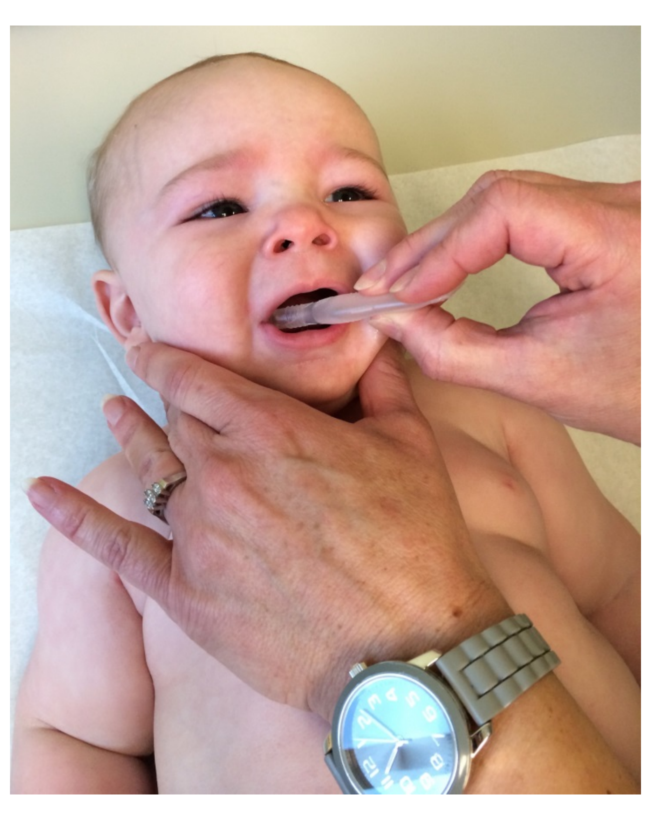
Delivering vaccines:
Equity & the power of communities

Dr. Craig Burgess,
JSI Research and Training Institute Inc.
Asian Vaccine Conference, 15 September 2019

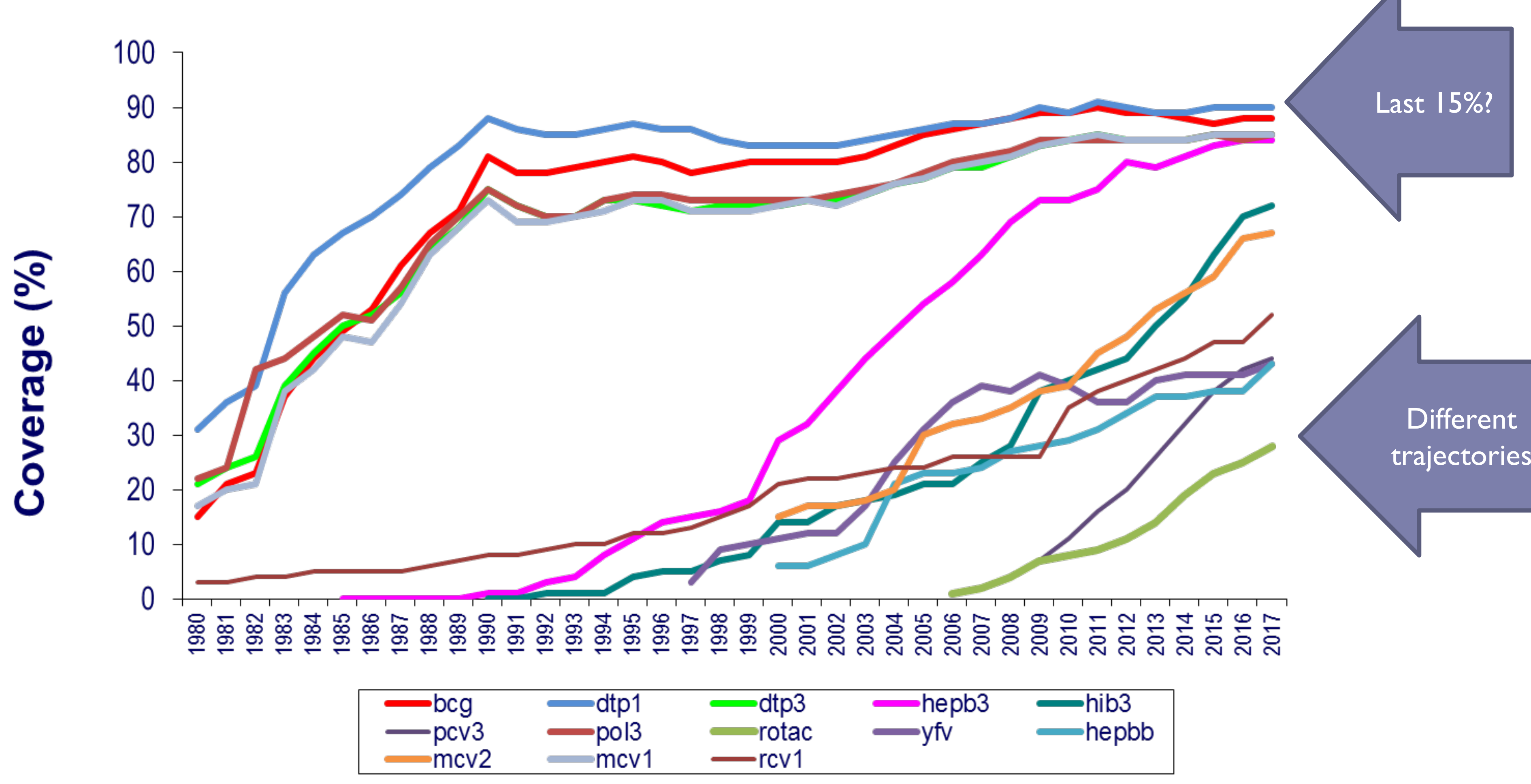
Overview



1. Equity & global trends
2. Equity Reference Group
3. Strategies for increasing equity:
   - GRISP
   - RED / REC
   - Supply chain
   - Addressing missed opportunities
4. Community partnership
5. The future

Global coverage estimates, 1980-2017

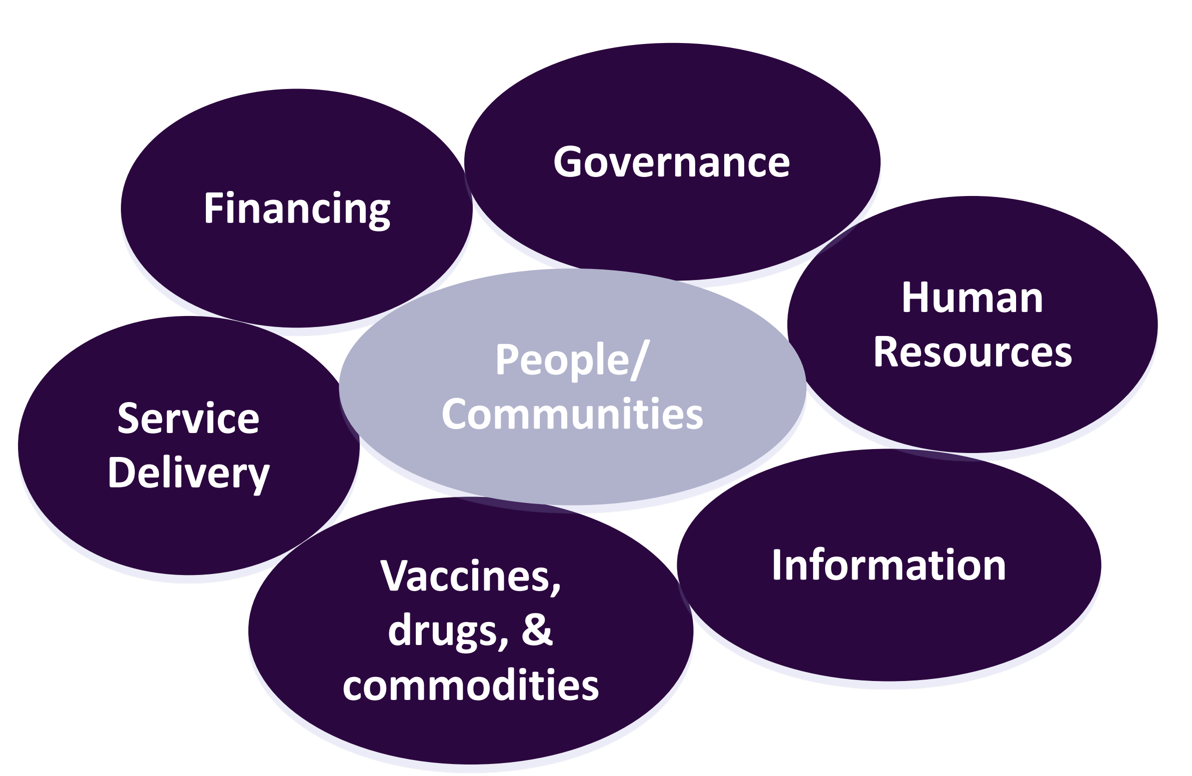
BCG, DTP 1st and 3rd, Measles 1st and 2nd, Rubella 1st, HepB birth and 3rd, Hib3, Pol3, YFV, PCV3 and Rota (last dose)



Source: WHO/UNICEF coverage estimates 2017 revision, July 2018.
Immunization Vaccines and Biologicals, (IVB), World Health Organization.
194 WHO Member States. Date of Slide: 15 July 2018.

Reaching those who need vaccines the most needs strong health systems

6 building blocks + 1



Services that are:

- Accessible
- Available
- Acceptable
- Affordable
- Affable

Keep missing the target

We don't know who they are…..

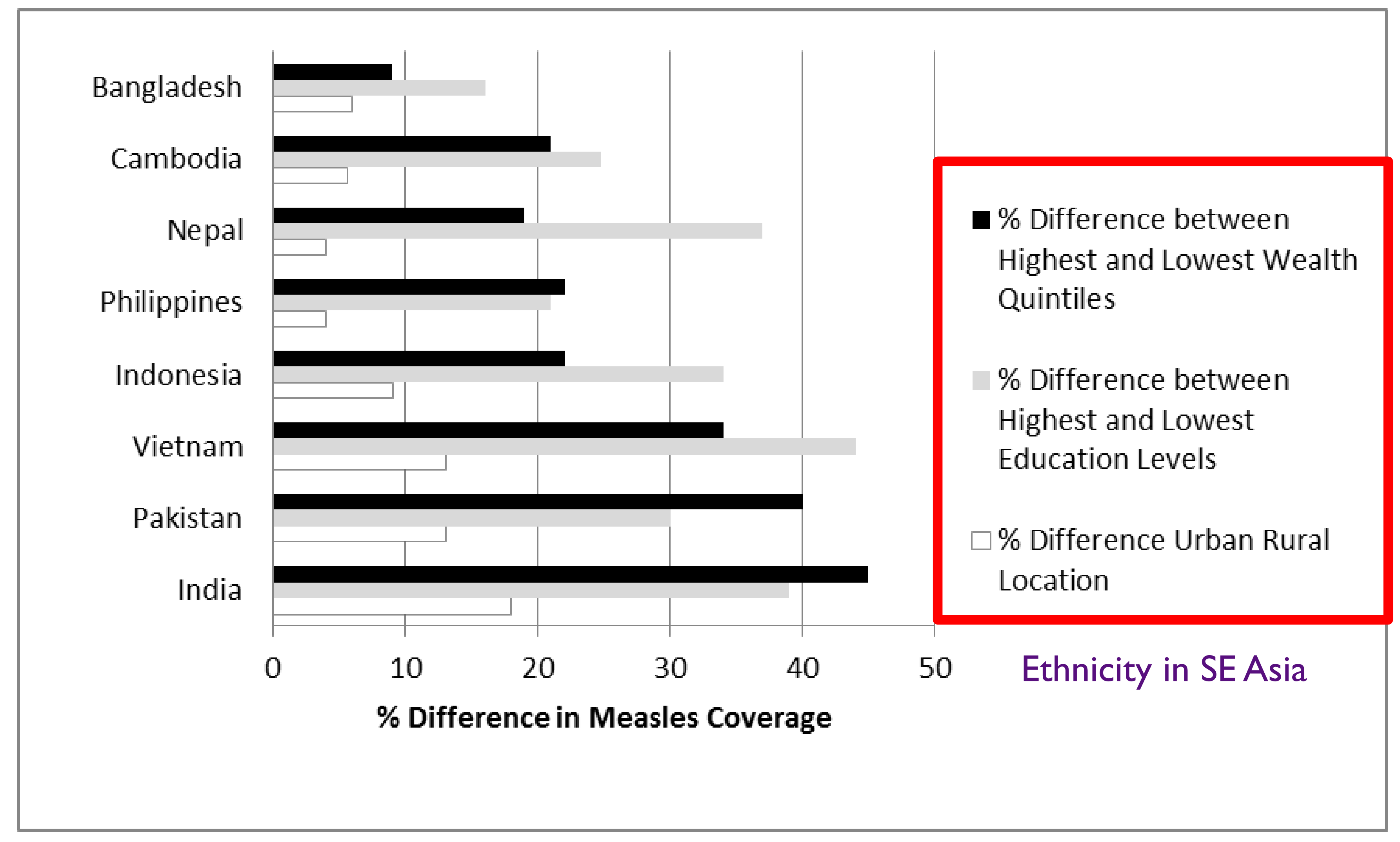
these communities are missed through administrative data

….not included in the denominator

………often unregistered and mobile

Those with greatest disease burden in most need, yet missed

Immunization inequities vary by country and within countries



Source: UNICEF policy analysis – MICS, DHS, WUENIC mix 2011-2016

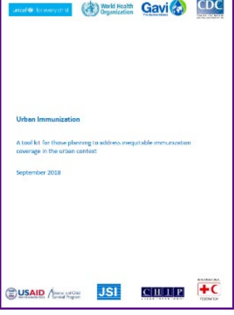
Soeung et. al. 2012

Tools to Identify Missed Children

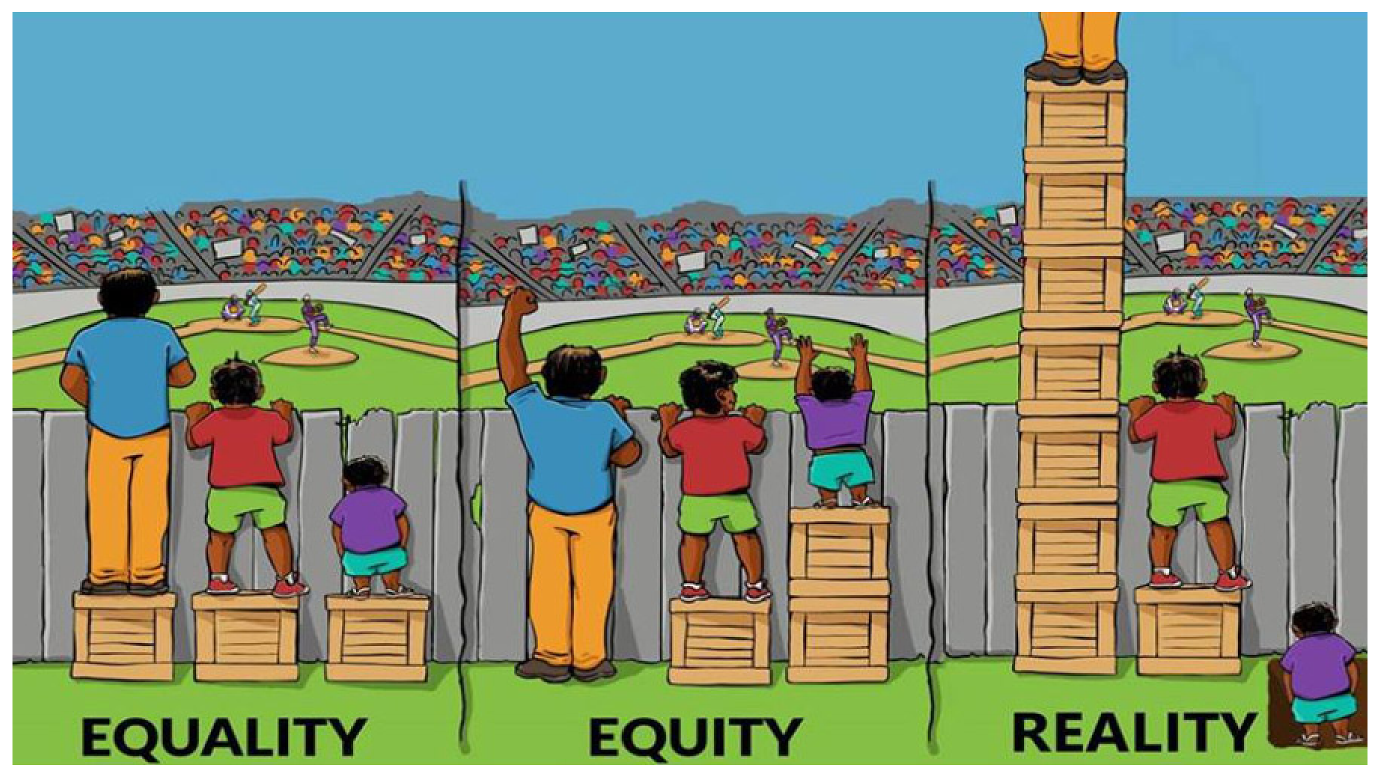
UNICEF Immunization Equity Assessment Tool: A national review of survey, research or evaluation data on health inequities to identify the socio economic indicators most associated with low immunization coverage.

Marginalized Community	Barriers to full immunization		Recs
	Health Centre	Community	
urban poor			
migrants			
ethnic minorities			
rural remote			
Internally displaced populations			

Urban immunization toolkit: Available and specific tools and methods to assess where and who the unimmunized are as well as ways if increasing coverage and equity in urban settings
http://gotlife.gavi.org/wp-content/uploads/2018/12/Urban-immunization-toolkit.pdf

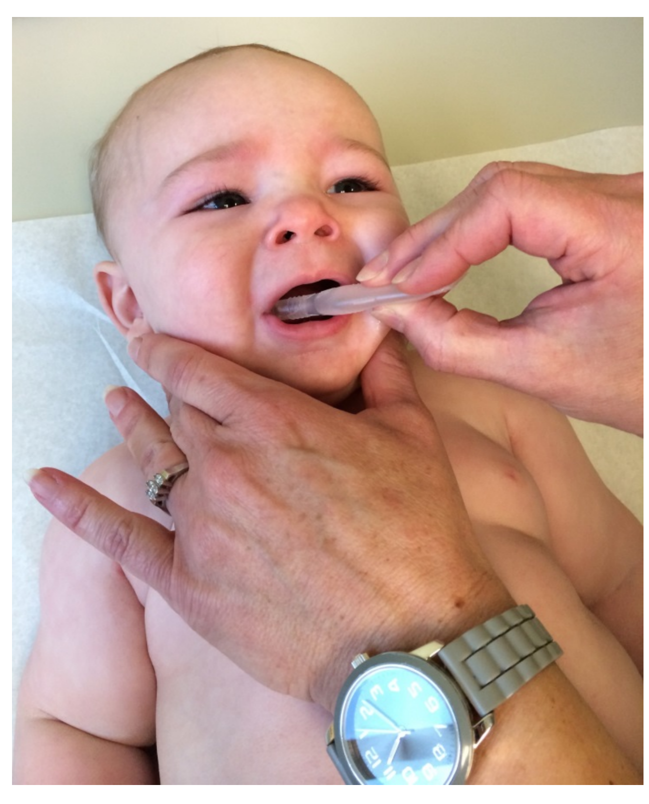


AFRO RED guide and tools: Recently updated and includes tools for community approaches
https://afro.who.int/publications/reaching-every-district-red-guide-increasing-coverage-and-equity-all-communities



Equity: We need to understand what works in specific communities and contexts. Implementation research is a critical tool to learn what works.

Overview

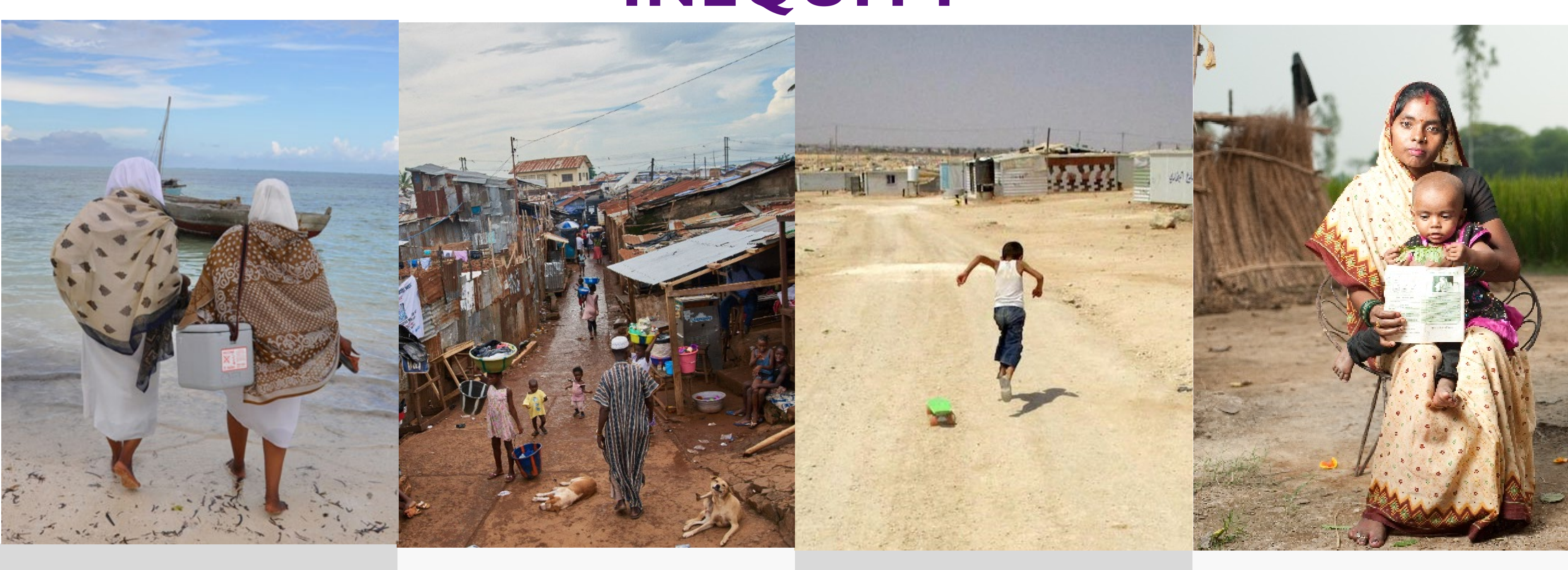


2. Equity Reference Group

OVERARCHING RECS: ENGAGE COMMUNITIES, understand their needs, to increase coverage and improve delivery of **IMMUNIZATION** and **INTEGRATED SERVICES**

All background docs available: https://sites.google.com/view/erg4immunisation/

FOUR PRIORITY AREAS OF IMMUNIZATION INEQUITY



REMOTE RURAL

URBAN

AFFECTED BY CONFLICT

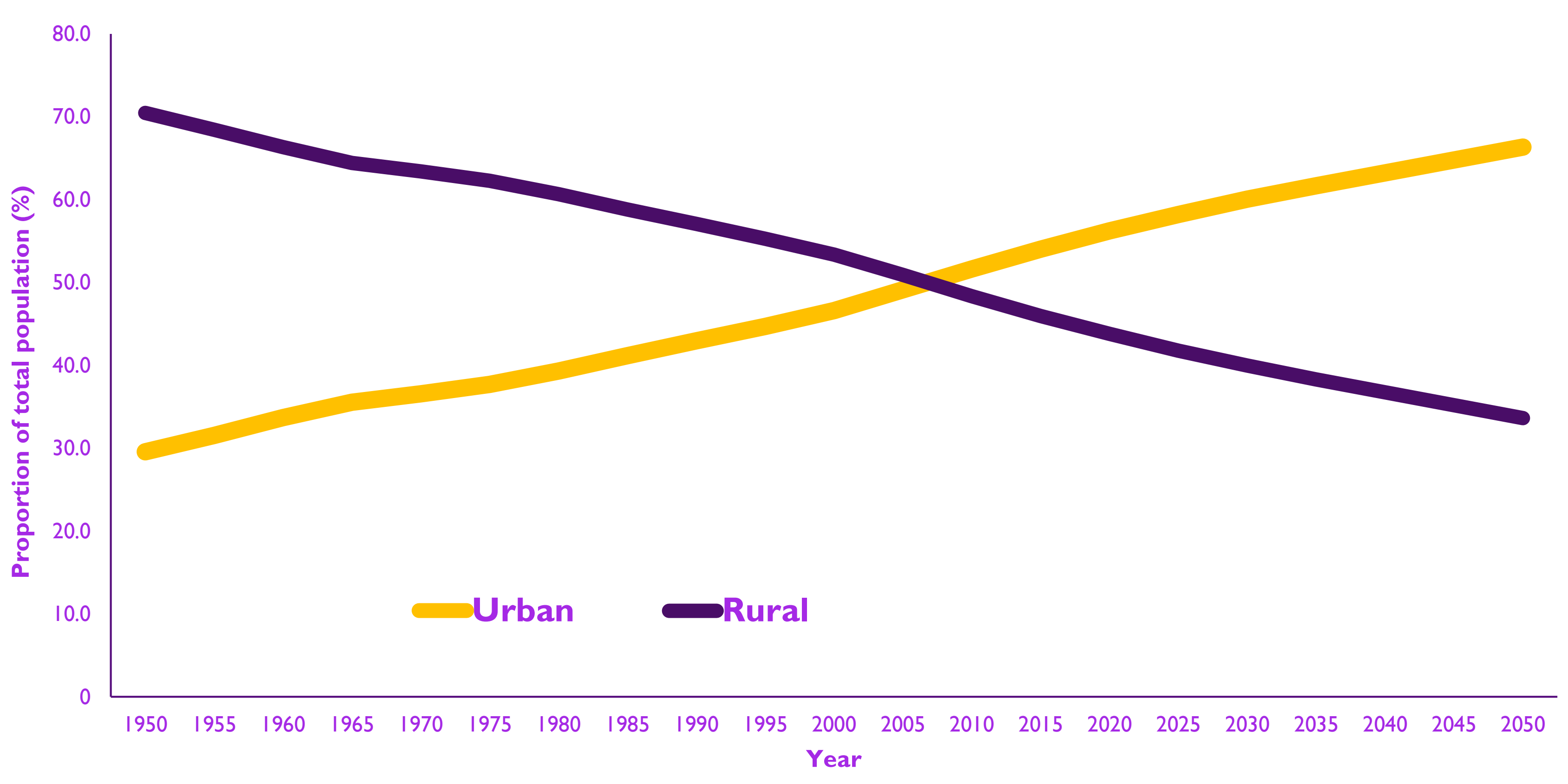
GENDER

Tailored strategies addressing social barriers, life course, more integrated & increasing use of NGOs / private sector to deliver

REMOTE RURAL

Key challenges	Recommendations
Marginal cost of reaching people is high	Gather timely, actionable data on eligible populations (electronic registries, GIS maps, micro-censuses)
Recruiting, retaining, and motivating health workers is impeded by context limitations	Ensure cadre of community health workers is paid; add non-monetary incentives
Long distances further challenge already stretched cold chain and supply systems	Contract private transport providers to close supply gaps (moto taxis)
People have limited socio-political power, which limits access to health institutions and services	Evaluate Reaching Every District (RED) for impact on equity
Data on populations is incomplete or underutilized	

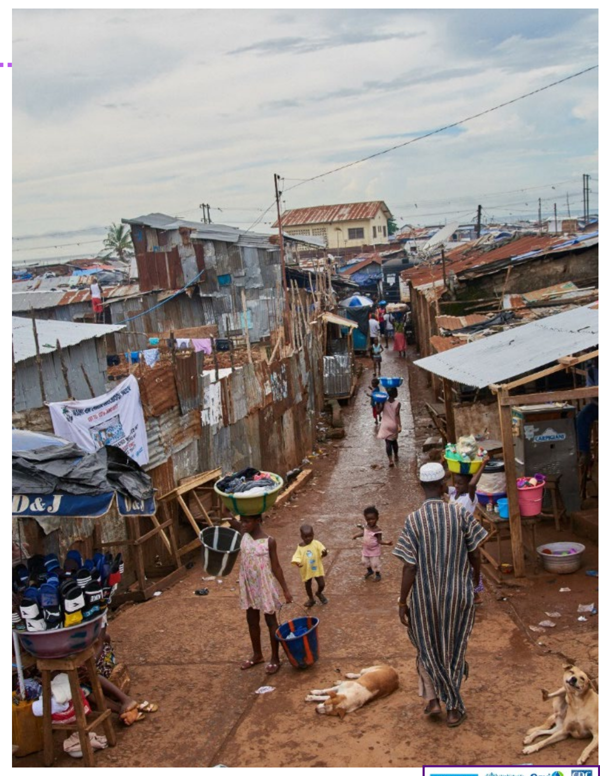
URBANIZATION TREND



Source: https://esa.un.org/unpd/wup/

URBAN POOR

Key challenges	Recommendations
Lack of accurate, disaggregated data	Implement unique system for patient identification
Social distance and discrimination	Scale up use of electronic registries, dashboards, and visualizations
Residents of illegal settlements fear encountering public authorities	Adjust timing of service for caregiver convenience
Design of immunization services makes them inaccessible	Improve security for caregivers and health workers
Insecurity limits access for communities	Identify missed opportunities when children interact with the health system
Multiple stakeholders and a lack of effective partnerships	

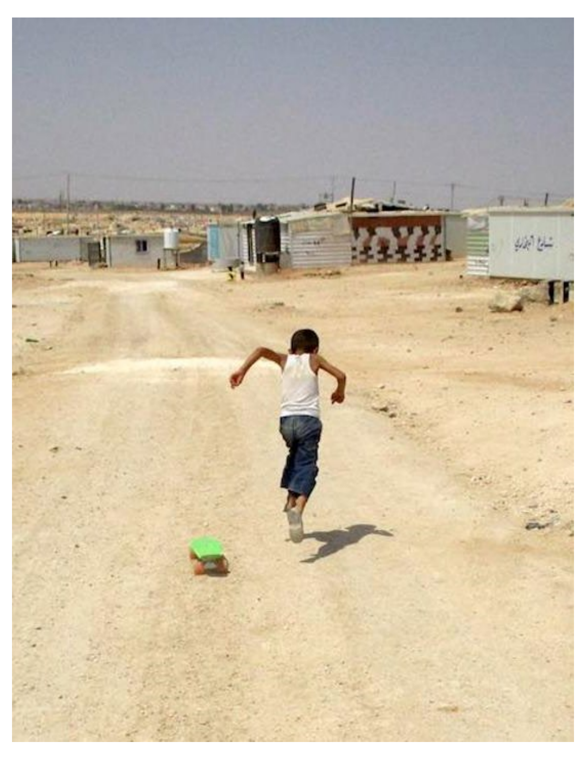


http://gotlife.gavi.org/wp-content/uploads/2018/12/Urban-immunization-toolkit.pdf

https://www.jsi.com/JSIInternet/Inc/Common/_display_related_objects_of_base_object.cfm?thisSection=IntlHealth&thisSectionTitle=International%20Health&thisPage=Project&tid=40&id=29423&rtid=10

AFFECTED BY CONFLICT, displaced by living in fragile contexts

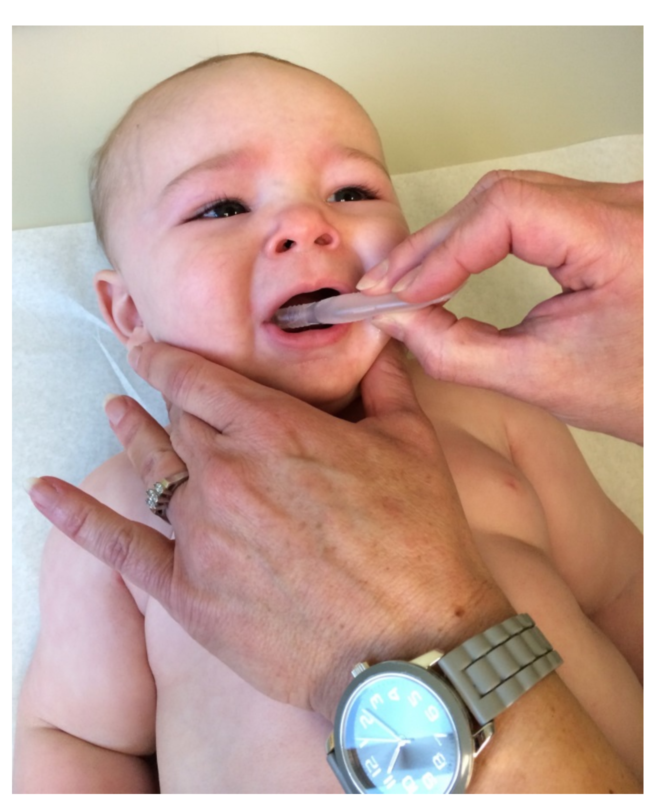
Key challenges	Recommendations
Damage to existing infrastructure and disruptions to the supply chain	Improve standard data tools for rapid reporting on functionality of health facilities
Loss and migration of skilled health care workers	Prepare urban health systems to absorb refugees
Decreased access to areas due to insecurity	Plan for cold chain systems that can absorb shocks
Large-scale population displacement and creation of refugee populations	Roll out digital financial services as a means to pay staff
Difficulty in tracking and finding populations	Coordinate with humanitarian actors on provision of immunization services



GENDER LENS

Key challenges	Recommendations
Mothers, typically primary caregivers, are limited by: • Lower status in communities and limited capacity to act • Physical and time barriers to accessing immunization services • Lack of health literacy • Experience of poor service quality, which may deter them from seeking health services 80% HCWs are female	Incorporate analysis of gender-related inequalities and barriers into country assessments Leverage funding options to provide support for pro-gender strategies Use participatory processes to ensure services are gender-sensitive Integrate community-based monitoring that includes measurement of gender equality into national plans and strategies Guide countries on integrating HPV immunization services into existing platforms

Overview



3. Strategies for increasing equity:

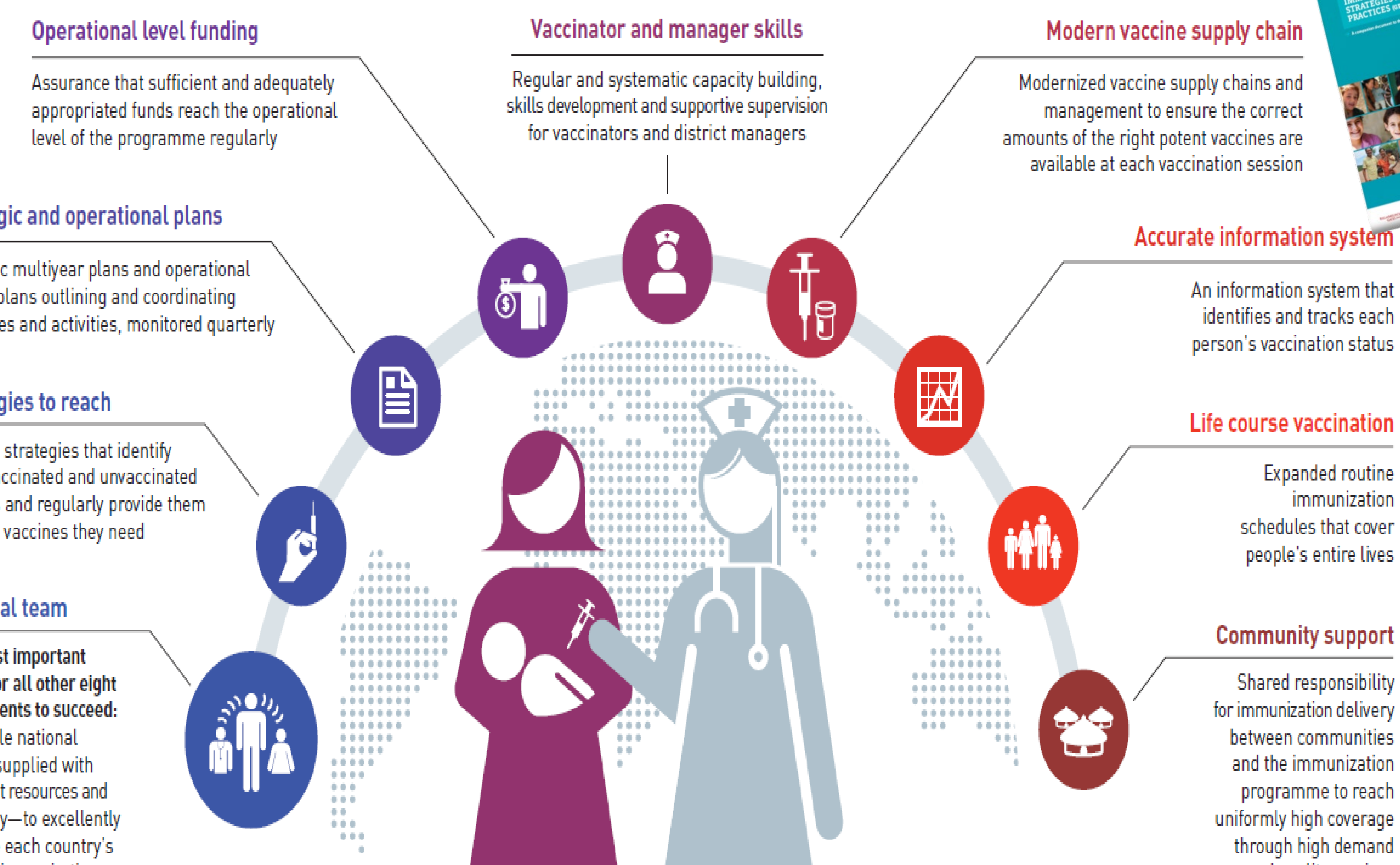
GRISP

RED / REC

Supply chain

Addressing missed opportunities

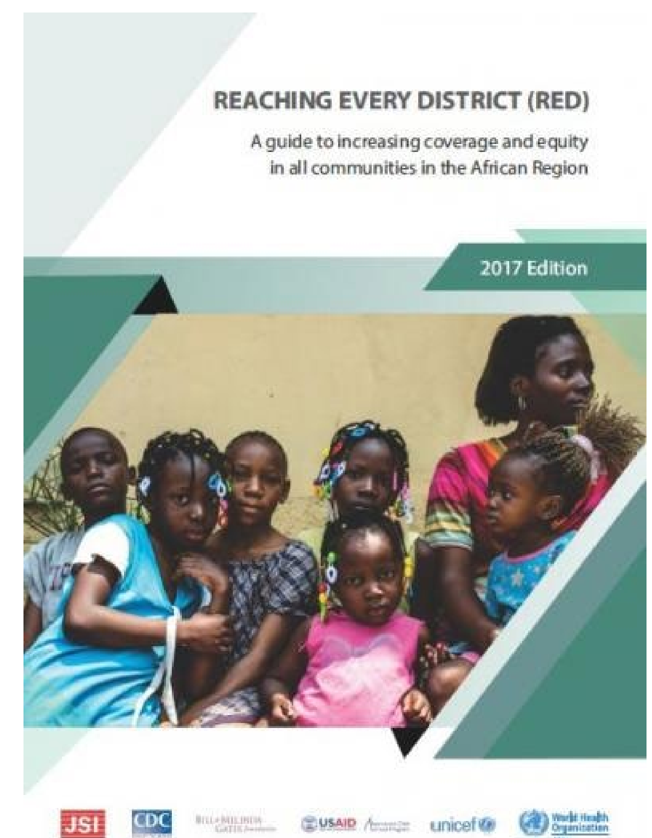
Global Routine Immunization Strategy & Practices



https://apps.who.int/iris/bitstream/handle/10665/204500/9789241510103_eng.pdf;jsessionid=074CAD0EB6813EA80CFD3EE61EF2EE93?sequence=1

Reach Every District (RED) strategy

- Strategy to achieve the goal of 80% immunization coverage in all districts and 90% nationally in all states
- Aims to fully immunize every infant with all vaccines included in national immunization schedules
- Build national capacity to maximize access and utilization of all vaccines, old and new



5 operational components:

1. Re-establish outreach services
2. Supportive supervision
3. Linking services with communities
4. Monitoring and use of data for action
5. Planning and management of resources

Implementing Reach Every Community

Remote Control from District is not an Option!

REC must be implemented by Health Centre and Community working together

All these components must take place *in the community:*

- Planning sessions with community focal points
- Conducting sessions: urban and rural outreach
- Supportive activities for High Risk Communities
- Monitoring access of children and mothers
- Feedback to improve services

Identify and map all communities affected by inequities

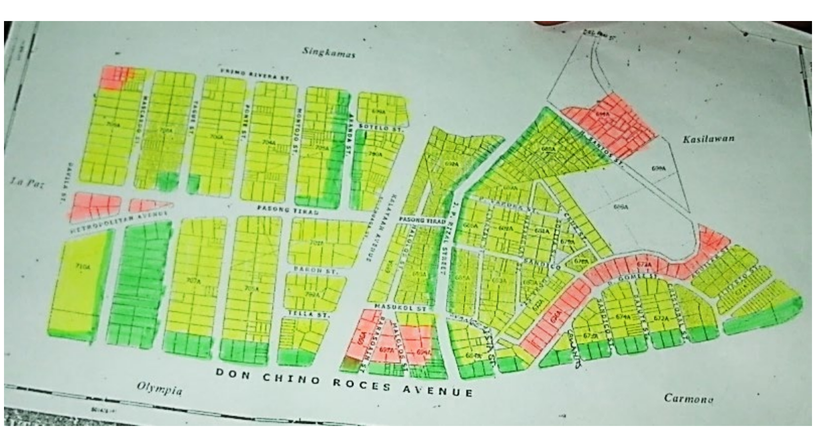
Equity Assessment: identify & prioritize High Risk populations at province, district and health facility levels. Better understand the social barriers to access and utilization

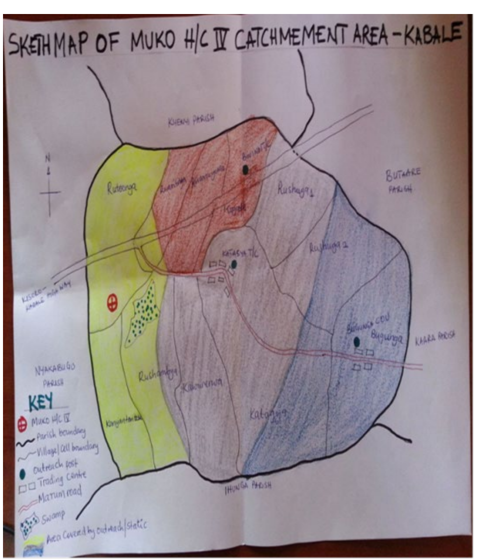
Map and list of static and outreach RI service delivery points

Convene groups who know the geography and populations,

Assign villages to service delivery points

Draft micro-map and plan: HF staff and Village Teams discuss and draft schedule for location, date, and times of RI services.



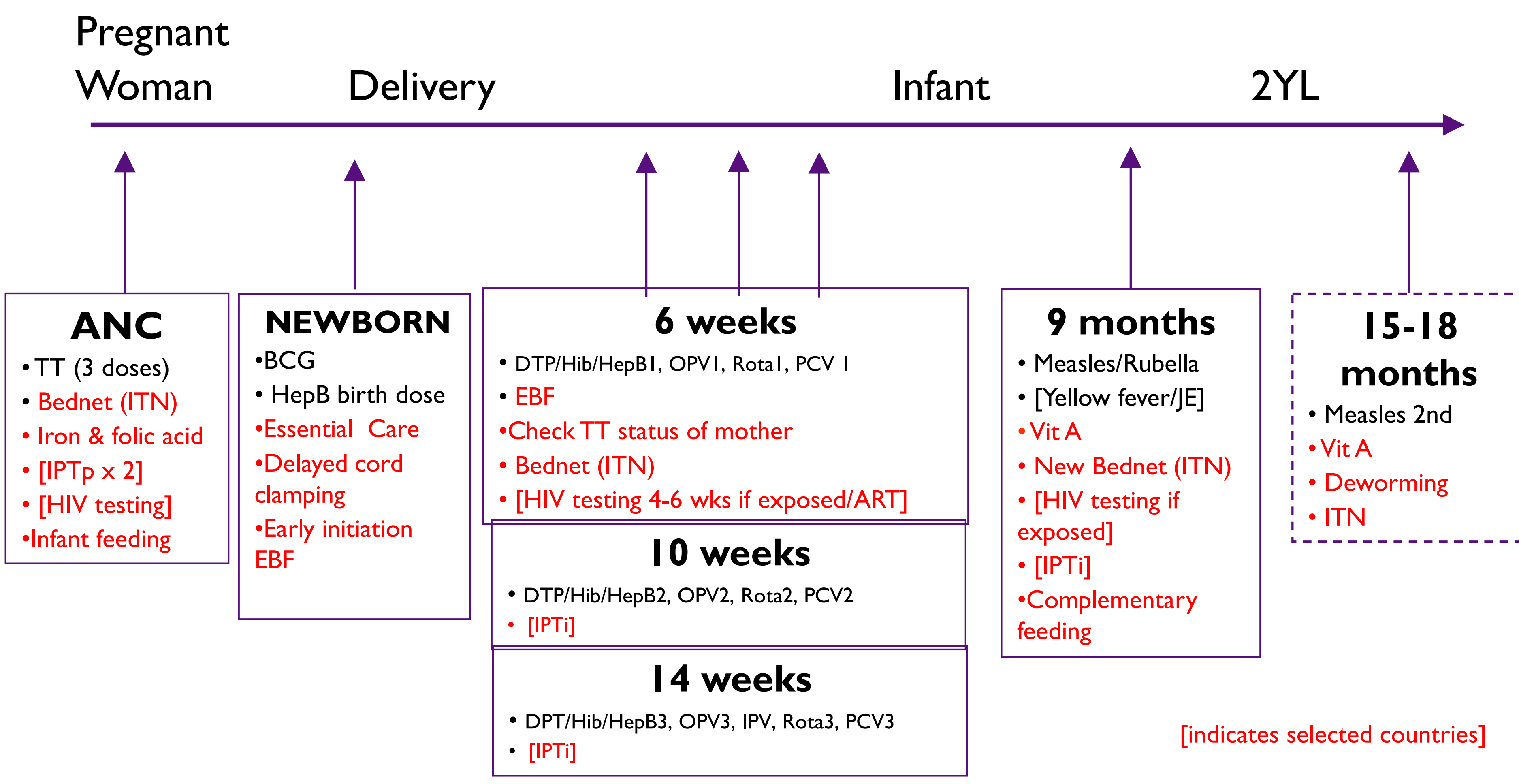


Examples from Uganda and Cambodia

Delivery strategies

Type	Definition	Areas served	Av. frequency
Fixed	Delivery of services in a Health Facility (HF)	Serves community within easy access to the Health Facility	Twice a week or everyday
Outreach	Delivery of services in an 'outreach site'	Area around the HF that the staff can visit in one day	Once a month or once in two/three months
Mobile teams	Delivery of services beyond the 'outreach area'	Areas, not possible to cover in one day, requires overnight stay	Once in 4-6 months – challenge for timely RVV delivery

Integration across the continuum

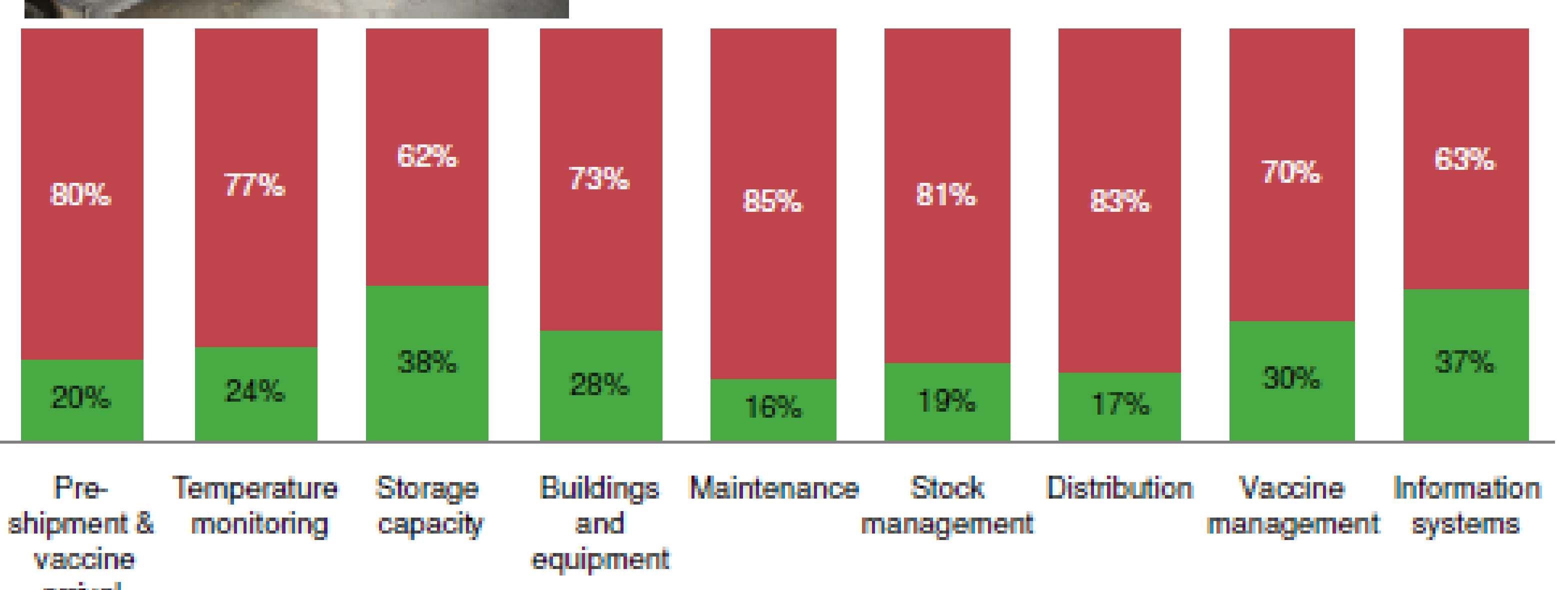


WHO guidelines on integration
https://apps.who.int/iris/bitstream/handle/10665/276546/9789241514736-eng.pdf?ua=1

On average country immunisation supply chains do not meet WHO standards today

% of countries that reach 80% target on relevant supply chain WHO standards[1]

Not reaching standard
Reaching standard



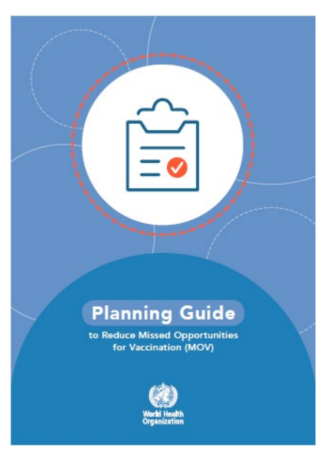
1. EVM (Effective Vaccine Management) Assessments – Average score of Principal, Sub-National, Local District and Service Point Level;
Source: EVM assessment for 57 GAVI countries, WHO

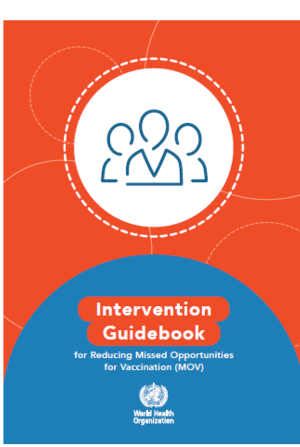
Source: Gavi Immunization Supply Chain Strategy, developed 2015

Missed opportunities for vaccination (MoV)

Estimated global prevalence of MoV = 32%

"Any contact with a health service that did not result in an eligible child or woman receiving a needed vaccine"



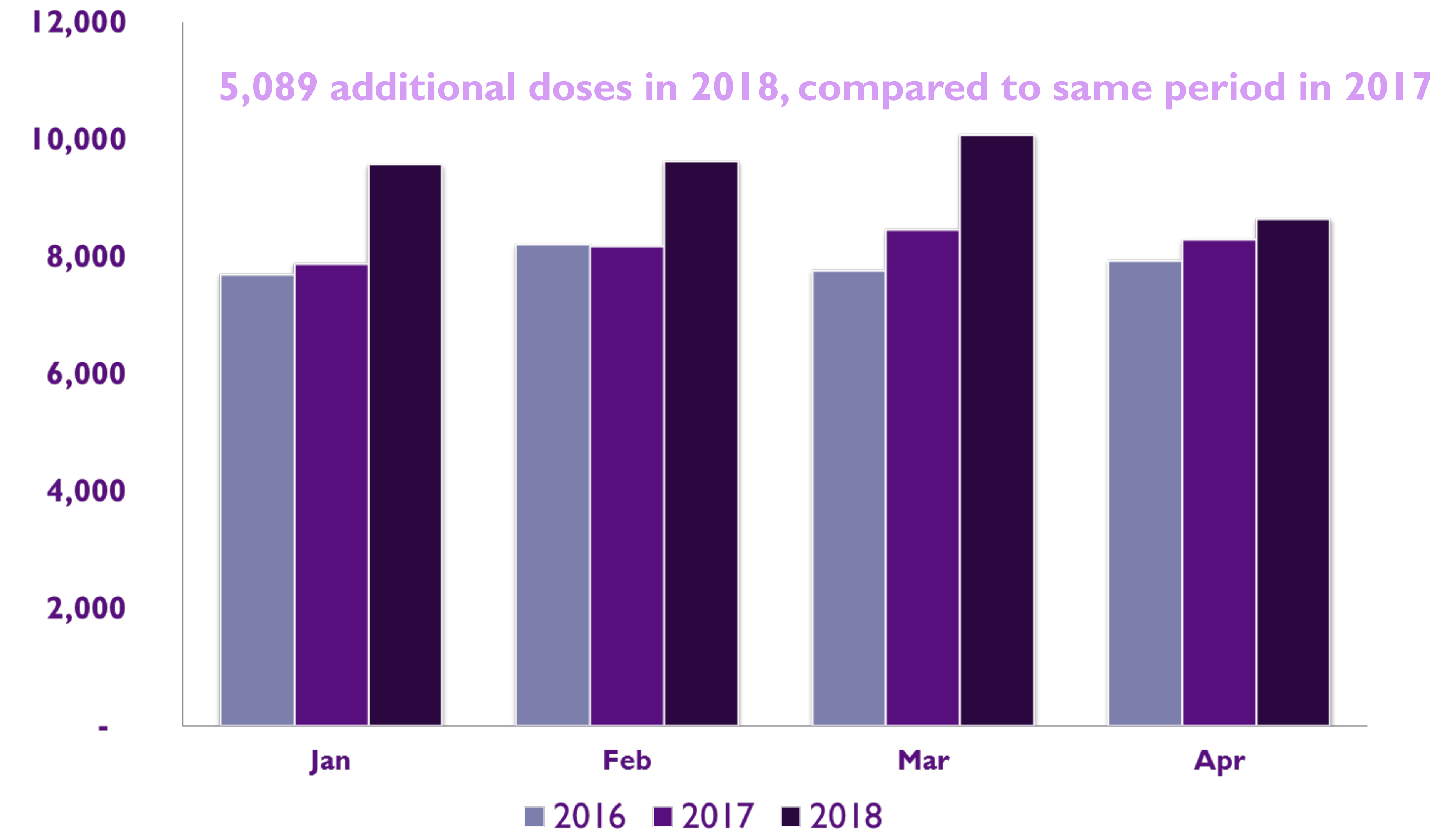


Causes:

- vaccine stock-outs,
- lack of integration (across PHC and with private sector and CSOs)
- concern about wastage or multiple injections,
- health care workers' misunderstandings about vaccine contraindications,
- lack of vaccine cards,
- transport or cold chain failure,
- staff absences or shortages

https://www.who.int/immunization/programmes_systems/policies_strategies/MOV/en/

MoV training in Kinshasa -West (Dec 2017) led to ⬆ in number of DTP3 doses



Source- initial WHO research Kinshasa West 2017-2018 post MoV training

My Village My Home

Example of MVMH tool (*Uma Imunizasaun*) from Timor Leste, where MCHIP supported its use in 7 villages from 2012-2013.

The MVMH tool, is a large, poster-sized record on which every infant in a community has his or her own row, with spaces for the child's name, date of birth, and dates of each vaccination.

Community members enter completed vaccinations into the tool by cross-checking health facility registers and child health cards/home-based records, or through home visits, on a monthly basis

A roof covers the community list, illustrating the idea that each vaccination of each child fills in a brick or board that strengthens the entire house, by adding protection for the entire community from vaccine-preventable diseases.

Posted in a public place such as a community center or kept at the community leaders house, the MVMH tool is intended to create a social expectation that families will keep their children up-to-date on vaccinations.

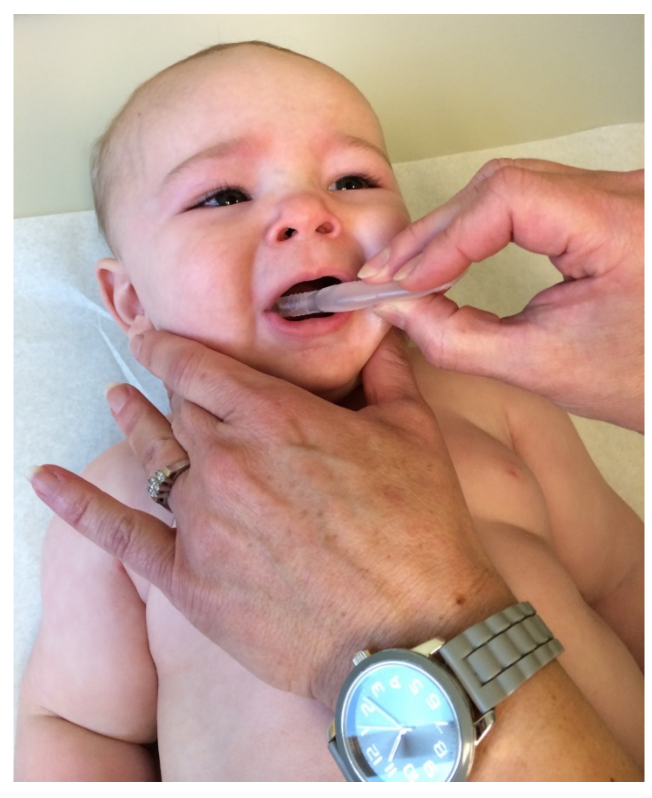
Ideally, use of the tool informs and motivates caregivers, local leaders, and volunteers, as well as professional health staff, to have more infants vaccinated, and sooner.

Learning from Home-based Records analysis and Data Quality Improvement Planning

1. Health workers not always familiar with vaccination schedule
2. Reminders and appointments/return dates are important for parents, including understanding their individual child's schedule
3. Data tools need to be used and monitored – e.g. RVV in immunization registers, vaccination cards, monthly reports
4. Coverage should be more actively tracked and monitored

www.jsi.com/homebasedrecordsproject

Overview



4. Community partnership

The Communities' Job:

Bring children at the right times to the right places for vaccination

The Health Services' Job:

Provide quality vaccination services at the planned times and places

…which commonly leads to…

…health providers feeling that caregivers just won't be responsible parents, AND caregivers feeling that services are inconvenient, unreliable, not friendly, and confusing.

Acknowledgement: Robert Steinglass

Community partnership

Giving voice to the ultimate customer

Joint responsibility to plan, promote and implement services to increase **accountability, appropriateness, quality and sustainability of services.**

Community Engagement is not just…

- Communication
- Demand Generation
- Top-Down Planning
- One way activities

But a shift towards…

- Community Conversations
- Intersection of Supply and Demand
- Partnering
- A dialogue

Community partnership

Challenges	Illustrative examples
Unclear roles **Distrust** (especially vulnerable popns.) **Not monitored and not remunerated** **Accountability** **Representation** (power dynamics) **Quasi-legal** nature of some communities	**Strategic communication:** interpersonal, advocacy, dispel rumours **Contribute:** outreach planning food, transport, crowd control **Community meetings** **Peer education** **Identify community mobilizers** announcing services **Analysis** left outs and drop outs **Case detection**

Community Partnership

Recruitment and train local health volunteers (master listing and defaulter tracking)

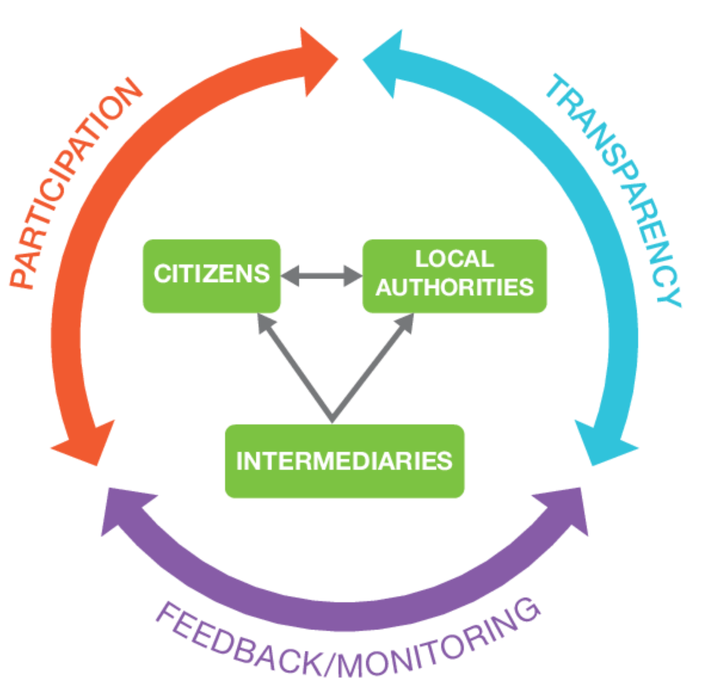
EPI champions for social mobilization

Advocacy and demand generation: Interpersonal Communication and Counseling (IPCC)

Social accountability frameworks

Communities hold Govts., partners and donors accountable to pledges and needs:

- Empowerment of communities
- Political and policy changes
- Service delivery



Promising results with community score cards, political representation and health immunization:

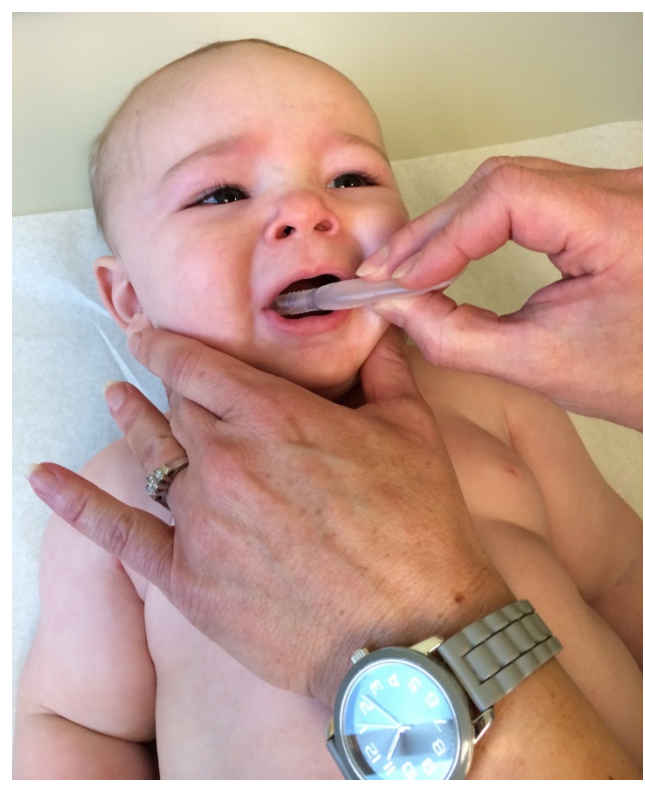
- Recent RCT in India UP
- DFID 2016, WHO/USAID 2017, 3IE 2019 reviews
- Especially in fragile settings

School and Community Partnership

School children as health promoters…

- among their parents
- other children
- community groups
- Links with nutrition, WASH & HPV

Overview

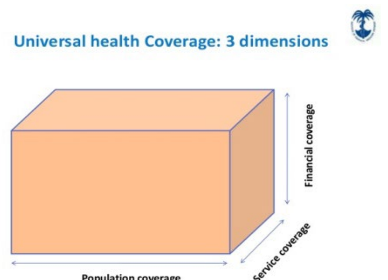


5. The future

The future

2030 SDGs, IA2030 & Gavi 5.0: Partnerships, UHC / PHC, life cycle approaches, integration (Supply chains, inter-sector & inter-program)

Domestic resource allocation: national priority setting and affordability; increasing need for political commitment



UHC 3 dimensions: i) essential health packages, ii) funding decisions and iii) scaling up access

Equity: Tailor RED / REC approaches for fragile, urban / rural poor communities, engage civil society (demand, accountability & appropriate services), MoV, # dose per vial, TSE, technology.

Draft Immunization agenda 2030 WHO led

Immunization Programme for PHC / UHC

1

2
Coverage
& Equity

3
Commitment
& Demand

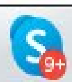
4
Outbreaks
& Emergencies

5
Lifecourse
& Integration

6
Research
& Innovations

7
Supply
& Financing

Everyone, everywhere, at every age
fully benefits from vaccines
for good health and well-being



Gavi 5.0: focus on equity and reaching zero dose children, requires differentiated, tailored and targeted approaches

Gavi, the Vaccine Alliance strategy 2021 - 2025

Vision — Gavi The Vaccine Alliance — **Leaving no-one behind with immunisation** — SUSTAINABLE DEVELOPMENT GOALS

Mission 2025: To **save lives** and **protect people's health** by increasing **equitable and sustainable use of vaccines**

Mission indicators:

- Child mortality reduction tbd
- Lives saved tbd
- Future DALYs averted tbd
- Equity indicator tbd
- People (male & female) vaccinated with Gavi support across the life course tbd
- People (male & female) vaccinated with Gavi support against outbreak-prone diseases tbd
- Economic benefits unlocked tbd

Principles:

- **Missed communities, first priority:** Prioritise children missing out on vaccination including among migrants, displaced and other vulnerable populations
- **Gender focused:** Identify and address gender-related barriers to promote immunisation equity
- **Country-led, sustainable:** Bolster country leadership to sustainably deliver and finance immunisation
- **Community owned:** Ensure community trust and confidence in vaccines by engaging communities in planning, implementation and oversight of immunisation
- **Differentiated:** Target and tailor support to national and subnational needs including fragile contexts
- **Integrated:** Strengthen immunisation as a foundation for integrated primary health care to reach unserved communities in support of universal health coverage
- **Adaptive, resilient:** Help countries leverage immunisation to address the challenges of climate change, Global Health Security, antimicrobial resistance and other major global issues
- **Innovative:** Identify and leverage innovative products, practices and services to reach everyone with immunisation
- **Collaborative, accountable:** Collaborate across stakeholders to achieve the SDGs in a transparent, coordinated and accountable manner

Goals and Objectives:

1 INTRODUCE AND SCALE UP VACCINES

- A. Strengthen countries' **prioritisation of vaccines** appropriate to their context
- B. Support countries to **introduce** and **scale up coverage of vaccines** for prevention of endemic and epidemic diseases
- C. Enhance **outbreak response** through availability and strategic allocation of vaccine stockpiles

2 STRENGTHEN HEALTH SYSTEMS TO INCREASE EQUITY IN IMMUNISATION

- A. Help countries extend immunisation services to regularly **reach under-immunised and zero-dose children** to build a stronger primary health care platform
- B. Support countries to ensure **immunisation services** are **well-managed, sustainable,** harness **innovation** and meet the needs of all care givers
- C. Work with countries and communities to build resilient **demand,** and to identify and address **gender-related barriers** to immunisation

3 IMPROVE SUSTAINABILITY OF IMMUNISATION PROGRAMMES

- A. Strengthen national and subnational **political and social commitment** to immunisation
- B. Promote **domestic public resources for immunisation and primary health care** to improve allocative efficiency
- C. Prepare and engage **self-financing countries** to **maintain or increase performance**

4 ENSURE HEALTHY MARKETS FOR VACCINES AND RELATED PRODUCTS

- A. Ensure sustainable, **healthy market dynamics** for vaccines and immunisation-related products at affordable prices
- B. Incentivise **innovation** for the development of **suitable vaccines**
- C. Scale up **innovative immunisation-related products**

Enablers:

- Secure **long-term predictable funding** for Gavi programmes
- Ensure **global political commitment** for immunisation, prevention and primary health care
- Use **evidence, evaluations** and **improved data** for policies, programmes and accountability
- **Leverage the private sector,** including through innovative finance mechanisms and partnerships

Thank you

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Resources to use

1. Reaching Every District (RED) - A guide to increasing coverage and equity in all communities in the African Region https://www.afro.who.int/publications/reaching-every-district-red-guide-increasing-coverage-and-equity-all-communities
2. Country decision making: introducing a new vaccine: http://www.who.int/immunization/programmes_systems/policies_strategies/decision_making/en/
3. Missed Opportunities for Vaccination (MOV) Strategy http://www.who.int/immunization/programmes_systems/policies_strategies/MOV/en/
4. Establishing and strengthening immunization in the second year of life: Practices for immunization beyond infancy http://www.who.int/immunization/documents/WHO_IVB_ISBN9789241513678/en/
5. Reaching Every District strategy (WHO) http://www.who.int/immunization/programmes_systems/service_delivery/red/en/
6. WHO principles and considerations when adding a new vaccine http://apps.who.int/iris/bitstream/10665/111548/1/9789241506892_eng.pdf?ua=1
7. Bottleneck and breakthroughs: lessons learned from new vaccine introductions in low-resource countries 2008-2013 (USAID / MCHIP) – table 7 pages 35-36 http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=15580&lid=3
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9. Scale up map for new vaccine introduction (JSI / MCHIP / USAID) http://www.mchip.net/files/mchip-event-documents/230348766-Scale-Up-Map-for-New-Vaccine-Introduction-in-GAVI-Supported-Countries-1.pdf
10. Explorations of inequality. Childhood immunization http://www.who.int/gho/health_equity/report_2018_immunization/en
11. Global Routine Immunization Strategies and Practices (GRISP) http://www.who.int/immunization/programmes_systems/policies_strategies/GRISP/en/

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5. Social Accountability for Women's, Children's and Adolescent's health A Symposium of evidence, practice and experiences. 2018. https://www.who.int/pmnch/media/news/2018/social-accountability-symposium-2018-report.pdf
6. The Impact of Social Accountability Initiatives on Improving the Delivery of Public Services: a Systematic Review of Four Intervention Types. Systematic review https://www.3ieimpact.org/evidence-hub/systematic-review-repository/impact-social-accountability-initiatives-improving