MCHIP Country Brief: Ukraine



Selected Health and Demographic Data for Ukraine, 2012					
Maternal mortality ratio (deaths/100,000 live births)	23				
Neonatal mortality rate (deaths/1,000 live births)	9				
Under-5 mortality rate (deaths/1,000 live births)					
Infant mortality rate (deaths/1,000 live births)	14				
Contraceptive prevalence rate	80				
Total fertility rate	1.2				
Skilled birth attendant coverage	88%				
Antenatal care,4+ visits	29%				
Sources: World Bank 2013; 2007 DHS					

Health Area:

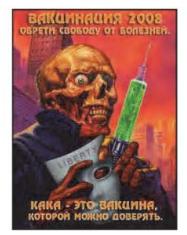
Immunization



Program Dates	June 2011–June 2014						
Total Mission Funding	Redacted						
Geographic Coverage	No. (%) of provinces	National TA	No. of districts	N/A	No. of facilities	N/A	
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INTRODUCTION

Ukraine is at high risk for vaccine-preventable disease outbreaks due to low vaccination coverage caused by fear of vaccines and vaccination, as well as intermittent and inadequate vaccine supplies for routine operations. This situation is of concern both regionally and globally because Ukraine is a large country with nearly half a million babies born each year and a total population of almost 46 million. Ukraine's immunization program has confronted serious issues of public distrust since 2008. At that time, widespread publicity over the death of a recently vaccinated adolescent in Donetsk—at the start of a nationwide measles and rubella (MR) vaccination campaign—ignited a highly active anti-immunization lobby, exacerbated public fears, and raised doubts about the value and safety of vaccination.





In 2011, the U.S. Agency for International Development (USAID)/Ukraine provided funding through the Maternal and Child Health Integrated Program (MCHIP) to contribute to restoring trust in childhood vaccinations. After a visit to Ukraine in July 2011, MCHIP developed a plan of action that included participation in a national immunization review and development of communication and training

The program began with participation in an Expanded Program on Immunization (EPI) review, organized by the World Health Organization (WHO) with the Ministry of Health (MOH), to gain a better understanding of the Ukrainian context and the national immunization program, and specific issues related to lack of trust in

vaccination among both health care providers and the public.

materials.

KEY ACHIEVEMENTS

To address vaccine hesitancy and improve communication between health workers and caregivers, MCHIP, in collaboration with the MOH, UNICEF, and WHO, developed 19 communication materials. These materials included simple, practical tools and job aids to enhance health workers' knowledge and attitudes regarding immunization. They also were designed to improve the ability of health workers to deal with parental concerns more effectively, a very difficult task for many health professionals.

Ukrainian and Russian versions of these materials were thoroughly pretested with health professionals and parents, and reviewed by technical experts. The materials were provided to the MOH, WHO, and UNICEF in January 2014, and are awaiting final approval for dissemination. A local MCHIP consultant also began to develop immunization materials that could be used in health professionals' pre-service and in-service training, but it is unclear at the time of this report if these materials will be completed.

An unanticipated but complementary activity was participation in a multi-partner polio outbreak simulation exercise in Ukraine in May 2013. The aim was to increase the level of preparedness for a possible importation of wild poliovirus and to improve the government's capacity to respond rapidly to the detection of circulating polio viruses. MCHIP's consultant contributed to the follow-up report, which is intended to lay the foundation for the national strategy for epidemic control.

WAY FORWARD

The task of restoring trust is a challenge due to the country's traditional Soviet perceptions of immunology and immunization. Immunization in Ukraine is perceived as a risky medical intervention, appropriate only for completely healthy children. A physician must authorize each vaccination after the child has undergone a physical examination and blood test. At this point, many children are referred to specialists if anything slightly abnormal is present. The national contraindications policy and consent process encourage fear of vaccination. Health staff feels unprotected against punishment if a child they immunize develops a serious side effect, so most are extremely cautious. Vaccine procurement is very inefficient and apparently corrupt, which has resulted in low trust in the vaccines offered and in severe vaccine stock-outs since 2010.

The main challenges faced in Ukraine include MCHIP's extremely limited budget; lack of in-country staff; lack of technical guidance from the MOH on some key areas, such as proper vaccination administration; as well as many existing policies that do not follow globally recommended ones. The current political crisis has also delayed the completion of MCHIP's work.