

**SHORT COMMENTARY**

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SUCCESS STORY OF MISSION INDRADHANUSH: A ROAD TO ACHIEVE UNIVERSAL IMMUNIZATIONMd Abu Bashar¹**Financial Support:** None declared**Conflict of interest:** None declared**Copy right:** The Journal retains the copyrights of this article. However, reproduction of this article in the part or total in any form is permissible with due acknowledgement of the source.**How to cite this article:**

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In order to improve the improve the immunization coverage of children under 2 years of age and to provide universal immunization to children from migratory population, Government of India launched mission Indradhanush in December 2014 as a special drive to vaccinate all unvaccinated and partially vaccinated children and pregnant women by 2020. A total of 201 high focus districts where more than 50% of the total unvaccinated or partially vaccinated children live were identified for covering under phase one of this drive. A total of 7.6 million children were vaccinated in this phase out of which 1.9 million got fully immunized. Second phase of the drive have also completed recently in 352 districts of the country. Seeing its wider coverage, mission Indradhanush has been success till now.

Keywords: Mission Indradhanush, Immunization, migration

India's immunization programme, launched in 1985, is one of the largest health programmes of its kind in the world catering to a birth cohort of 27 million children annually. Despite being operational for the past more than 30 years, only 65% children in India receive all vaccines during their first year of life. It is estimated that annually, more than 8.9 million children in the country do not receive all vaccines that are available under the UIP—the highest number compared with any other country in the world¹. As a strategy to achieve more than 90% full immunization coverage in the country, the Ministry of Health & Family Welfare (MoHFW), GoI, launched Mission Indradhanush on 25 December 2014 as a special drive to vaccinate all unvaccinated and partially vaccinated children and pregnant women by 2020 under the Universal Immunization Programme. The programme provides vaccination against seven life-threatening diseases (diphtheria, whooping cough, tetanus, polio, tuberculosis, measles and hepatitis B) in the entire country. In addition, vaccination against Hae-

mophilus influenzae type B (Hib) and Japanese Encephalitis (JE) is provided in selected districts/states of the country². Government of India has also partnered with WHO, UNICEF and other partners to leverage the knowledge and infrastructure built during the polio campaign to step this mission. Around 2000 doctors and field monitors who were working with the WHO on the Polio eradication programme are now part of this nationwide initiative to vaccinate all unvaccinated and partially vaccinated children.³

Under the mission, the Government has identified 201 high focus districts across the country. These districts have been identified based on a composite indicator, considering full immunization coverage, number of partially vaccinated and unvaccinated children and whether the district is an identified High Priority Districts (HPD). Nearly 50% of all unvaccinated or partially vaccinated children in India are in these 201 districts².

The first phase of the mission which was started on 7th April 2015 consisted of four rounds each lasting for a week in month of April, May, June and July. A total of 9, 66, 495 sessions were held during this phase. Around 7.6 million children were immunized out of which 1.9 million children were fully immunized. In addition, a total of 2.1 million pregnant women were vaccinated with tetanus toxoid out of which 1.2 million were fully immunized with TT vaccine⁴. This is a remarkable in view of the wider reach of this phase. Within the 201 high focus districts, the Mission focused on 4, 00,000 high risk settlements identified as pockets with low coverage due to geographic, demographic, ethnic and other operational challenges. These include nomads and migrant labour working on roads, construction sites, riverbed mining areas, brick kilns, and those living in remote and inaccessible geographical areas and urban slums, and the underserved and hard to reach populations dwelling in forested and tribal areas⁵.

In the second phase of Mission Indradhanush, 352 districts were selected including 279 mid priority districts, 33 from the North East states and 40 districts from phase one where large number of missed out children were detected⁵. The second phase has been started from 7th October, 2015. This has been followed by weeklong intensified immunization drives for three consecutive months, starting from 7th November and 7th December 2015 and 7th January 2016.

Seeing its wider coverage, Mission Indradhanush has been a success till now in order to improve the immunization coverage particularly in the underprivileged and underserved communities and reduce childhood mortality due to vaccine preventable disease.

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