

Zero-dose Children in South Africa: Reaching the Unreached

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Introduction

- Immunization is a success story for global health, saving millions of lives every year.
- Unfortunately, not all eligible children received these life-saving vaccines.
- Children who have received any routine vaccination are called “zero-dose children.”

Objective of the Study

The objective of the study is to analyze the trend of childhood vaccination in South Africa and identify “zero-dose communities” or areas with high prevalence of zero-dose children.



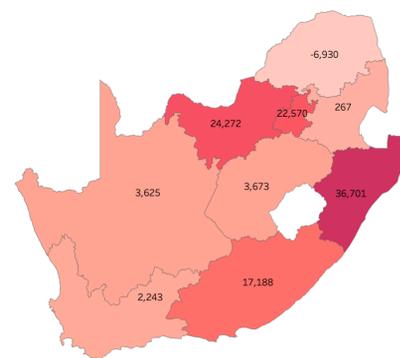
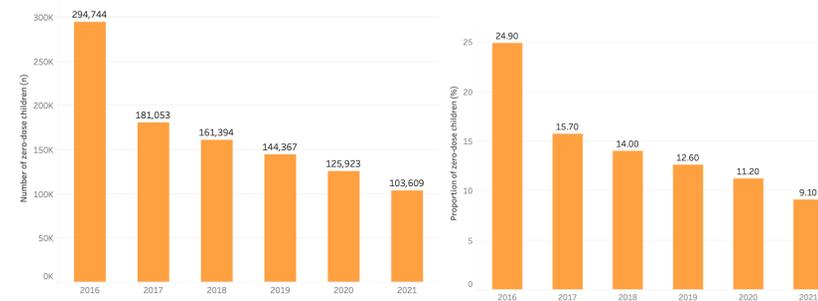
Photo credit: UNICEF

Methods

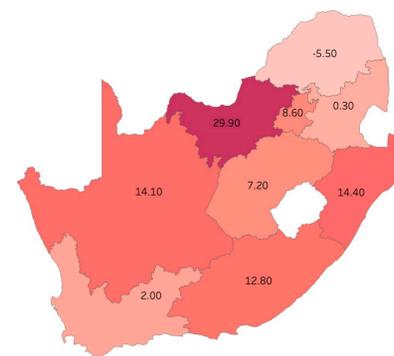
- Conducted descriptive analysis to examine trends in childhood immunization from 2016 to 2021.
- Analyzed data at the national, provincial, district and subdistrict level.
- Presented data visualizations of the findings, including heat maps.

Results

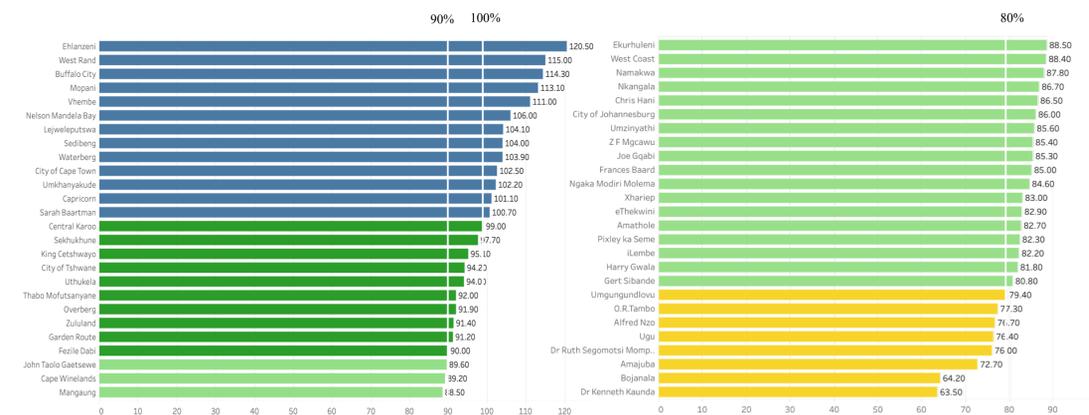
- South Africa has made progress in providing childhood immunization services and reducing the number of unvaccinated children. However, there are still about **104,000 zero-dose children in 2021**, accounting to 9.1% of children under 1 year old.



- **KwaZulu-Natal (KZN)** province consistently has the highest absolute number of zero-dose children in recent years, ranging from 35,000 to 43,000 per year.



- **North West (NW)** province consistently has the highest proportion of zero-dose children in recent years with about 30% of the child population are zero-dose annually.



The 20 poorest performing districts overwhelmingly make up **86.4%** of the total number of zero-dose children in the country in 2021. This suggests that focusing on these 20 districts can make a significant impact in reducing zero-dose communities.

- In 2021, 13 districts logged more than 100% coverage which can be due to denominator issue.
- **Only 23 of 52 districts reached the 90% national target**, while 29 of 52 districts did not reach the target.

Discussion

- Promoting immunization coverage and equity starts with ensuring we reach the unreached by reducing zero-dose communities. Additional insights are needed to identify supply and demand barriers specific to these communities and co-create potential solutions to reduce these barriers.

Questions

- How can denominator issues (i.e., inaccuracy of population estimates) be improved, especially to account for migration and undocumented children?
- How will the analysis change if the national immunization data incorporated private health facilities records?

Conclusion

- By identifying where zero-dose communities are, South Africa can focus their efforts and interventions to cost-effectively reduce zero-dose children.

Acknowledgements

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