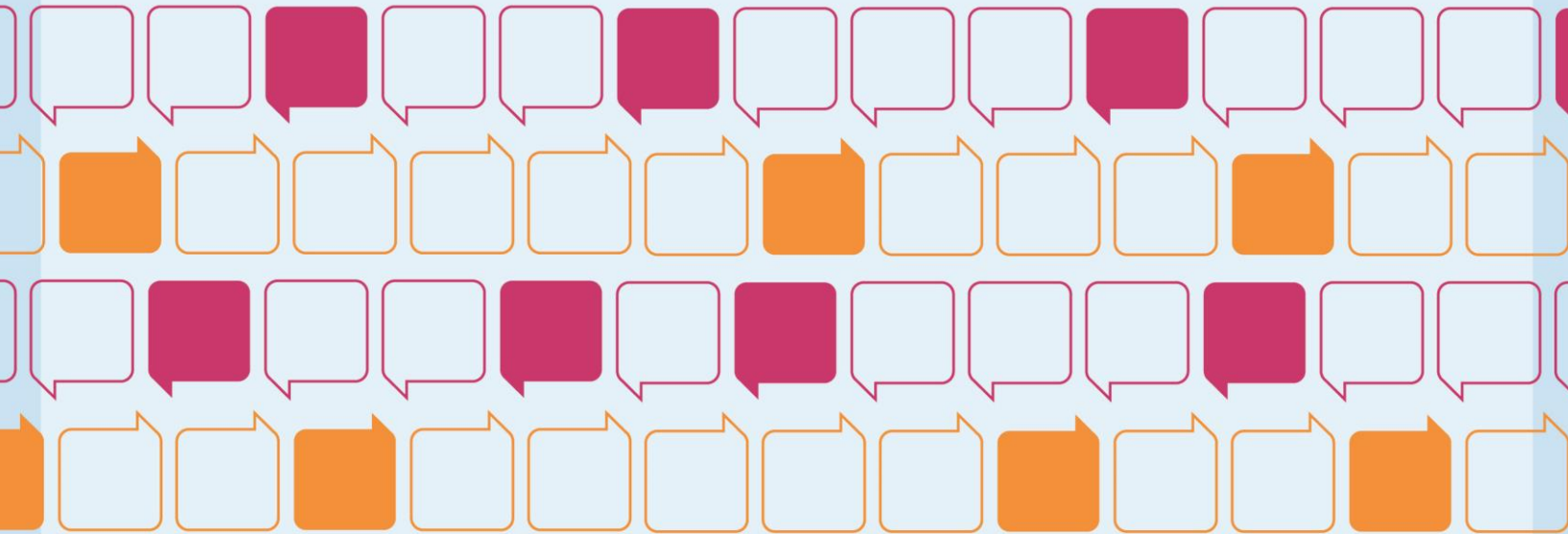


WORKSHOP REPORT

Engaging the Private Sector to Support Immunization

October 27-29 and November 3, 2020



Introduction

On October 27-29 and November 3, 2020, LNCT held its first virtual workshop, *Engaging the Private Sector to Support Immunization*. LNCT delegates from the Republic of Congo, Côte d'Ivoire, Georgia, Kenya, São Tomé and Príncipe, and Sudan convened online for four days of focused exchange on how to engage with for-profit and non-profit private sector organizations to strengthen immunization programs, including through service provision, demand generation, and application of private sector practices and technologies. Delegates included representatives from the Ministry of Health (MoH), the Ministry of Finance (MoF), and other stakeholders. The goals of the workshop were to:

- Define the private sector and how it can support immunization programming
- Discuss common challenges and understand the risks associated with engaging the private sector
- Discuss best practices for engaging the private sector
- Understand how to make good use of private sector expertise
- Discuss practical ways to start engaging the private sector

This report summarizes key presentations and discussions that took place during the workshop. The workshop agenda can be found in Annex 1. Annex 2 contains the list of country delegations, facilitators and partner organization participants. Links to the PowerPoint presentations and country posters are contained in Annex 3, and Annex 4 includes some reflections on the successes and challenges of hosting a virtual workshop.

Day 1: Overview of the Private Sector and Immunization

The Private Sector: Key Concepts and Issues

The first session of the workshop provided a broad overview of the private sector. The session began with a presentation of the broad range of private sector actors, including non-governmental organizations (NGOs), civil society organizations (CSOs), faith-based organizations (FBOs), professional associations, providers, and other commercial companies. The session then explored how the skills and functions that exist within the private sector could be leveraged to strengthen immunization programs and the advantages of engaging private actors' expertise in these areas. These roles include, but are not limited to, advocacy, demand generation, service provision, immunization financing, and information technology.

Immunization Function	Potential Input	Potential Advantages?
Leadership and governance	<ul style="list-style-type: none">• Management expertise	<ul style="list-style-type: none">• Focus on efficiency
Health workforce	<ul style="list-style-type: none">• Training for HWs	<ul style="list-style-type: none">• Access to private providers
Finance	<ul style="list-style-type: none">• Advocacy for financing• Commercial sector financing• Health insurance	<ul style="list-style-type: none">• Public advocacy more effective• More resources
Medical products	<ul style="list-style-type: none">• Vaccines• Logistics• Cold chain	<ul style="list-style-type: none">• Efficient logistics management• Technical expertise• Efficiency from shared resources
Service delivery	<ul style="list-style-type: none">• Service provision	<ul style="list-style-type: none">• Proximity and access to target population• Patient preference
Information	<ul style="list-style-type: none">• Data from providers• Information systems technology	<ul style="list-style-type: none">• Ease of use

Community	<ul style="list-style-type: none"> • Demand generation • Feedback and accountability 	<ul style="list-style-type: none"> • Personal trust • Proximity to target population
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The session concluded with a discussion of the policy and regulatory factors to consider when thinking about how to engage the private sector to support national immunization programs. These are heavily dependent on the local context. In thinking about how and which private providers can be engaged, countries should consider the licensing and supervision of services, contracting processes, accountability mechanisms, mechanisms of engagement that may entail leveraging professional associations or provider networks, proximity of private providers to target populations, and strategies for supporting private providers, such as providing vaccines or other equipment.

Some considerations when thinking about other private sector actors who could support immunization, such as NGOs and CSOs, are to what extent these actors already contribute to government planning processes, whether national regulations on pharmaceutical distribution and procurement limit their participation, and support for public-private partnerships within current government policies.

Key Takeaways

- There is a wide range of private sector actors capable of playing a variety of roles.
- Private sector actors may be uniquely positioned to support the improvement of immunization services.
- Even where private sector is already involved, there may be opportunities to strengthen engagement.
- It is important to start with an understanding of the immunization program’s gaps and challenges and then determine how the private sector can fill those gaps or address challenges.
- Existing policies and structures need to be considered in assessing the feasibility of new partnerships with the private sector.

Country Experiences

Two high-level lessons learned from a USAID-funded project that worked with private social franchise networks in Cambodia, Nigeria, Tanzania, and Uganda to better integrate private providers into the health system:

- It was important to create an enabling environment for engagement between the public and private sector actors.
- It helps to put in place deliberative processes to enable better leveraging of private sector actors, including identifying specific gaps in the public sector and how the private sector could be drawn upon to fill those gaps.

Private Sector Assessment

The Sustaining Health Outcomes through the Private Sector (SHOPS) *Plus* project seeks to strengthen the private sector, enable the private sector to reach its full potential, and ultimately improve health outcomes. During this session, the SHOPS *Plus* team provided an overview of the private sector assessment (PSA) approach. A PSA provides an understanding of private sector actors, their current activities, and their capabilities to support public health programming. There are three elements to the PSA approach: policy environment, health financing opportunities and constraints, and the supply and demand of health products and services. Within those three elements, there are five phases of conducting a PSA: identifying objectives, conducting research, interpreting findings, validating and prioritizing results and translating recommendations to actions. PSAs offer recommendations on needed policy reforms and highlight areas for improved coordination and partnership between public and private sectors. In addition to identifying gaps and mobilizing untapped private sector resources, PSAs can also foster dialogue between government and private sector actors on how to maximize the private sector’s role to address health priorities. The resources and guidance for conducting a PSA can be found at the [link here](#).

Key Takeaways

- Holding an in-country consultation to elicit feedback on the PSA can help build consensus and generate buy-in for the recommendations.
- To ensure accountability, it is recommended to develop an action plan that determines who will do what, by when, and with what resources.
- WHO recommended the following actions to engage the private sector in national immunization programs: conduct an assessment of the current role of NGO providers in immunization service delivery; determine the optimal model of public-private engagement of service delivery; facilitate dialogue and establish collaborative activities, agreements, and contracts; ensure data management and reporting; provide adequate training and capacity building; and facilitate accountability and performance oversight.

Country Experiences

Two country examples of successful country experiences of private sector participation in immunization were presented:

- Indonesia: The private sector plays a large role in immunization but lacks a coordinated immunization supply chain. *The Indonesia Pediatric Society (IPS)* led a cross-sector effort to improve coordination across the public and private sectors. Some of the components included conducting an advocacy training to ensure accountability and coordination; developing and implementing an electronic immunization reporting and quality assurance system; and coordinating messaging across public and private immunization providers.
- Nigeria: The private sector plays a large role in the delivery of child health services and could play a role in meeting national immunization goals. To enhance private sector immunization services and accessibility, Abia State partnered with private health facilities to provide free immunization services. The SMOH and private health facilities jointly developed an MOU and formed a core group to oversee implementation. Following this agreement, private providers were then trained by government officials and the media was leveraged throughout the process to generate demand and make consumers aware that they could now receive immunizations in select private facilities.

Day 2: Social Mobilization and Service Delivery from the Private Sector

Social Mobilization to Generate Demand

Effective demand generation requires more than communication. To increase immunization coverage and combat backsliding, effective demand generation strategies also need to engage communities, train health workers and other community members, and offer appealing incentives. NGOs and CSOs are uniquely positioned to support these demand generation strategies. This session, presented by Common Thread, opened with a brief introduction on the dynamics of immunization demand and why demand generation activities are critical for an effective immunization program.

As NGOs and CSOs often operate from within communities, they are well placed to access unimmunized children who often live in poor households, with parents who have limited education and may be located in hard-to-reach areas. The session highlighted specific examples of how NGOs and CSOs have used their links to communities to successfully reach and mobilize underserved populations to increase demand.

NGO and CSO representatives from Nigeria and India spoke more on how their organizations have supported demand generation strategies and provided more information on how governments can effectively engage with these private sector actors and include them in immunization activities.

Key Takeaways

- As CSOs and NGOs are operating on the ground, they are often the 'first responders' and can identify local challenges. They also have a wealth of information about the communities they seek to serve that can supplement government activities.

- NGOs and CSOs can leverage their links to communities to mobilize the population and understand barriers to immunization, but an absence of clear governmental structure for sustainably engaging them and coordinating their activities can impact their effectiveness.
- CSOs and NGOs may be more flexible, developing new services quickly and tailoring those services to specific populations.

Country Experiences

CSO and NGO representatives from two LNCT countries presented on the role their organizations played in creating demand and mobilizing populations.

- Nigeria: Dr. Chizoba Wonodi spoke on behalf of *Women Advocates for Vaccine Access* and *the Gavi CSO Steering Committee* about the important role CSOs, including those not directly working in immunization, can play in routine immunization activities due to their proximity to a variety of different communities. She also discussed the challenges CSOs experience, notably access to the financial resources necessary to sustain their activities.
- India: Mr. Lokesh Gupta presented on *Rotary International's* role in eliminating polio in India. Rotary International not only advocated for the polio vaccine with politicians, religious leaders, and other stakeholders, but provided financial and operational support, including taking part in social mobilization efforts.

The presentation also included examples from the following countries:

- Mali: A woman-led CSO, *Projet d'Appui au Développement Communautaire*, used its connections with local women to survey nomadic populations about challenges accessing immunization, and improved coverage by increasing the number of immunization service providers at markets.
- India: In response to learning that fathers, who have an important role in mobilizing support for immunization, were often left out of engagement efforts, the government trained barbers to communicate the value of immunization. Their social mobilization efforts included media campaigns featuring local and national celebrities and partnering with schools and local and international organizations to create banners, generate attention, and host rallies.
- Sierra Leone: Following a rapid increase in missed vaccination appointments, the *Scaling up Nutrition and Immunization Civil Society* platform used their access to mothers of children of immunization age to distribute a survey. The survey found that parents were afraid to bring children to health facilities due to the belief children may contract Ebola there.
- Kenya: A group of NGOs and academics created a platform called *Umati*, where Kenyans could report misinformation on topics including vaccines and hate speech. They found that most of the misinformation being reported began offline.

Private Sector Service Provision

The private sector can also improve access to immunization by providing vaccination services. During this session, the results of a study on private sector immunization service provision in the Middle East and North Africa were presented. The study's objectives were to understand the current role of the private sector in immunization, identify options to improve existing public-private engagement activities, and identify steps the government can take to engage with private providers to achieve longer-term immunization goals.

Following the presentation of the study, representatives from Sudan and Cote d'Ivoire presented on their experiences with private sector provision of immunization services in their countries.

Key Takeaways

- Government challenges with private sector provision of immunization services include: lack of adherence to national immunization program schedules, cold chain equipment that does not meet recommended

standards, limited capacity of government to monitor private-for-profit vaccination, and concern that private providers may be getting their information on immunization standards from pharmaceutical companies.

- Patients may perceive private providers to have a high quality of service if they have better amenities or lower waiting times.
- Private sector providers may contribute to equitable immunization coverage by providing services in places the government may not be able to reach, such as conflict zones and hard-to-reach areas, or to people the government cannot access, such as Internally Displaced Persons and refugees. They may also contribute to efficiency by reducing the burden on public facilities, while contributing to effectiveness by improving the population's awareness and acceptance of new vaccines.
- Governments need to develop a policy framework for public-private engagement in immunization for both NGO and for-profit providers that optimizes current arrangements and considers how the system can be shaped to achieve longer-term goals.

Country Experiences

- Sudan: Ms. Asrar Fadulelsied provided an in-depth look at how the private sector is increasing immunization coverage and reducing disparities in Sudan. The private sector is actively engaged in service delivery, with 55% of private health facilities offering immunization, but is mostly concentrated in Khartoum State. Non-profit providers more often operate in rural areas, with some in urban areas, and provide services in conflict areas or other hard-to-reach areas. The government regulates these agencies through the Directorate of Private Care Facilities and the Humanitarian Aid Commission, with the Expanded Program on Immunization (EPI) providing supportive supervision at the national, state and district levels. The government provides vaccines to all private providers, along with other essential resources, with the exception of refrigerators. Though Sudan has a well-organized program, there is still a need to strengthen training and monitoring and develop a policy framework for public-private engagement.
- Côte d'Ivoire: Dr. Jean-Marc Bertrand Korandji provided context around Cote d'Ivoire's experience with the private sector. The private sector plays a pivotal role in service provision, with the majority of doctors working in the private sector in some capacity. As of 2014, the private sector also covered between 80 and 90% of the pharmaceutical supply through a combination of wholesale distributors, private pharmacies and drug production units. The private sector administers vaccines, educates caretakers and patients on the importance of vaccinations, and provides financial support for immunization campaigns. *M-Vaccin*, which is discussed further on Day 3, is an example of one of these partnerships. Despite its large role, there is still poor documentation of the full breadth of services the private sector provides and information sharing between the public and private sector is weak. The Ministry has started a dialogue with private sector associations to learn more about what is being done. They also hope to identify strategies to better integrate private actors with national policies and training.

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

Innovative Solutions from the Private Sector & Additional Opportunities for Engagement

The private sector is a key resource for innovative solutions to improve the effectiveness and efficiency of immunization programming. The second day began with an overview presentation that included key design and systemic considerations to reflect on when thinking of implementing an innovative process or technological solution. Also presented was a decision framework with criteria for the successful implementation of these solutions and guidance on how to engage with a private sector organization and develop an effective partnership. These considerations and the decision framework are useful to countries not only for determining which innovative solution to implement but also whether a new solution is the best option for addressing specific challenges within the immunization program.

Following the overview presentation, several examples of innovative solutions were presented. One such presentation was from NexLeaf Analytics which is engaged in 10 countries across Africa and Asia, including Kenya, to implement the ColdTrace System, a remote temperature sensor and dashboard system to monitor vaccine cold-chain devices. NexLeaf described two different models for implementing an innovative solution, ministry-driven and partner-driven, and the pros and cons of each model. For the ministry-driven model, pros include: government ownership, greater awareness of the costs and complexity of the solution, and the opportunity to improve cost-effectiveness by using the existing health system infrastructure; and cons include: limited bandwidth of ministry staff which may increase their burden and workload thereby delaying implementation. For the partner-driven model, pros include: faster implementation timeline and limited burden on ministry staff; and cons include: more costly implementation and a lack of country knowledge and context that can lead to un-scalable and un-sustainable solutions that don't reflect country priorities and needs.

In the final presentation, the potential role of professional associations was presented through the example of the Indian Academy of Pediatrics, which provides technical guidance on immunization to the MoH and supports, advocacy, training and surveillance efforts.

Key Takeaways

- Successful solutions from the private sector have the following characteristics: evidence of impact, local ownership and/or development, the ability to integrate into the broader health system, and a public-private partnership with the potential to achieve results at scale.
- In effective partnerships, both the public and private sector entities are incentivized to work together
- Building a partnership requires the alignment of expectations, routine and transparent communication, and an extended timeframe to develop.
- Identifying a champion within both the private and public sector organizations can help catalyze action and accelerate decision-making.

Country Experiences

- Côte d'Ivoire: Implemented through a partnership with Orange, *M-Vaccin* leverages mobile technology to improve immunization coverage. It uses text and voice messaging to educate caregivers about immunization, send appointment reminders, create personalized immunization schedules, and improve data availability, quality and use. Orange solicited feedback from health workers multiple times during the development process and learned that the application was too complicated. Simplifying the application led to increased use.
- Democratic Republic of Congo: Implemented in partnership with UNICEF, *Cellule d'Analyse en Sciences Sociales (CASS)* integrates analytics across disciplines and from a variety of actors to support evidence-based decision-making in response to an outbreak.
- Nigeria: Through a partnership with *Airtel*, 18 Nigerian states implemented a project to enable facilities to report immunization data in real time via SMS. This project was initiated in 2017 and is yet to be fully implemented in all states, but introduction of the project at the country level was eased by broad support locally and globally. This partnership between Airtel and the MoH, like many partnerships between the public sector and corporations, took many years to develop to the point of implementation.
- Nigeria: In partnership with Coca-Cola, Nigeria piloted the use of an outsourcing model for the maintenance of refrigerators and vaccine cold chain equipment for *Project Last Mile*. While the initial plan was to scale-up to all states following a successful pilot, the national MoH was not able to expand the project due to a lack of political will at the state level to guarantee funding and because it ran counter to the country's broader goal which is to build capacity in 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 aligning with the country's broader goals.
- India: The *Indian Academy of Pediatrics* supports many aspects of the national immunization program in India, including the provision of technical guidance, demand generation, training, and AEFI and VPD surveillance.

Day 4: Sharing of Country Group Work and Mitigating Challenges

The closing day of the workshop began with a short competition. Over the weekend, participants were asked to view the posters that each country developed and answer a pop quiz question about the poster contents:

Of all the countries providing this information, which two countries have the highest and lowest rates of immunization services provided by private-for-profit providers?

Answer: Highest is Georgia; Lowest is Côte d'Ivoire is the lowest

Marina Topurdize from Georgia won the competition, with Ednilza Solange Vila Nova Correia Gomes de Barros from São Tomé and Príncipe coming in a close second. The remainder of the final day was dedicated to peer exchange of the work countries developed in their country groups during the previous days. At the end of the workshop, countries were asked to pick one priority action item they developed and share it in plenary. A summary of the country group work can be found below.

Country Group Work

During the first day of the workshop, countries were asked to think through immunization program challenges that they would like private sector support to address. They were provided a template that helped them brainstorm these challenges by asking them to consider aspects of leadership/governance, human resources, finance, cold chain equipment, delivery of services, information, and community engagement. The goal of the exercise was for countries to think outside of the box of traditional private sector roles in immunization, such as service provision, and think creatively about other channels for engagement. For each challenge, they were asked to think through what private actors might be involved, what their role could be, and what private actors are already doing in this area.

In the following days, countries were asked to expand on their work from Day 1 to develop strategies for engaging private sector organizations to address challenges within their immunization program. They were asked to expand on the potential roles for the private sector based on learnings from the workshop. They were then asked to think through why the private actor would be a good fit for addressing each challenge, how they would approach the actor, what challenges they might face, and what actions they could take to further explore the collaboration.

During the closing session, each country was asked to pick one priority challenge and proposed strategy to present in a small group and receive feedback from other countries. Congo and Côte d'Ivoire formed one group, and Georgia, Kenya, and São Tomé and Príncipe formed the other (Sudan did not participate in Day 4 as they were responding to other pressing concerns). Each country then presented its priority action item in plenary.

Country	Selected Challenge	Proposed Strategy
Congo	<ul style="list-style-type: none"> For-profit providers do not report data to the MoH. This is in part because these providers do not dedicate sufficient personnel to immunization because it is not profitable for them. To address this, Congo has provided cold chain equipment to 80 facilities and used this as an opportunity to train them in data collection. 	<ul style="list-style-type: none"> Send MoH personnel to support immunization sessions at private facilities. Work through the Chief Medical Officers in the districts to establish relationships with private providers and follow up with them to get data.
Côte d'Ivoire	<ul style="list-style-type: none"> How to involve private sector organizations of all types (professional organizations, scientific societies, community associations, industry and service organizations (like Orange), foundations, and celebrities) in immunization action planning in order to reach larger portions of the population. 	<ul style="list-style-type: none"> Conduct a study of immunization services provided by private sector services providers, provide training to private service providers, establish a national action plan with private sector representation, develop M&IE tools for the private sector, provide free vaccines to the private sector and secure the cold chain, conduct communication and social marketing activities.

Georgia	<ul style="list-style-type: none"> Lack of a systematic approach for demand generation. On the community side, there is a fragmented approach to community engagement including SMS notifications, a Facebook page, and mothers' education web resources run by professional associations. On the health worker side, private providers do not have much interest in generating demand for immunization and regulatory mechanisms do not allow MoH to enforce demand generation priorities. 	<ul style="list-style-type: none"> Establish a Public-Private Partnership, develop an online platform on immunization including COVID issues, and work with academia to develop a communication internship program to develop capacity. Involve professional associations, companies that can develop the online platform, for-profit clinics as users, and academia.
Kenya	<ul style="list-style-type: none"> Caregivers are delayed bringing their children for immunization and defaulter tracing is difficult. 	<ul style="list-style-type: none"> Establish an SMS reminder system akin to the Orange partnership in Côte d'Ivoire. SafariCom has previously been used for a measles campaign, so they would be a good target, but this would be more complicated because HWs would have to be able to work with it regularly, rather than sending a blanket (not-personalized) message for a campaign. Kenya will need to cost this plan and consider mobilizing resources from manufacturers that already support TV/radio advertising for immunization. CHAI and Red Cross may be able to help, based on previous experience.
São Tomé and Príncipe	<ul style="list-style-type: none"> Strengthening capacity for human resources management in the MoH 	<ul style="list-style-type: none"> Take advantage of management experience in the private sector to hold a workshop on strategic leadership and operational planning to train MoH staff. Take advantage of Gavi and LNCT to reach out to international resources (like Sabin) and work through the MoH to contact national resources like academic faculty.
Sudan¹	<ul style="list-style-type: none"> Improving immunization coverage and reducing drop-out 	<ul style="list-style-type: none"> Develop a mobile app to remind mothers about when to return for immunization. There is a high level of smart phone ownership (80%) among mothers in Sudan, with four phone companies. WHO has already started piloting a project like this and their experience could be drawn upon. Phone companies may be interested in collaborating because it would be good for their public image.

Workshop Feedback and Next Steps

Engaging the private sector has continuously been ranked as a priority area for LNCT country knowledge exchange. Participants who responded to LNCT Network Coordinators' feedback surveys agreed that the information gleaned during the meeting was relevant to their work. Comments from participants indicated that the seminar was "well

¹ Sudan was not present on the final day of the workshop and so did not present their action plan. One activity they discussed on previous days of group work has been included in the chart.

organized and full of interesting information” and that they valued “sharing experience[s]”, but sometimes wished they had more time to explore the meeting content in greater depth.

Respondents particularly found helpful the sessions that shared knowledge around conducting a private sector assessment and innovative solutions from the private sector. LNCT members valued the opportunity to discuss meeting content in the context of their own country with their peers in the network. LNCT Network Coordinators will continue to survey member countries’ interest in this topic to determine whether additional activities within this workstream would be beneficial.

Organizing a virtual meeting posed new challenges and opportunities for the LNCT network. The online format allowed speakers who may not have been able to participate in-person to contribute valuable material to the meeting sessions. At the same time, participants sometimes found the virtual meeting technology, especially the interpretation platform, challenging to use. While responses from the feedback survey showed that the interpretation platform became easier to use as participants grew familiar with it, LNCT Network Coordinators will be exploring methods to improve this feature for future virtual meetings. More reflections on the virtual format of the meeting can be found in Annex 4.

Annex 1: Meeting Agenda

October 27, Day 1

Length	Session Title	Presenter(s)
30 mins	Welcome & Introduction	Leah List & Grace Chee
30 mins	Overview of Private Sector	Grace Chee
10 mins	Break	
45 mins	Private Sector Assessment	Catherine Clarence & Tess Shiras
40 mins	Country Group Work	Country Facilitators
10 mins	Break	
10 mins	Workshop Reflections	Country Teams
5 mins	Closing	Grace Chee

October 28, Day 2

Length	Session Title	Presenter(s)
10 mins	Welcome	Grace Chee
45 mins	Demand Generation	Sherine Guirguis & Felicity Pocklington
10 mins	Break	
45 mins	Private Sector Service Provision	Helen Saxenian & Miloud Kaddar
40 mins	Country Group Work	Country Facilitators
10 mins	Break	
10 mins	Workshop Reflections	Country Teams
5 mins	Closing	Grace Chee

October 29, Day 3

Length	Session Title	Presenter(s)
10 mins	Welcome	Grace Chee
30 mins	Innovative Solutions: Decision Framework	Blair Palmer
50 mins	Country Innovation Examples	Elizabeth Ohadi
10 mins	Break	
15 mins	Innovations Question & Answer	Elizabeth Ohadi
40 mins	Country Group Work	Country Facilitators
10 mins	Break	
10 mins	Workshop Reflections	Country Teams
5 mins	Closing	Grace Chee

November 3, Day 4

Length	Session Title	Presenter(s)
10 mins	Welcome	Grace Chee
40 mins	Peer Exchange	Country Facilitators
10 mins	Break	
30 mins	Sharing of Country Group Work	Country Teams
20 mins	Workshop Reflections	Grace Chee
10 mins	Closing	Grace Chee

Annex 2: Participant List

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Annex 3: Links to Meeting Materials

Day 1: Overview of the Private Sector and Immunization

[Recording](#)

Presentation Slides: [English](#) | [Français](#) | [Português](#) | [русский](#)

Day 2: Social Mobilization and Service Delivery from the Private Sector

[Recording](#)

Presentation Slides: [English](#) | [Français](#) | [Português](#) | [русский](#)

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

[Recording](#)

Presentation Slides: [English](#) | [Français](#) | [Português](#) | [русский](#)

Day 4: Exchange of Country Action Plans and Mitigating Challenges

[Recording](#)

Presentation Slides: [English](#) | [Français](#) | [Português](#) | [русский](#)

Country Posters:

Congo: [English](#) | [Français](#) | [Português](#) | [русский](#)

Côte d'Ivoire: [English](#) | [Français](#) | [Português](#) | [русский](#)

Georgia: [English](#) | [Français](#) | [Português](#) | [русский](#)

Kenya: [English](#) | [Français](#) | [Português](#) | [русский](#)

São Tomé and Príncipe: [English](#) | [Français](#) | [Português](#) | [русский](#)

Sudan: [English](#) | [Français](#) | [Português](#) | [русский](#)

Annex 4: Reflections on the Virtual Workshop Format

As mentioned in the final section of the report, the virtual workshop format is a new modality for LNCT engagement. After analyzing feedback from participants and reflecting on the event, the Network Coordinators have compiled their reflections from hosting the event.

Successes:

- Recording presentations allowed speakers who would not otherwise be able to attend to share knowledge. It also helped mitigate technology issues and enabled Network Coordinators to adhere to the schedule.
- Opening the session with music and a set of informational rotating slides helped set an engaging and upbeat tone to the workshop and give early participants the chance to review essential information (like interpretation codes) and preview workshop content (e.g. country posters, the agenda).
- Presentations were kept to 1.5 hours per day which allowed ample time for country group work and discussion.
- LNCT Network Coordinators assigned logistics roles to everyone behind the scenes which made response times to unexpected problems quicker and more efficient.
- Hosting the workshop over three consecutive days, with a short break before the closing day helped maintain momentum while the long weekend break allowed countries the opportunity to reflect on the workshop learnings and their country group work thus far.

Challenges:

- The interpretation platform was challenging for some participants to use. After the first day, LNCT Network Coordinators included the interpretation code at the top of every slide so it was more readily available to workshop attendees. LNCT Network Coordinators are considering hosting a tech-training session in advance of the next virtual workshop to help ensure participants are comfortable with the technology platforms prior to the workshop's start.
 - Delegate attendance was a challenge given the many demands on their time.
 - While LNCT materials, such as translated presentations and posters, were available on the website, not all participants had registered for an account in advance. This made accessing the presentations challenging for some participants.
 - Limited connectivity sometimes added difficulties to country discussions, slowing the progress of the conversation.
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