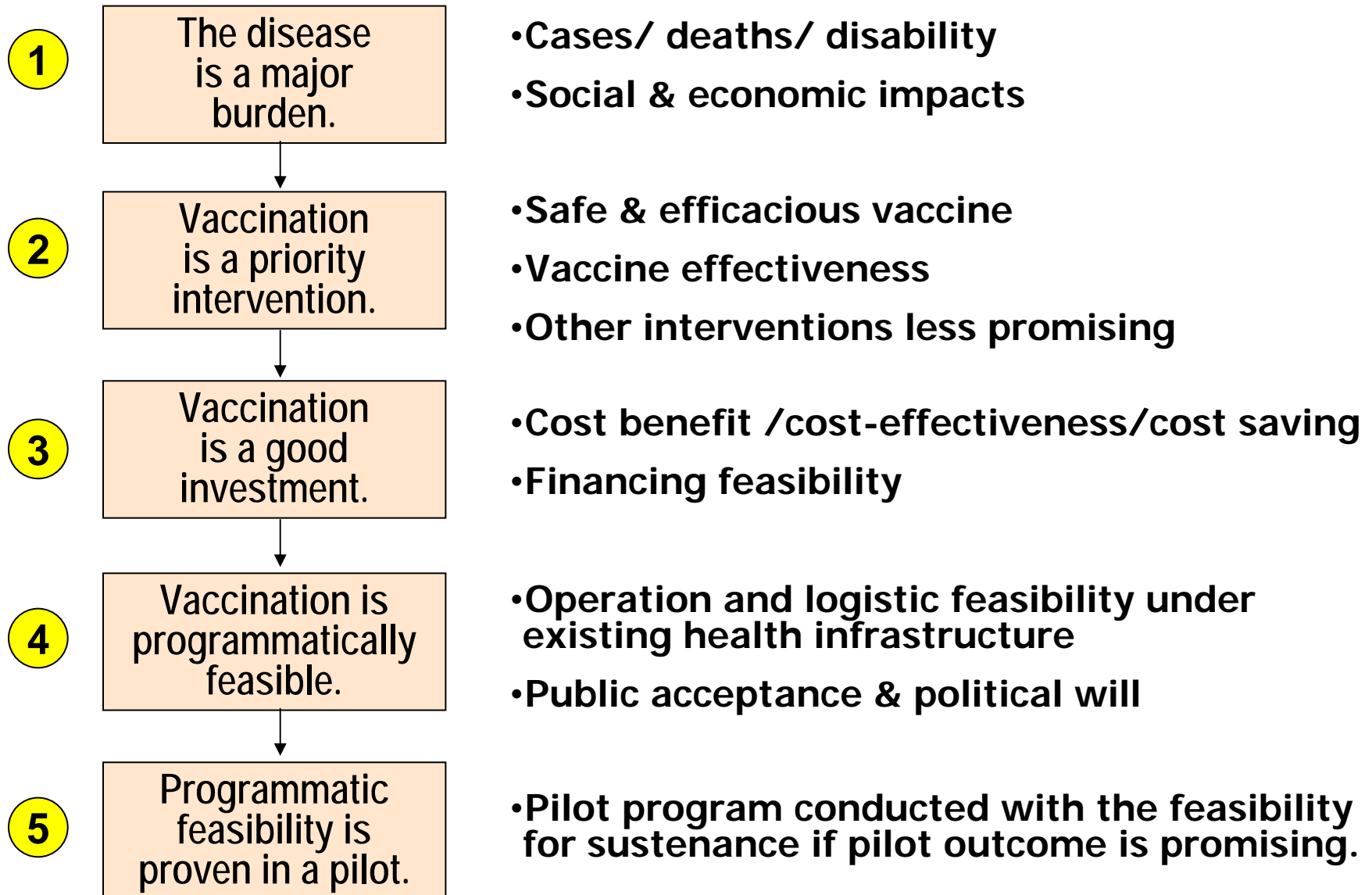
Vaccines expected for introduction

Licensed / Registered vaccines

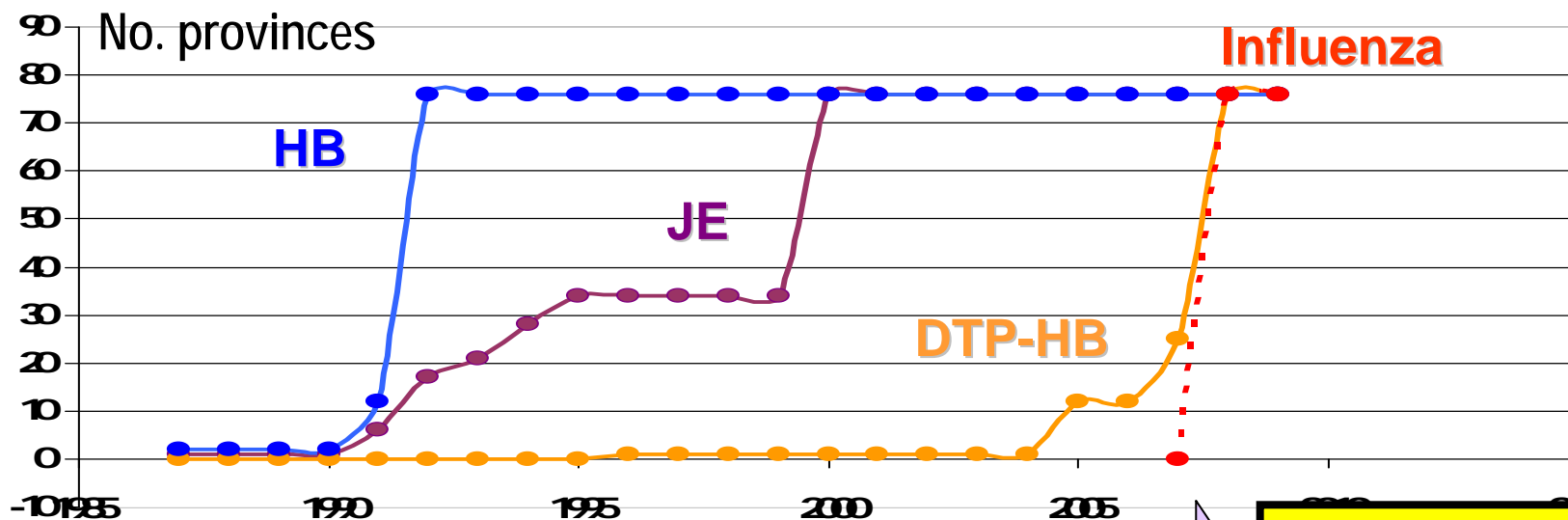


- Pneumo
- Hib
- Rotavirus
- Hepatitis A
- IPV
- HPV
- Varicella
- Typhoid
- DTP-HB-Hib
- DTP-HB-Hib-IPV
- Cholera
- Other

Decision making process for introduction of new vaccines in Thai EPI



Geographic expansion of HB, DTP-HB and JE in EPI



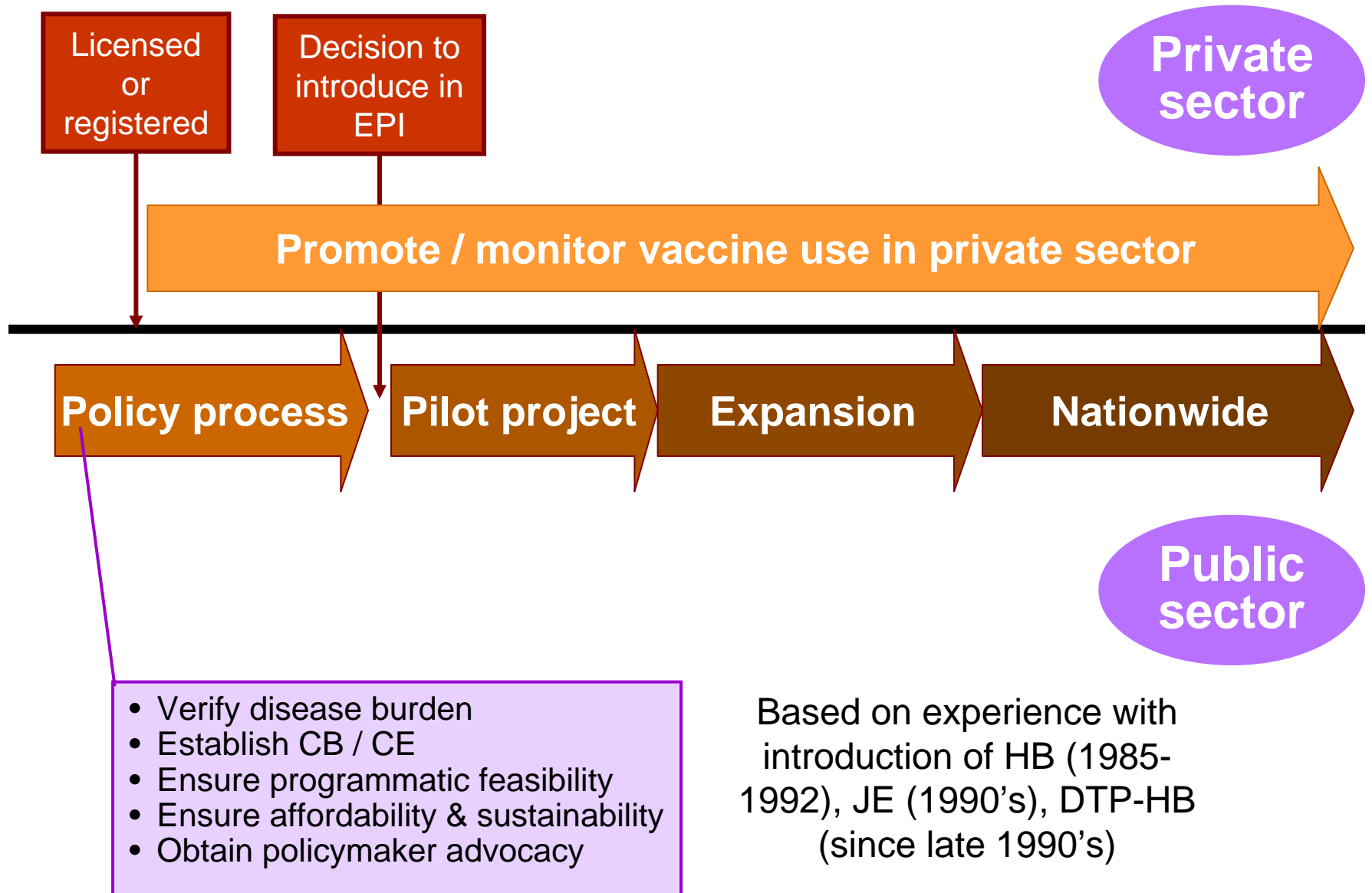
Policy & strategy development under national strategic plan (NVC)
 Technical development & consultation (ACIP / NVC)
 Research and development (EPI & technical partners)

In consideration of disease burden, socioeconomics & internatl standards

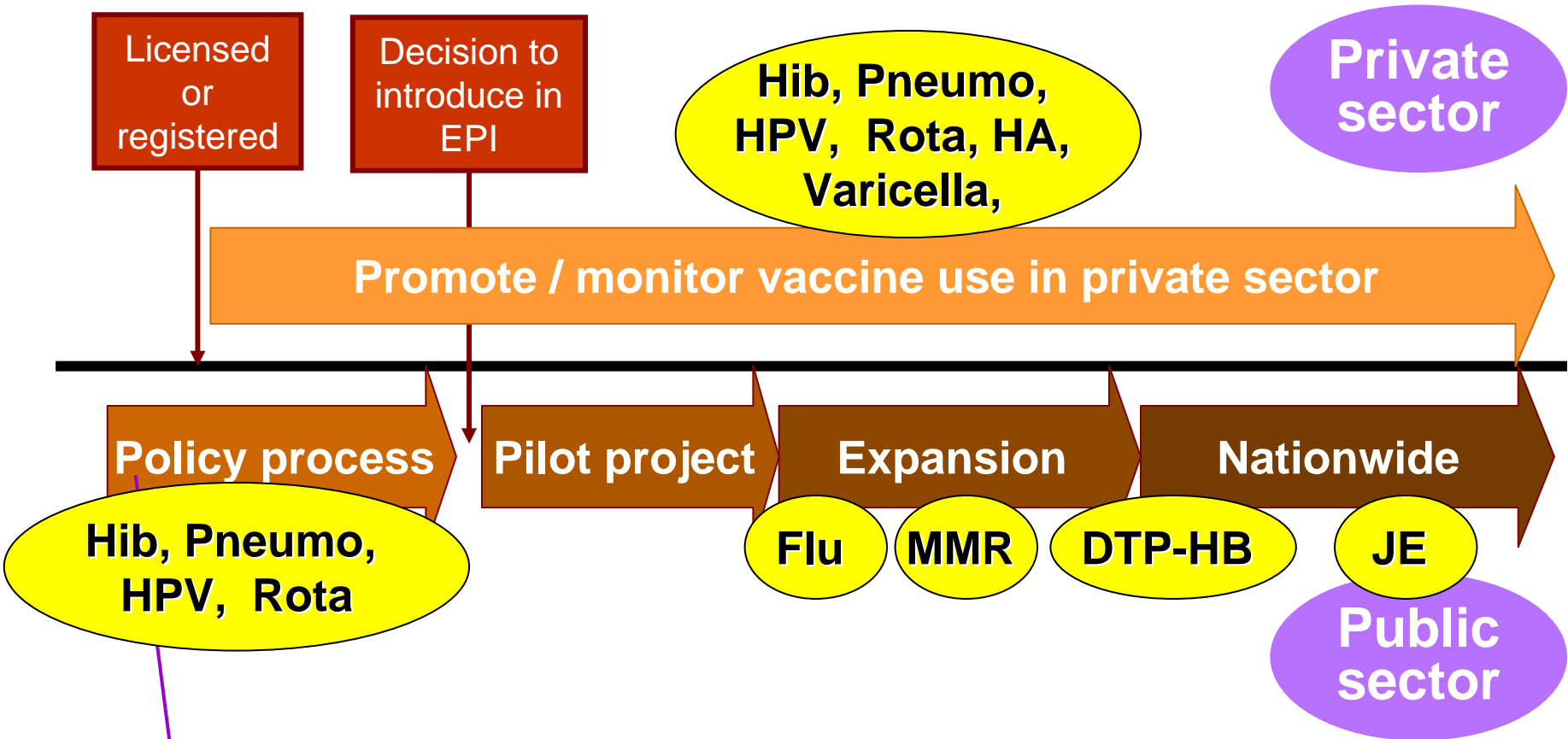
Programmatics
 Training / orientation / supervision/ Procurement / storage / transport / distribution / Cold chain / Public information / Monitoring / Evaluation
 Disease surveillane / outbreak control
 AEFI surveillane and responses

For nation-wide health service infra., in public & private sector

DDC roles in vaccine introduction



DDC roles in vaccine introduction



- Verify disease burden
- Establish CB / CE
- Ensure programmatic feasibility
- Ensure affordability & sustainability
- Obtain policymaker advocacy

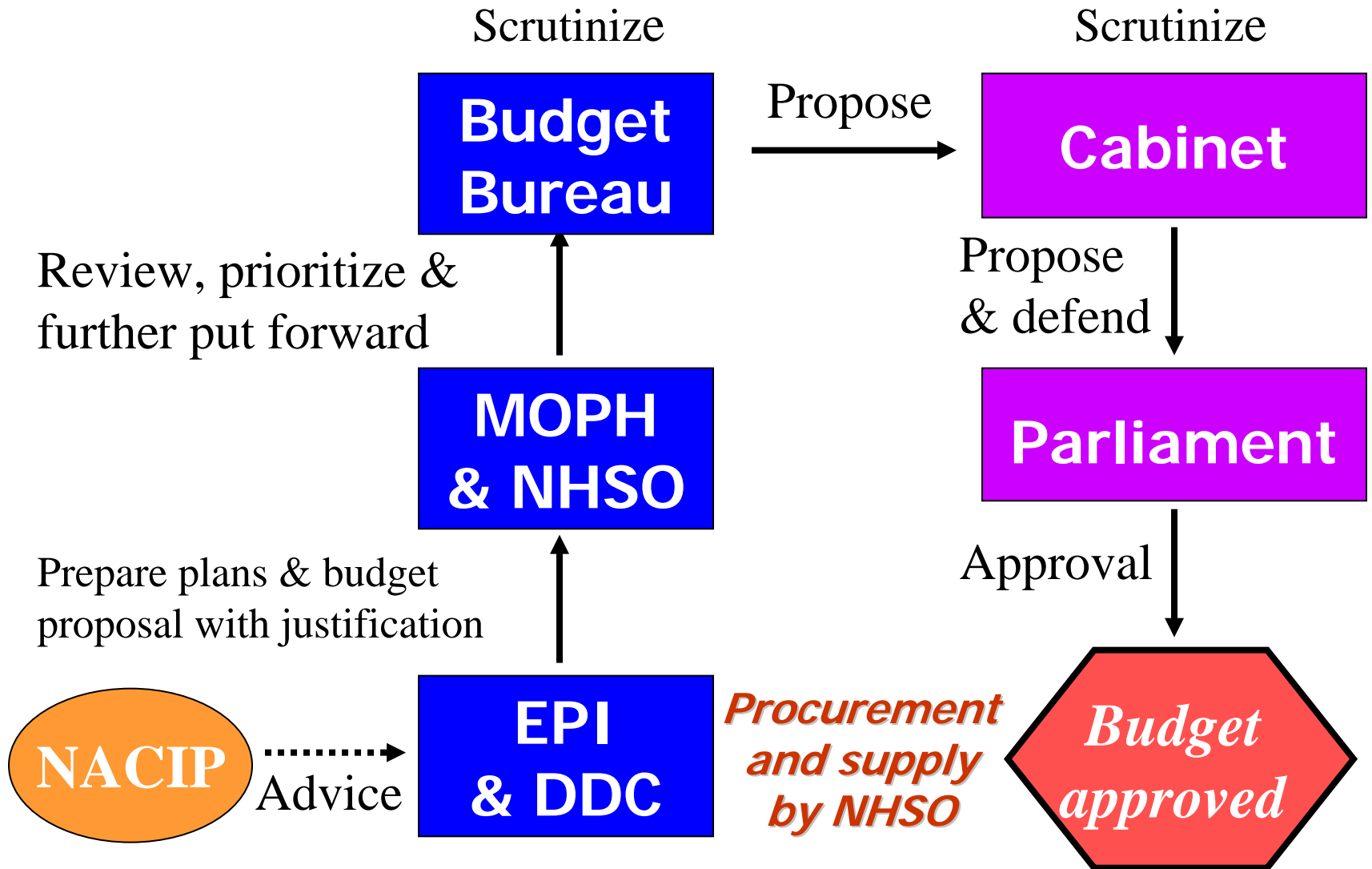
Based on experience with introduction of HB (1985-1992), JE (1990's), DTP-HB (since late 1990's)

Shifts in EPI management



- During 1977–1999, EPI was managed by the Ministry of Public Health (MOPH), from policy to technical support, vaccine logistics and supply, vaccine deliver, to monitoring and evaluation.
- Since 2000, EPI program has undergone major shifts, under Universal Coverage (UC) scheme of national health care reform, with NHSO as major funding partner.

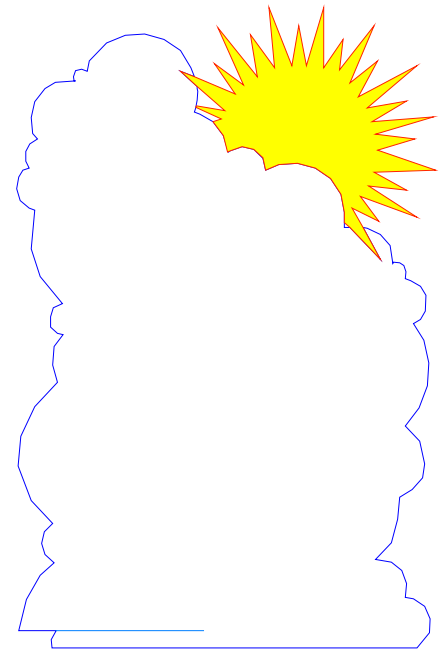
Planning and budgeting for national immunization program



EPI under UC

Clear areas

- NHSO takes care of financing for vaccines and vaccine delivery, including procurement and supply of vaccines to all health care providers.
- MOPH is responsible for:
 - Policy / strategy development and guidance, as well as technical support to health care providers
 - Vaccination service



EPI under UC

Challenge of vaccine introduction

- Introduction of new vaccines is a high-cost and high-impact endeavor; therefore, requires careful policy and financial scrutiny.
- Policy on vaccine introduction is developed by MOPH, under the advice of NACIP. Main decision criteria include disease burden, public health impact, vaccine safety and efficacy; cost implications.
- Decision on financing is made by NHSO, whose main decision criteria include cost-benefit, cost effectiveness and budget burden.



Harmonized decision is crucial.

Acknowledgements

- Dr.Sujarti Jetanasen
- Dr.Prayura Kunasol
- Dr.Supamit Chunsuttiwat
- Dr.Charung Muangchana
- Dr.Piyanit Thamapornpilas



Thank you

