



**LNCT**

Learning Network for  
Countries in Transition

# Engaging the Private Sector to Support Immunization

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Day 3 – Innovative Solutions and Other Support from the Private Sector to Strengthen Immunization

October 2020

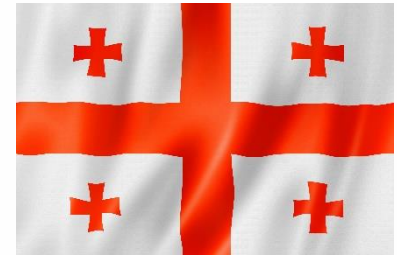
**WELCOME BIENVENUE**  
**BEM-VINDO приветствие**



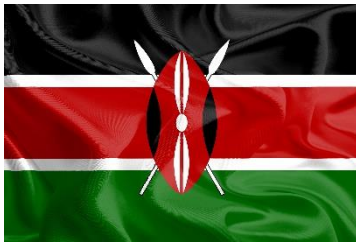
Congo



Cote d'Ivoire



Georgia



Kenya



São Tomé e Príncipe



Sudan

## Day 3 Agenda

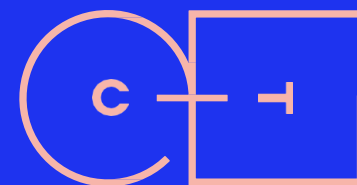
No.	Length	Session Title	Presenter(s)
17	10 mins	Welcome	Grace Chee
18	30 mins	Innovative Solutions: Decision Framework	Blair Palmer
19	50 mins	Country Innovation Examples	Elizabeth Ohadi
20	10 mins	Break	
21	15 mins	Innovation Question & Answer	Elizabeth Ohadi
22	40 mins	Country Group Work	Country Facilitators
23	10 mins	Break	
24	10 mins	Workshop Reflections	Country Teams
25	5 mins	Closing	Grace Chee

# Innovative Immunization Solutions

29 October 2020

DAY 3: LNCT WORKSHOP

# Innovative Immunization Solutions from the Private Sector



**COMMON THREAD**

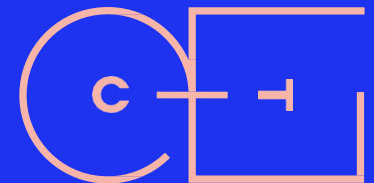
 **RESULTS FOR  
DEVELOPMENT**

# [session 2]

1. Introduction
2. Examples of Innovative Solutions
3. Frameworks: Systems, Decisions
4. Exercise
5. Share out

**“I have never seen the level of collaboration that’s going on today ... so how do we take what we’ve learned in the last six months and apply it to cancer?” Or, for that matter, to dengue, diabetes, and myriad other plagues?**

*-- Giovanni Caforio, CEO, Bristol Myers Squibb*



# [introduction]

Vaccines save millions of lives each year and are among the most cost-effective health interventions ever developed. Vaccines traditionally take more than ten years to develop. This is not fast enough for responding to a novel threat like COVID-19 or an unknown influenza.

The technology sector is on a mission to equip everyone on the planet with a digital and online presence. And the innovations that will help to achieve that goal are exactly those that could aid the global public-health community in vaccinating every child.

Especially for immunization, the private sector is a key player in developing innovative solutions to reach children who are excluded from access to essential vaccines for geographical or social reasons.



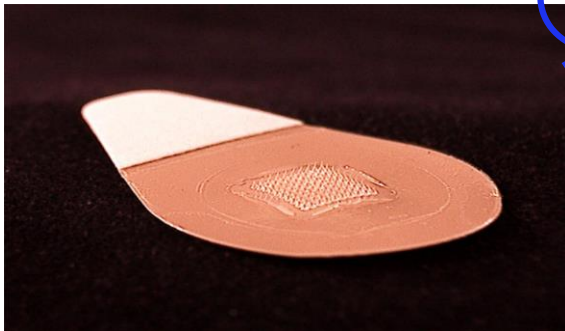


[examples]

# Innovation in Immunization

Every USD \$1 invested in immunization results in at least USD \$16 in net health and economic benefits; when accounting for the economic benefits of living longer, healthier lives, this figure increases to \$44 of net benefit.

Vaccine patches could make immunization cheaper and more accessible than ever before



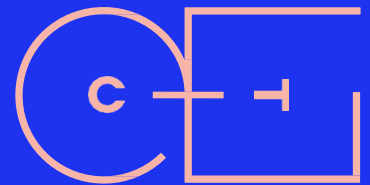
Emergency delivery service for medical supplies and immunizations by drones can create access to hard-to-reach areas



ColdTrace is a wireless remote temperature monitoring solution to collect critical data for cold chain refrigeration systems



# [frameworks]



COMMON THREAD

 RESULTS FOR  
DEVELOPMENT

# [design considerations]



Design with the User



Understand the Existing Ecosystem



Design For Scale



Build For Sustainability



Be Data Driven



Use Open Standards, Open Data, Open Source and Open Innovation



Reuse and Improve



Address Privacy and Security



Be Collaborative



# [systemic considerations]

How can technology solutions for immunization...?

- 1** Strengthen health and community systems
- 2** Scale up and integrate into existing services
- 3** Be sustainable (financially and otherwise)
- 4** Create an understanding of what systems are present in the intended market and gaps that have room for development
- 5** Reduce inequalities that exist due to social and economic marginalization (address social determinants)
- 6** Lend knowledge for implementation science (the “how and what” to do)

# [decision framework]

Criteria for success of potential solutions include:

## 1 EVIDENCE OF IMPACT

Provide data/evidence for effective solutions that:  
1) reduce the barrier to entry, 2) verify performance of immunization systems, and 3) improve service delivery of caregivers and CHWs.

## 2 LOCAL SOLUTIONS

Broaden the toolkit of local solutions to encourage municipalities, healthcare facilities and entrepreneurs to participate in creating and expanding access to immunization services.

## 3 SYSTEM INTEGRATION

Develop a system that integrates with monitoring systems and measurement approaches from program managers (i.e. community health), and is cost-effective.

## 4 PARTNERSHIPS FOR SCALE

Have the potential to develop new or build on existing Public-Private Partnerships, which will be essential to achieve results at scale.

# [checklist: how to engage the private sector]

Private sector engagement is about bringing the private sector into the humanitarian agenda.

It is about helping the private sector change the way they do business so that their activities benefit the poor and benefit their business.

It is about giving the private sector a seat at the table in an active way during the program design process and retaining that level of engagement throughout the program lifecycle.



# [checklist: how to engage the private sector]

- FIND INCENTIVES:** There must be a motivating factor to work together. Try to find effective incentives to present for your partnership. For the private sector, incentives must include a financial benefit, such as increased profits or market share, something that lowers risk, or something that improves the chance of success.
- BUILD RELATIONSHIPS:** The best of relationships take thoughtful effort and extended time to develop, at the appropriate level. Find the champion within the organization to help catalyze action and that can make decisions.
- MAINTAIN FLEXIBILITY:** The private sector is necessarily dynamic, which enables it to respond to market shifts and opportunities. You must recognize that programming and structure requires maximum flexibility to respond and evolve appropriately to that environment.
- DEMONSTRATE SCALABILITY:** Scalable programs are indispensable for most private sector engagements. This requires attention to efficiency, standardization, a smart use of funding and a sustainability plan. An important requirement for achieving adequate scale is ensuring the private sector partner can still meet its interests and achieve their program goals.
- CONDUCT DUE DILIGENCE** Due diligence is the process to determine the possible risks and advantages of new partnerships or a new program with an existing partner. The goal of due diligence is threefold: To ensure the partnership and program is (a) compatible with your mission and supports your development goals; (b) does not pose a risk to your reputation and integrity in the countries where we you work and with your donors; and (c) does not create a risk for the wellbeing of your participants.

**[worksheet: opportunity card]**

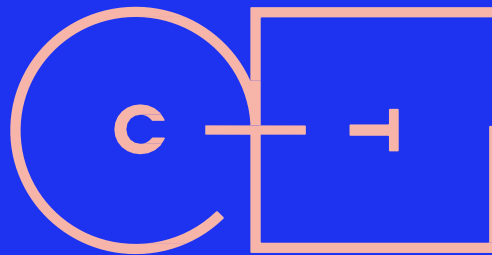
<p><b>Issue/challenge</b></p>	<p><b>Opportunity</b></p> <p>How might you collaborate with the private sector and/or other organization to solve this issue?</p>
<p>How can you make this work?</p>	

**What area is this challenge/opportunity related to?**

<input type="checkbox"/> Service Delivery	<input type="checkbox"/> Funding needs	<input type="checkbox"/> _____
<input type="checkbox"/> Network engagement	<input type="checkbox"/> Future innovation	



# Thank you!



Common Thread connects people to policy by listening, learning and translating local voices into long-lasting and measurable public health and development strategies.

**COMMON THREAD**

 **RESULTS FOR  
DEVELOPMENT**

# Country Innovation Examples

# M-Vaccin Project



# M-VACCIN

08 October 2020

**Yvan Agbassi**, Project Manager, M-Vaccin Program

**Bineta Mbacke**, Senior Manager, Strategic Innovation and New Investors,  
Resource Mobilisation, Private Sector Partnerships & Innovative Finance

**Ibrahim Diallo**, Business Developer, Orange



# M-Vaccin leverages mobile technology to improve immunization coverage

## Customized mobile application that aims to improve coverage among under-immunized children by:

- Using text and voice messaging to educate caregivers about immunization and send **appointment reminders** in local languages
- Allowing health workers to create **personalized immunization schedules** for each family to reduce dropouts
- Improving **data availability, quality and use** to inform vaccination strategies in health areas, districts and at the central level

### Rationale:

A 2016 review conducted by the EPI team in Côte d'Ivoire revealed that the lack of information among families on the importance of routine vaccination, vaccine schedules or the services available to them is one of the highest contributors to incomplete or non-vaccination.

# M-Vaccin unites the unique capabilities of the public and private sectors

MOH	Orange	Gavi
<ul style="list-style-type: none"><li>• Establishing an enabling environment for the PPP</li><li>• Contributing to app design by ensuring alignment with EPI processes and national regulation</li><li>• Supporting users (health workers) through a pool of trainers</li></ul>	<ul style="list-style-type: none"><li>• Developing and continuously improving app</li><li>• Supporting operations, leveraging private sector practices to streamline processes</li><li>• Promoting app via Orange network</li><li>• Contributing funds</li></ul>	<ul style="list-style-type: none"><li>• Instigator and financial partner of this partnership</li><li>• Contributing resources via Gavi-Orange matching fund</li><li>• Supporting establishment of new, long-term partnership between MOH and Orange</li></ul>
		<b>VillageReach</b>
		Recruited by Gavi for providing coordination and management capacity for initial implementation in Cote d'Ivoire and transition of the solution to MoH

# Pre-implementation planning: Establishing a long-term partnership and careful validation

Project partners spent a **year** establishing a solid foundation for the partnership and ensuring the app appropriately responded to EPI's needs. Activities included:

- Partnership formation, including aligning on roles and modes of collaboration
- Baseline study to understand the environment into which M-Vaccin will be deployed and obtain data needed for informing M&E plan
- App development and validation to ensure it appropriately responds to users' needs
- Training a pool of trainers who are prepared to support implementation

The image displays two overlapping screenshots of the M-Vaccin mobile application. The background screenshot shows a registration form titled "Enrôlement de la mère /". It features a "Sauvegarder" (Save) button and an "Annuler" (Cancel) button. Below the buttons is a camera icon with a slash through it, and a red trash icon. The form fields include: "Numéro M-VACCIN" (with a slash as a placeholder), "Nom" (with a purple input field), "Prénoms" (with a purple input field), "Niveau d'instruction" (with a dropdown arrow), "Canal de notification" (with a dropdown arrow), "Numéro de téléphone" (with a purple input field), and "Numero conjoint ou personne proche" (with a purple input field). To the right of the form, the text "Pièce" and "Cette décéd" is visible. The foreground screenshot shows a login screen with the M-VACCIN logo at the top, a "Login" label, a text input field, and a "Password" label with another text input field. A mobile navigation bar is visible at the bottom of the login screen.

# Current status: Implementation underway in three districts

After initial rollout and app adjustments, M-Vaccin is now rolled out in three districts with:

- 150 health agents trained
- 132 mobile phones distributed to health agents
- > 10 000 caregivers registered
- 74 571 messages sent with reminders or information

Supervision visits are conducted on a quarterly basis to:

- Coach the health workers
- Check data quality
- Motivate health workers

Only one supervision mission conducted because of COVID-19





# Early Insights

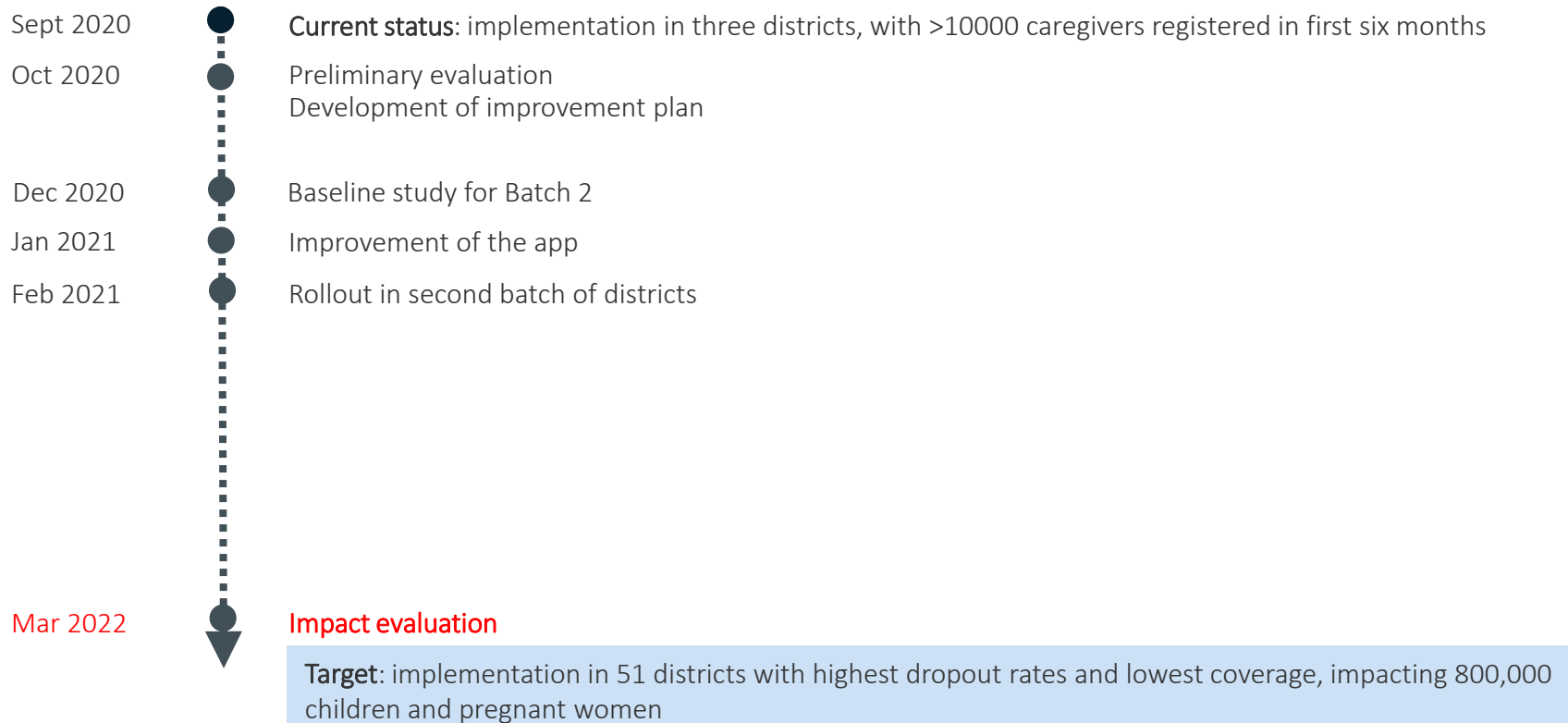
- **Anecdotes from caregivers**

- Moms find that receiving a voice or written reminder in their own language is really helpful to remind them to send their children to the vaccination appointment.
- Some women noted that their husbands, thanks to the receipt of the M-Vaccin SMS reminder, regularly tell them not to forget to vaccinate their children.

- **Anecdotes from health workers**

- Health workers appreciate the solution because it allows them to follow more easily the different caregivers in their area in collaboration with the CHWs.
- Input was solicited from health workers at several points during the app development process to ensure it meets their needs. They reported the initial version was too complicated, so Orange simplified it, leading to a better use. Other early issues were also resolved, such as identifying areas where health workers could access reliable mobile network.
- Health workers now have a good understanding of the app and are able to integrate it in their routine work
- There is a good implication of the supervisors at the district level, who are engaged in ensuring correct and regular use of the app by field agents.
- Health workers trained during the deployment phase are able to coach their colleagues in using the app

# Roadmap for National Scale-up



End goal is full transition to government ownership, pending results of impact evaluation

In preparation for an eventual transition to full government ownership, partners are preparing:

- ✓ Solution description developed
- ✓ Solution toolkit developed
- ❑ Transition strategy
- ❑ Transition Readiness Assessment (TRA)
- ❑ Transition Plan
- ❑ Skills Development Plan
- ❑ Evaluation and Adaptation Plan



Thank You





Dr. Jean Marc Bertrand Korandji,  
Medical Health Economist

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# **NexLeaf Analytics: Integration of Technology and Innovation**

# Integration of Technology and Innovation in Health Supply Chain Systems

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**Shahrzad Yavari**  
**Director, Cold Chain Strategy and Advocacy**



# Introducing Nexleaf Analytics



Nexleaf Analytics is a mission-driven technology non-profit organization. We work to preserve human life and protect our planet by designing sensors generating data analytics, and **advocating for data-driven solutions to global challenges.**

10 years of proven experience in clean cooking and immunization, and a recently-launched initiative in neonatal care. Nexleaf is actively engaged in 9 countries across Asia and Africa with partners and supporters from...

BILL &  
MELINDA  
GATES  
foundation

Google.org

 MULAGO

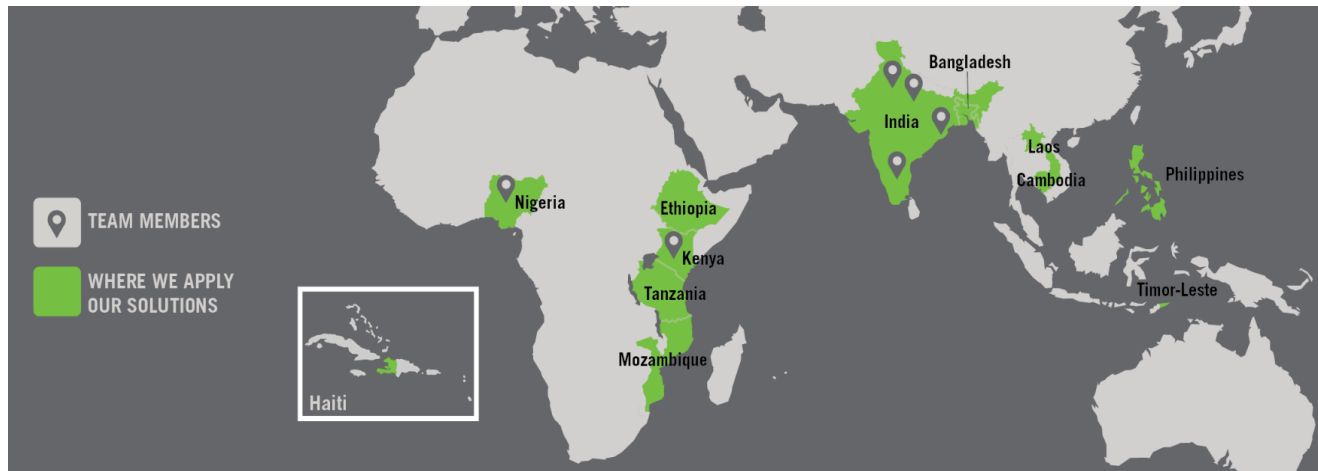
Gavi  
The Vaccine Alliance

 AUTODESK  
FOUNDATION



# Proven Experience

- Actively engaged in **10 countries** across Asia and Africa
- Named INFUSE Pacesetter Technology by Gavi, the Vaccine Alliance (2016)
- Data integration with OpenLMIS, VIMs, Chanjo, & eVIN
- Regular collaborators of the World Bank as experts on "IoT for Development" initiatives
- Over **15,000 RTM devices installed** & hundreds of health workers trained across **12 states in India**
- Partnerships with **Ministries of Health in Mozambique and Kenya**
- Reached **national RTM scale in Tanzania** and data integration into VIMs LMIS



# Protecting Vaccines: The ColdTrace System

## The ColdTrace System has 3 Core Components:

### ColdTrace Sensor Device



- The ColdTrace sensor device sends **alerts via SMS (text message) and email** when fridge temperatures get **too hot** or **too cold**

### Data Analytics Dashboard



- Secure, cloud-based dashboard that allows remote access to **real-time temperature data**
- **Integrates into** existing LMIS systems (VIMs)
- Provides **customizable analytics** and **report-generating tools** to track equipment performance

### Standard Operating Procedures (SOPs)



- SOPs for nurses, maintenance technicians, regional supervisors, and ministries of health for **effective cold chain system management**

# Lessons Learned / Best Practices

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**Data alone does not lead to impact**



So how do we implement this technology to ensure data is used by nurses and managers to improve **vaccine cold chain?**

# Technology Uptake: Effective Training and Implementation Model



## When The Temperature in Your Fridge is TOO COLD: Below 2° C



When you receive an ALERT from ColdTrace that the temperature in your fridge is too cold, go through the following checklist

If you act immediately, you can help keep vaccines safe!

**1. Make sure ColdTrace probe is not touching the ice, the metal wall or the bottom of the fridge. The probe should be secured on the wall with the clips.**

**2. Defrost the fridge if necessary.**

- Check your defrost log: if you have not defrosted the fridge this month, please defrost
- If the ice thickness is more than 5 mm, then you need to defrost your fridge. Follow the guides on the PPM SOP for steps on how to defrost the fridge properly.

**3. Do the shake test on one vial for every type of vaccine in the fridge. If the shake test fails for any vaccine:**

- Perform the shake test on more vaccines and if they fail the test then remove all vaccines of that type.
- Record the failure in a vaccine wastage log. This step is important for showing the malfunction of your fridge.
- Set all failed vaccines aside for returning to the SDSMAS. You call ----- for guidelines on how to proceed.

**4. If Alert is not cleared (and you continue to get additional SMS alerts), then: Move thermostat down 1 or 2 steps.**

- For example if the knob is at 4, you will place it on 2.
- If the knob is at the lowest setting, then your fridge has a problem and you need to report this issue.
- After adjusting the knob, monitor the temperature inside of the fridge until it is between 2-8 ° C.
- Make sure the door is securely closed.
- If you tried all these steps and it did not solve the problem then follow the next step for moving vaccines.

**5. If the vaccines are OK, and if the fridge problem continues, move the vaccines to a safe place.**

**Choose one of the following options:**

**Option #1)**

- Move the vaccine to back-up storage unit, if available OR store the vaccines in a pre-cooler insulated container with cold packs and a thermometer. Continue to monitor the temperature inside the container until the normal vaccine refrigerator is ready for use again.

**Option #2)**

- Call \_\_\_\_\_ to coordinate moving the vaccines to a clinic in close proximity with a working fridge.

- For transferring the vaccines, have a cold box with enough cold packs to keep the temp between 2-8 ° C

Check the temperature of the box with a thermometer before placing and transferring the vaccines.

Call \_\_\_\_\_ Phone Number: \_\_\_\_\_

# Planning the Right Model for Technology Scale

## **BEFORE PROCUREMENT:**

Planning Phase: Determine the needs for the following components.

- Data Access
- Data Connectivity

## **DURING PROCUREMENT:**

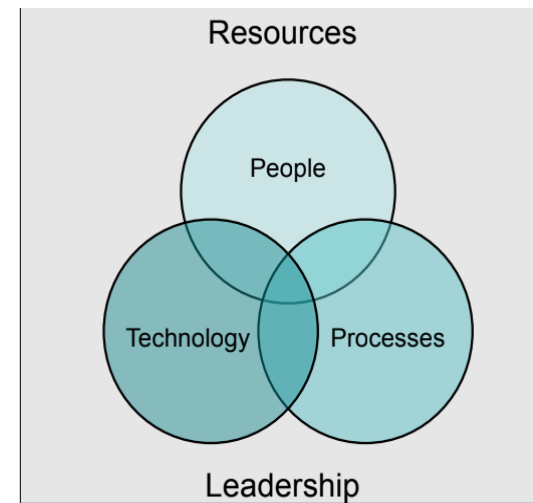
Budgeting for RTM: There are 2 costs associated with most technology implementations

- Upfront Costs
- Recurring Operating Expenses

## **AFTER PROCUREMENT:**

Implementation Logistics There are different implementation models for logistics, warehousing, and deployment of devices.

- Training
- Installation
- Troubleshooting and ongoing monitoring



# Different Models for Technology Implementation

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## 1) Ministry Driven

- Ministry of Health is the main driver of the implementation with no/minimal support from partner(s)

## 2) Partner Driven

- One partner does all of the components of the implementation under a contract. They deliver all the services. MOH has no responsibilities.
- Country provides a bid opportunity where different partners take on certain roles and deliver separately.
- Partner oversees the implementation in the country- has a contract from a donor to co-implement with the MOH. There are clear roles and responsibilities for each stakeholder.

# Pros and Cons for Each Model

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## Ministry Driven

### Pros:

- **Sense of ownership**
- **Awareness of costs and complexity:** Ensures long-term sustainability
- **Bottom-up approach:** More likely to get engagement from different MOH personnel
- **Cost effectiveness:** Using the existing infrastructure and staff in the country
- **Building a community** of technology champions in the country
- **Ongoing learning and iteration** due to slower implementation timeline

### Cons:

- MOH has competing priorities therefore implementation may take longer
- Burden and increase in workload for MOH: Staff transition and understaffing at different levels
- Support from donors are not always available for such a model
- Need to invest more time at the beginning on training and onboarding



# Pros and Cons for Each Model

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## Partner Driven

### Pros:

- **Faster implementation timeline:** Usually there is one designated team allocated for this scope of work
- **Progress is easier to track** because it is not diffused across multiple people in the whole country
- **No burden** to the workload of the MOH personnel

### Cons:

- Top-down approach: lack of country knowledge and context can lead to un-scalable and unsustainable models that don't reflect countries' priorities and needs
- Lack of transparency for TCO and ROI: without engagement of MOH in the implementation, there is a risk to successful handover and full ownership of costs
- Expensive models
- Doesn't allow for creativity and joint efforts with other trainings/roll outs in the country
- High risk for chronic operational issues owing to difficulty in understanding the technology and its workings



# How can the private sector partners collaborate effectively with governments?

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- **Alignment on Expectations:** Important for both the country and the private sector partner to be aligned on their expectations for the technology roll out.
  - \*Discuss the model, costs, roles and responsibilities
  - \*Agreement on country's needs, and clarity about what the private sector should deliver now versus future. The implementation and services can be done in phases.
- **Transparency about TCO and ROI:** Both upfront and ongoing costs should be presented clearly to the country based on their requests.
- **Flexibility and Sequencing:** Private sector partners also need to adapt to the country's needs and take risks with their model
  - \* Sequencing the conversation and the implementation model in a way that spreads the risks to both parties.
  - For example: Transition is a big risk to countries- if the private sector customizes their model of implementation so countries can be co-designing the implementation from the beginning, while it may take longer, it also diffuses the risk.
- **Strong Communication and Commitment to Impact:** Trust and communication is key for scaling a technology successfully. Private sector partners should see collaboration with a country as a partnership. Must invest in the impact and what works best for each country.



# Thank You

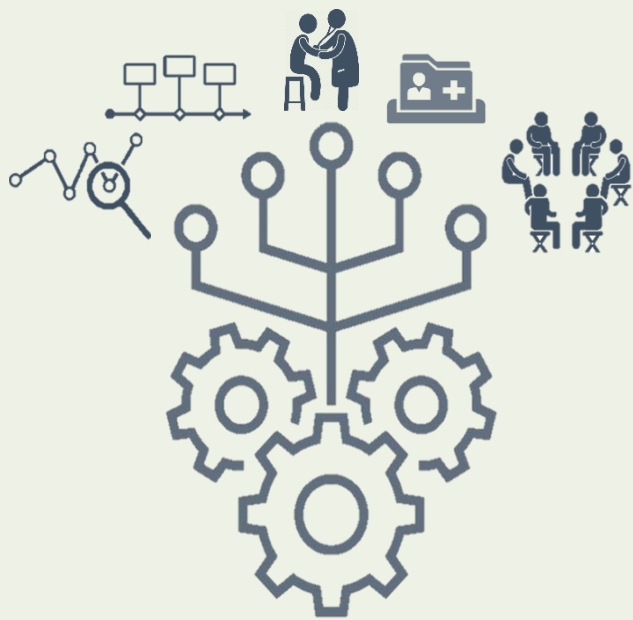


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# **CASS: Cellule d'Analyse en Sciences Sociales**



Simone Carter  
Social Sciences Analytics Manager  
UNICEF Public Health  
Emergencies  
[scarter@unicef.org](mailto:scarter@unicef.org)

# Integrated, Multidisciplinary Outbreak Analytics (IMOA)

in practice

## “Engaging Private Sector to Support Immunization”

Innovative approaches to bring together  
and use evidence to understand outbreak  
dynamics – case study from the DRC

## AIM OF THE PRESENTATION

- (1) What is the Cellule d'Analyse en Sciences Sociales (CASS), what is Integrated Multidisciplinary Outbreak Analytics (IMOA) and what partnerships and mechanisms make this work?
- (2) What is the role and engagement with the DRC MoH
- (3) How has the relationships worked to influence decision-making?

WHAT IS THE CASS?

# The Social Sciences Analytics Cell (CASS)

West Africa Ebola outbreak social sciences in RCCE

Integrated Epi and Social sciences « CELL » systematically informing response

Integrated Analytics commission for COVID & Ebola

Global support & learning for other countries

2014-16

Sept 2018-2020

March & June 2020

March 2020→present



## CASS key objectives

1. Conduct rapid studies to support a better understanding of outbreak dynamics (including impacts of outbreak) and to explain differential trends in outbreak analytics
2. Provide near real-time evidence to inform outbreak response decision making (strategies, interventions)
3. Support different actors to use evidence and co-develop actions, documenting actions agreed and tracking over time the use of evidence in decision-making
4. Capacity build and train national researchers on the use of integrated social sciences analytics for outbreaks (mixed methods)

# Overview: Integrated, multidisciplinary analysis of secondary impacts of COVID-19 DRC



« Pour le planning familial au cours duquel on donne le contraceptif, en cette période, les femmes peuvent s'en passer parce que ce n'est pas une même les implants trainent dans les tiroirs »

« ...normalement, les femmes viennent toujours en grand nombre, les implants s'épuisent avant les autres méthodes. Pendant cette période, même les implants trainent dans les tiroirs »



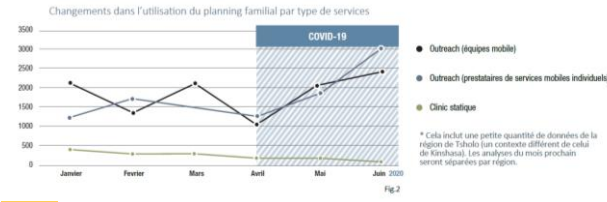
Personnel de santé, Kinshasa

Mère, Kinshasa

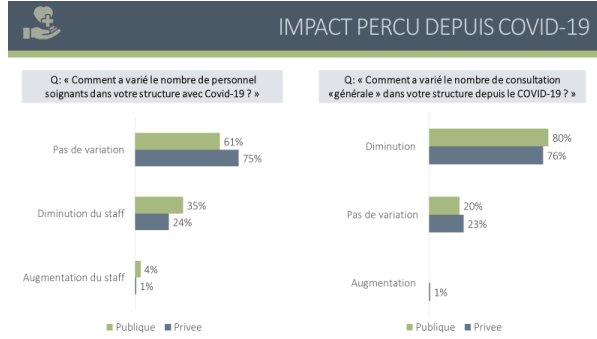
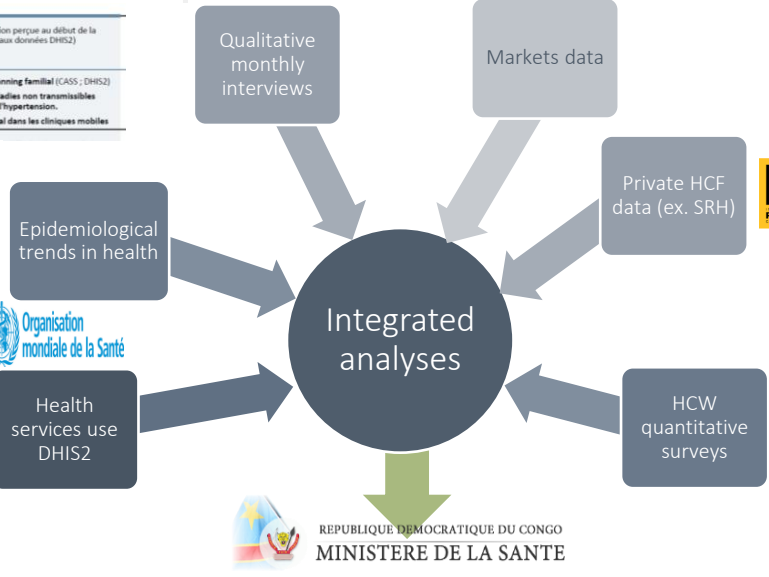
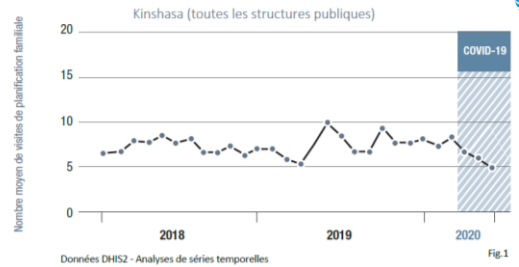
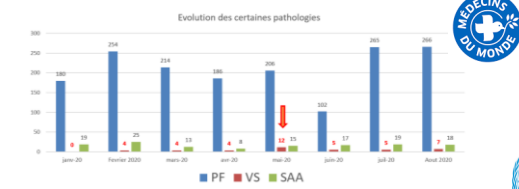


COÛT MÉDIAN DU PANIER MINIMUM ALIMENTAIRE PAR TERREUR

Province	Marché	Coût du PMA (FC)	Evolution (FC)	Evolution (%)	Evolution (24 Mo)	Evolution (%)	Evolution (12 Mo)	Evolution (%)
Kinshasa	20 482	1 131	34 000	1 215	7 516	1 175	10 900	4 175
								137



Thèmes	Resultats	Changements depuis le mois dernier
Utilisation des services de santé	Changements de la fréquentation des consultations générales dans les structures de santé depuis le début de la réponse COVID-19	Augmentation perçue de la fréquentation (après une réduction perçue au début de la réponse à COVID-19, et une légère réduction observée grâce aux données DHIS2)
	Changements dans l'utilisation des services considérés comme "non urgents/essentiels" (maladies non transmissibles (MNT) ; planning familial)	Réduction perçue et réelle de l'utilisation des services de planning familial (CASS ; DHIS2) Réduction observée de l'utilisation des services pour les maladies non transmissibles (chroniques), y compris le diabète, les maladies cardiaques, l'hypertension. Augmentation enregistrée de l'utilisation du planning familial dans les cliniques mobiles

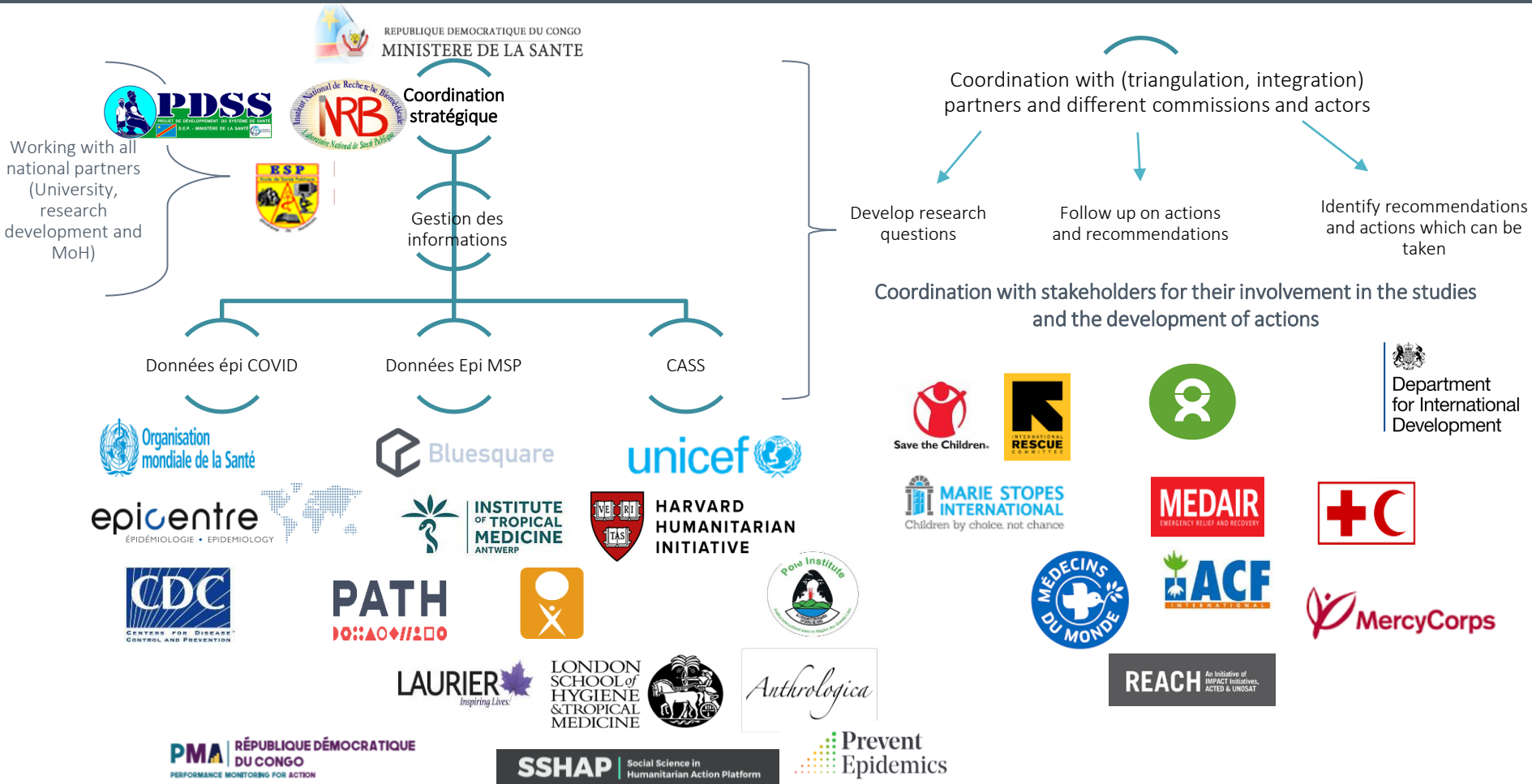


Strategies to address the impacts on women's access to and use of sexual and reproductive health services





# Example of integrated, multidisciplinary analytics cell (the DRC) under the MoH and in support of MoH response



HOW DOES THE MOH  
ENGAGE WITH THE CASS

## The Social Sciences Analytics Cell (CASS): actors & ways of working

The CASS operational Terms of Reference were signed off by the MoH within the first 6 months of the 2018-20 Easter DRC Outbreak (first platform of its kind)

The MoH worked to set up CASS and Epi evidence to inform all response actors in Ebola outbreak: creating weekly presentation space

### Lessons learned!

- Integrated Cell set up for COVID (April 2020) and Equateur Ebola outbreak (June 2020) from day 1
- Organizing workshops each 6 weeks (supported through the commission, opened and led by the MoH response coordination)

## Impacts de la réponse COVID-19 sur la santé communautaire en RDC

Analyse multidisciplinaire intégrée des épidémies

Kinshasa, Juillet 2020

### Introduction et objectif

Ce document a été élaboré par la Cellule d'Analyse en Sciences Sociales (CASS) sous l'égide de la Commission de Gestion des Informations de la Réponse multisectionnelle à l'épidémie de COVID-19 en RDC. Il présente des preuves multidisciplinaires issues d'analyses intégrées des impacts de la réponse COVID-19 sur la santé communautaire, servant de système d'alerte précoce pour les acteurs mettant en œuvre des programmes au niveau local, mettant en évidence les questions prioritaires qui devraient être suivies ou approfondies.

L'objectif de ce rapport est de promouvoir l'application des résultats de la recherche et d'assurer la mise en œuvre et le suivi des recommandations découlant de ces preuves. Des analyses mensuelles mettront en évidence les changements de tendances dans les perceptions et les comportements en matière de soins, avec des preuves présentées par différentes sources pour étayer les conclusions. Tous les rapports seront publiés ici.

### Analyse multidisciplinaire intégrée des épidémies : COVID-19 en RDC

Pour enrichir la compréhension sur les dynamiques en santé, sur les perceptions et les comportements de recherche de soins, et sur les résultats liés à l'épidémie de la COVID-19 en RDC, des données provenant de sources différentes sont collectées, compilées et analysées, comparées et triangulées. Ce processus d'intégration de données multidisciplinaires (AMIE) permet de prendre des décisions sur la base de données primaires en améliorant la compréhension des causes de changement ou peuvent résulter de la mise en place de mesures de santé publique. Ce qui permet d'adapter suffisamment l'offre de services de santé pour garantir un accès continu et de meilleurs résultats en matière de santé de la population.

### Cellule d'Analyse en Sciences Sociales (CASS)

La CASS est une unité de recherche spécialisée au sein des perceptions et des comportements liés à la santé et à la vie des analyses de sciences sociales en temps réel pour aider à garantir un accès et une utilisation continus des services de santé.

### Résultats clés des analyses intégrées

- Le personnel de la santé se sent moins exposé considérablement plus faible que le mois de juin
- Perception que la fréquentation des centres de services qui ne sont pas considérés comme sûrs (Cela n'a pas été signalé dans les 4 semaines précédentes)
- Les difficultés financières continuent de limiter les femmes de manière disproportionnée
- La peur de l'infection nosocomiale et le risque de débiaiser l'accès aux soins de santé
- Comme le mois dernier, il y a une perception et des adolescentes touchées par les mes grossesses de mineurs, et les femmes se

### 1 - Impacts de la réponse COVID-19 sur la santé comm

Juin - Juillet 2020			
Thèmes	Résultats	Changements depuis le mois dernier	Sources des données
Utilisation des services de santé	Changements de la fréquentation des consultations générales dans les structures de santé depuis le début de la réponse COVID-19	Augmentation perçue de la fréquentation (après une réduction perçue au début de la réponse à COVID-19), et une légère réduction observée grâce aux données DHS2	Recherche en sciences sociales de la CASS (données sur les perceptions) Données DHS2 (tendances d'utilisation des services dans le temps) (Bhugwalia et l'Université de Hong Kong (enquête et analyse des données))
	Changements dans l'utilisation des services considérés comme "non urgents/essentiels" (maladies non transmissibles (MNT), planning familial)	Réduction perçue et réelle de l'utilisation des services de planning familial (CASS, DHS2) Réduction observée de l'utilisation des services pour les maladies non transmissibles (chroniques), y compris le diabète, les maladies cardiaques, l'hypertension. Augmentation enregistrée de l'utilisation du planning familial dans les cliniques mobiles	Recherche en sciences sociales de la CASS (données sur les perceptions) Données DHS2 (tendances d'utilisation des services dans le temps) Save the Children (données CASS sur les perceptions) Marie Stopes International (données de fréquentation)
Impacts sur les femmes	Impact disproportionné de la réponse COVID-19 sur la santé des femmes et des filles	Fortes réductions des premières visites général pour les femmes (district de La Gombe) Augmentation perçue et observée des grossesses non désirées (y compris chez les adolescentes) ; augmentation de la fréquence des avortements Aucune augmentation des cas de violences sexuelles et sexuelles n'a été signalée.	Recherche en sciences sociales de la CASS (données sur les perceptions) Données DHS2 (tendances d'utilisation des services dans le temps) Save the Children (CASS données sur les perceptions) Diverses données des épidémies passées en évidence les risques pour la santé reproductive des femmes ; • Ebola en Afrique d'ouest 2014-2016 (augmentation des grossesses chez les adolescentes) • Zica 2015-2017 (des difficultés d'accès à la contraception et à l'avortement) • Ebola dans l'Est de la RDC 2018-2020 (les complications de la grossesse confondues avec les signes d'Ebola)
			Performance Monitoring for Action (PMAA) RDC dashboard (Impact de la COVID-19 sur les femmes à Kinshasa)
Impacts socio-économiques	Facteurs financiers limitant l'accès aux soins de santé (entraînant des délais)	Plus de changement depuis le mois dernier) un manque de moyens financiers, l'indisponibilité des transports	Recherche en sciences sociales de la CASS (données sur les perceptions) Save the Children (données CASS sur les perceptions)
	Les défis socio-économiques rencontrés par les familles (baisse des revenus due à l'absence de travail, fermeture des écoles, baisse de la valeur du franc congolais par rapport au dollar)	Les femmes semblent s'être adaptées à la situation ; perception que les conditions de vie deviennent plus faciles Moins d'hommes signalent une amélioration de leur situation familiale	Recherche en sciences sociales de la CASS (données sur les perceptions) Rapport de la Banque Mondiale (juillet)
Prix du marché, comportements en matière de dépenses et pouvoir d'achat	Prix du marché, comportements en matière de dépenses et pouvoir d'achat	Augmentation des prix des denrées alimentaires au début de l'épidémie de COVID-19 (résultant de la fermeture des frontières) Réduction/stabilisation des prix des denrées alimentaires et du marché suite à la réglementation gouvernementale Le manque d'argent et de moyens de transport sont les principaux facteurs limitant l'accès aux marchés et aux soins de santé	REACH (bulletins de marchés, juin 2020) Rapport de la Banque Mondiale (juillet)
	L'impact économique de la pandémie sur les entreprises et les ménages Congolais	Premiers résultats publiés début Août (entreprises) et 19 Août semaine (ménages) Fortes réductions de revenus, augmentation des dépenses à cause des prix des denrées alimentaires	Elan RDC / FFC business survey Elan RDC / Kinshasa Digital household survey
Gouvernance	Confiance mitigée dans la réponse et la stratégie gouvernementale (mesures de protection et prévention)	Perception que les mesures de santé publique sont nécessaires dans une certaine mesure, mais que les implications financières l'emportent sur les avantages perçus en matière de santé.	Recherche en sciences sociales de la CASS (données sur les perceptions) PERC / resolve (les sites lives) [28/09]
	Crainte que la réponse COVID-19 ne réduise l'accès aux soins	La crainte que la COVID-19/ la Réponse (triage et quarantaine) n'entraîne des délais dans la recherche de soins	Recherche en sciences sociales de la CASS (données sur les perceptions) Save the Children (données CASS sur les perceptions)

# What do we do with the data?



(1) IMOA workshops: bringing together international and national researchers, NGOs, UN under the MoH leadership to look at evidence and discuss actions and use

(2) Integrated briefs showing key analyses monthly

(3) presentation at MoH secretariat meetings, donor meetings, MoH commissions

# In practice: what does it take to make this happen?

- 1) UNICEF contribution
  - Team (3 internationals + 3 nationals) available for all outbreaks
  - Local researchers recruited for each outbreak
  - Weekly training of local research team
  - Full time flexibility and dedication to provide this service
  
- 2) Partner contribution
  - Data, study sharing (open access)
  - Participation, engagement
  - Teams for doing their studies
  
- 3) MoH contribution, buy-in & ownership
  - Engagement from onset
  - Studies planned together – facilitate use of results
  - Facilitating space and interest in use of evidence

## Questions & discussions

## Ressources, studies links online

Google drive Ebola ([lien](#))

Google drive CASS (global) ([lien](#))

Thank you & Merci 😊

# **Additional Opportunities for Engagement**



**LNCT**

Learning Network for  
Countries in Transition

# Engaging the private sector to support immunization

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Additional opportunities for engagement

October 2020

Elizabeth Ohadi Presenting



# Airtel Partnership, Nigeria

- **The Challenge:** Improve the speed of data reporting, reduce the errors/falsification of data entry, and reduce the cost of sending paper-based reports.
- **The Project:** Partner with a telecommunications company, Airtel, to enable facilities to report immunization data in real time via SMS.
  - Implemented in 18 of 36 states
  - Locally-driven initiative with WHO, UNICEF, and Gavi providing funding.
  - Initial funding period of 3 years
- **The Partnership:**
  - Flowed down from a global partnership between Gavi and Airtel
  - Partnership is a part of Airtel's Corporate Social Responsibility
  - Bringing partnership to fruition has taken many years. Initiated in 2017, and the collaboration has yet to be fully implemented.
  - Negotiated an MOU between the Nigerian government and Airtel. Key point in this negotiation was the reduced price of airtime and data usage.
  - The MOH engages the National Communications Commission to speed up government approval.
- **Scale-up & Sustainability:**
  - Planning to scale nationally
  - Developing strategies to mobilize resources at the state level to sustain project.
  - Next phase: Linking the SMS directly to the NHMIS

# Project Last Mile, Nigeria

- **The Challenge:** Weak cold chain infrastructure and a poor maintenance system for cold chain equipment
- **The Project:** Tested the efficiency and effectiveness of the Coca Cola outsourcing model for maintenance of refrigerators on vaccine cold chain equipment.
  - Piloted in 1 of the largest states from 2016-2018
  - Results included a 16% increase in CCE available capacity and 100% equipment uptime in pilot area
- **Scale-up & Sustainability:**
  - The plan was to use pilot results to scale-up nationwide. However, this has not happened due to:
    - *Financial sustainability:* States are expected to fund maintenance of cold chain going forward. The political will necessary to guarantee sustained States' funding is lacking.
    - *Programmatic sustainability:* The system runs counter to the country's broader goals, which is to build capacity within the public service system for activities that impact service delivery
  - Drawing from lessons learned through the partnership, the country is adopting a system which has the potential to be less expensive while contributing to the country's goals:
    - With support from Gavi and the National Government, States have established Maintenance Units with technicians being trained by the representatives of CCE manufacturers
    - In states without the current capacity to adequately staff this unit, outsourced maintenance system has been recommended

# Indian Academy of Pediatrics

- **Technical guidance:** Provides guidance to the GOI on immunization policies, new vaccine introduction, and measures to improve RI
- **Advocacy:**
  - Counters misinformation campaigns by issuing statements, conducting media briefings, and messaging through their publications and website
  - Creating awareness of the benefits of vaccination through a parent education program and an SMS-based free vaccine reminder service for parents all over the country.
- **Training:** Conducts vaccinology courses for health professionals, including NIP program managers
- **Surveillance:** Coordinates with the GOI on AEFI surveillance and VPD reporting

*From: Thacker et al., Civil society organizations, the implementing partners of the Global Vaccine Action Plan. 2012*

Thank you!

**10-minute break**

# Day 3 Country Group Work

# Day 3: Country Group Work

- Same format at Day 2, considering the new types of innovations and collaboration models presented
- Identify 2-3 *additional* ideas and/or update the previous ideas
- Please save 10 minutes to prepare for the peer exchange next Tuesday.
  - Select a presenter.
  - Discuss the challenges and solutions discussed and select **one challenge** and proposed private sector solution that you would like to pursue.

1) What is the current challenge to be addressed by the private sector?	2) What role could a private actor play to address the challenge? Who are the potential private sector actors?	3) How is this private actor well-suited to address this challenge?	4) How would you approach this actor? Who could facilitate this dialogue?	5) What must be worked out to bring about a collaboration (financing, convincing other stakeholders, etc)?	6) Actions to pursue a collaboration
•	•	•	•	•	•
•	•	•	•	•	•
•	•	•	•	•	•
•	•	•	•	•	•

# Participant Reflections on Day 3

- Thinking about the innovations and new ways of collaborating with partners presented today, what was most interesting? Could that be applied in your country?



São Tomé e Príncipe



Sudan



# Country Team Facilitators

Country	Facilitators
Congo	Edouard Ndinga (WHO) Hermann Ngossaki (UNICEF) Leah Ewald (LNCT)
Côte d'Ivoire	Miloud Kaddar (LNCT)
Georgia	Ivditi Chikovani (Curatio/LNCT) Eka Paatashvili (Curatio/LNCT)
Kenya	Anthony Ngatia (CHAI) Grace Chee (LNCT)
São Tomé and Príncipe	Cristiana Toscano (LNCT)
Sudan	Hanan Elhag Abdo Mukhtar (WHO) Helen Saxenian (LNCT)

**10-minute break**

# Workshop Reflections & Closing

# Participant Reflections on Day 3

- Thinking about the innovations and new ways of collaborating with partners presented today, what was most interesting? Could that be applied in your country?



São Tomé e Príncipe



Sudan

# Help us improve LNCT activities!

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**Before you go,  
please fill out a  
short feedback  
survey!**

**We will use this to  
improve future  
LNCT activities.**

**The link is in the  
chat.**

