Engaging the Private Sector to Support Immunization

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

October 2020
WELCOME BEM-VINDO приветствие

BIENVENUE

Congo

Cote d’Ivoire

Georgia

Kenya

São Tomé e Príncipe

Sudan
## Day 3 Agenda

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<td>Innovative Solutions: Decision Framework</td>
<td>Blair Palmer</td>
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<td>Country Innovation Examples</td>
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<td>Country Group Work</td>
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Innovative Immunization Solutions
DAY 3: LNCT WORKSHOP

Innovative Immunization Solutions from the Private Sector
[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.
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]
[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

Steward by [dial Digital Impact Alliance] | digitalprinciples.org | #DigitalPrinciples
**[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.
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 you work and with your donors; and (c) does not create a risk for the wellbeing of your participants.
[worksheet: opportunity card]

**Issue/challenge**

**Opportunity**

How might you collaborate with the private sector and/or other organization to solve this issue?

How can you make this work?

What area is this challenge/opportunity related to?

☐ Service Delivery  ☐ Funding needs  ☐ _____________

☐ Network engagement  ☐ Future innovation

DAY 3: LNCT WORKSHOP
Common Thread connects people to policy by listening, learning and translating local voices into long-lasting and measurable public health and development strategies.

Thank you!
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

<table>
<thead>
<tr>
<th>MOH</th>
<th>Orange</th>
<th>Gavi</th>
<th>VillageReach</th>
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<tbody>
<tr>
<td>• Establishing an enabling</td>
<td>• Developing and continuously improving</td>
<td>• Instigator and financial partner of this</td>
<td>Recruited by Gavi for providing coordination and management capacity for initial implementation in Cote d’Ivoire and transition of the solution to MoH</td>
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<td>environment for the PPP</td>
<td>app</td>
<td>partnership</td>
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<td>• Contributing to app design</td>
<td>• Supporting operations, leveraging private</td>
<td>• Contributing resources via Gavi-Orange</td>
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<td>by ensuring alignment with EPI</td>
<td>sector practices to streamline processes</td>
<td>matching fund</td>
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<td>• Promoting app via Orange network</td>
<td>• Supporting establishment of new,</td>
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<td>regulation</td>
<td>• Contributing funds</td>
<td>long-term partnership between MOH and Orange</td>
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<td>workers) through a pool of</td>
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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
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

**Current status:** implementation in three districts, with >10000 caregivers registered in first six months

- **Oct 2020**
  - Preliminary evaluation
  - Development of improvement plan

- **Dec 2020**
  - Baseline study for Batch 2

- **Jan 2021**
  - Improvement of the app

- **Feb 2021**
  - Rollout in second batch of districts

**Impact evaluation**

- **Mar 2022**
  - **Target:** implementation in 51 districts with highest dropout rates and lowest coverage, impacting 800,000 children and pregnant women
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
NexLeaf Analytics: Integration of Technology and Innovation
Integration of Technology and Innovation in Health Supply Chain Systems

Shahrzad Yavari
Director, Cold Chain Strategy and Advocacy

NEXLEAF Analytics
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...
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:

<table>
<thead>
<tr>
<th>ColdTrace Sensor Device</th>
<th>Data Analytics Dashboard</th>
<th>Standard Operating Procedures (SOPs)</th>
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<tr>
<td>- The ColdTrace sensor device sends <strong>alerts via SMS (text message) and email</strong> when fridge temperatures get <strong>too hot</strong> or <strong>too cold</strong>&lt;br&gt;  - Secure, cloud-based dashboard that allows remote access to <strong>real-time temperature data</strong>&lt;br&gt;  - <strong>Integrates into</strong> existing LMIS systems (VIMs)&lt;br&gt;  - Provides <strong>customizable analytics</strong> and <strong>report-generating tools</strong> to track equipment performance&lt;br&gt;  - SOPs for nurses, maintenance technicians, regional supervisors, and ministries of health for <strong>effective cold chain system management</strong></td>
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Lessons Learned / Best Practices

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:

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, you need to defrost your fridge. Follow the guidance on the PPM SOP 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.
   - Get all wasted vaccines ready for returning to the SRI SIMAS. You will need guidelines on how to proceed.

4. If Alert is not cleared (and you continue to get additional SMS alerts), then:
   - Move the 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 and 8°C.
     - Make sure the door is securely closed.
     - If you try 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.

If transporting the vaccines, have a cold box with enough cold packs to keep the temp between 2-8°C throughout the journey. Ensure the vaccines are out of the box only to place them in the box before placing and transferring the vaccines.
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

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

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

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'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?

- **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

☺

SHAHRZAD YAVARI - SHAHRZAD@NEXLEAF.ORG
CASS: Cellule d’Analyse en Sciences Sociales
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

Simone Carter
Social Sciences Analytics Manager
UNICEF Public Health Emergencies
scarter@unicef.org
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)

<table>
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<th>West Africa Ebola outbreak social sciences in RCCE</th>
<th>Integrated Epi and Social sciences « CELL » systematically informing response</th>
<th>Integrated Analytics commission for COVID &amp; Ebola</th>
<th>Global support &amp; learning for other countries</th>
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### 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

- Integrated analyses
  - Health services use DHIS2
  - Qualitative monthly interviews
  - Markets data
  - Private HCF data (ex. SRH)
  - HCW quantitative surveys

Integrated analyses

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

Coordination with stakeholders for their involvement in the studies and the development of actions

Coordination with (triangulation, integration) partners and different commissions and actors

Develop research questions

Follow up on actions and recommendations

Identify recommendations and actions which can be taken

Working with all national partners (University, research development and MoH)

Données épi COVID

Données Epi MSP

CASS

Coordination stratégique

Gestion des informations

Coordination with (triangulation, integration) partners and different commissions and actors

Department for International Development

Save the Children

Emergency Rescue

Children by choice, not chance

MEDAIR

UNICEF

INSTITUTE OF TROPICAL MEDICINE ANTWERP

HARVARD HUMANITARIAN INITIATIVE

PATH

London School of Hygiene and Tropical Medicine

PMA

RÉPUBLIQUE DÉMOCRATIQUE DU CONGO

MINISTÈRE DE LA SANTÉ

MINISTÈRE DE LA SANTÉ

EPIDERM

Bluesquare

unicef

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RÉPUBLIQUE DÉMOCRATIQUE DU CONGO
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)
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 😊

Simone Carter
scarter@unicef.org
Manager, Social Sciences Analysis Cell
Public Health Emergencies- UNICEF
Additional Opportunities for Engagement
Engaging the private sector to support immunization

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 is 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

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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?
## Country Team Facilitators

<table>
<thead>
<tr>
<th>Country</th>
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<tbody>
<tr>
<td>Congo</td>
<td>Edouard Ndinga (WHO)</td>
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<td></td>
<td>Hermann Ngossaki (UNICEF)</td>
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<td>Leah Ewald (LNCT)</td>
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<td>Côte d'Ivoire</td>
<td>Miloud Kaddar (LNCT)</td>
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<td>Georgia</td>
<td>Ivditi Chikovani (Curatio/LNCT)</td>
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<td>Eka Paatashvili (Curatio/LNCT)</td>
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<td>Anthony Ngatia (CHAI)</td>
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<td>Grace Chee (LNCT)</td>
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<td>São Tomé and Príncipe</td>
<td>Cristiana Toscano (LNCT)</td>
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<tr>
<td>Sudan</td>
<td>Hanan Elhag Abdo Mukhtar (WHO)</td>
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<td>Helen Saxenian (LNCT)</td>
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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?
Help us improve LNCT activities!

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.