

CLEARING IMMUNISATION BACKLOGS AND BUILDING BACK
BETTER IN THE WAKE OF COVID-19

Global and Regional Zero-Dose Approaches

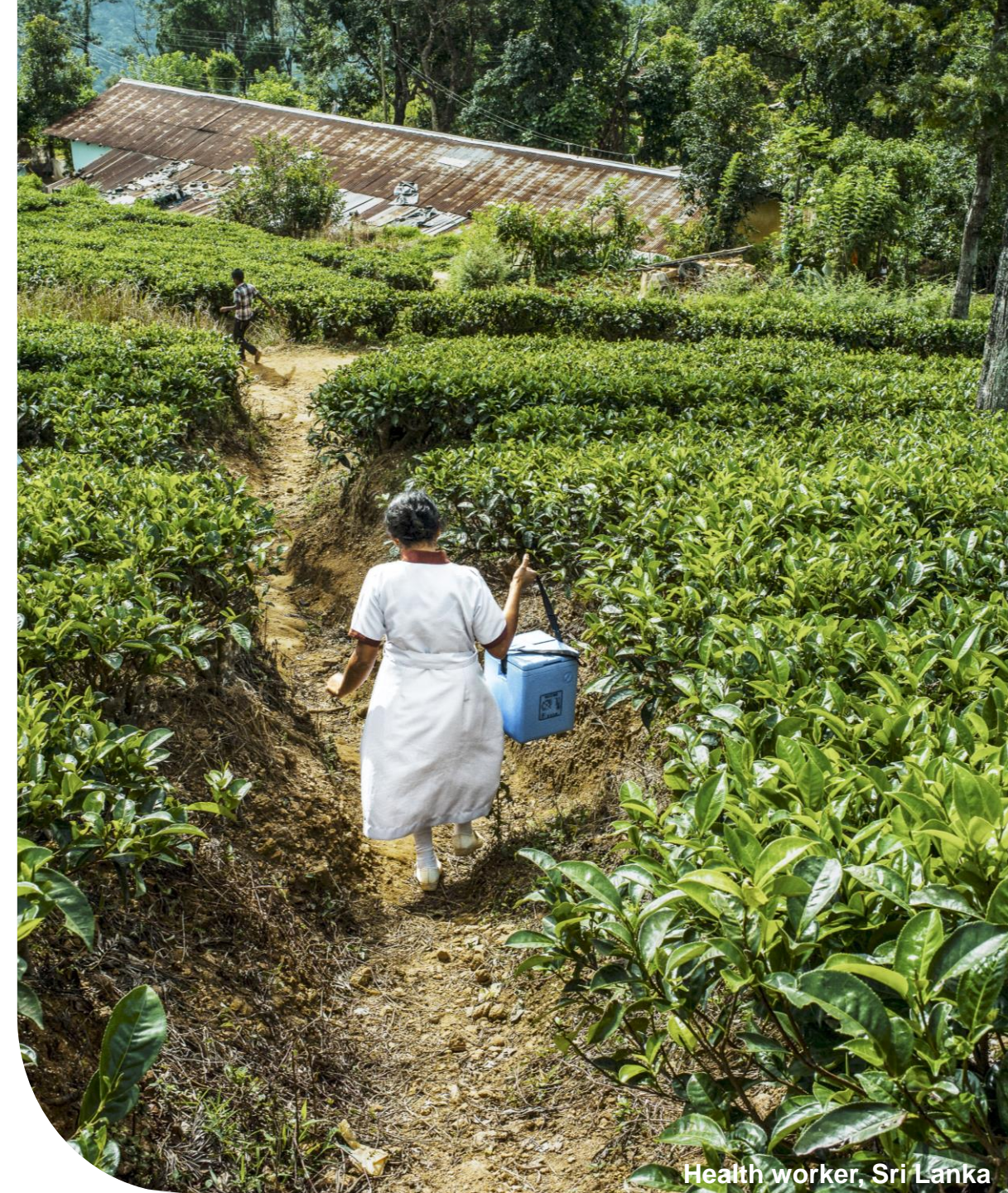
Health Systems and Immunisation Strengthening (HSIS), Gavi

WEDNESDAY 7 DECEMBER 2022

Content

Learning Objectives

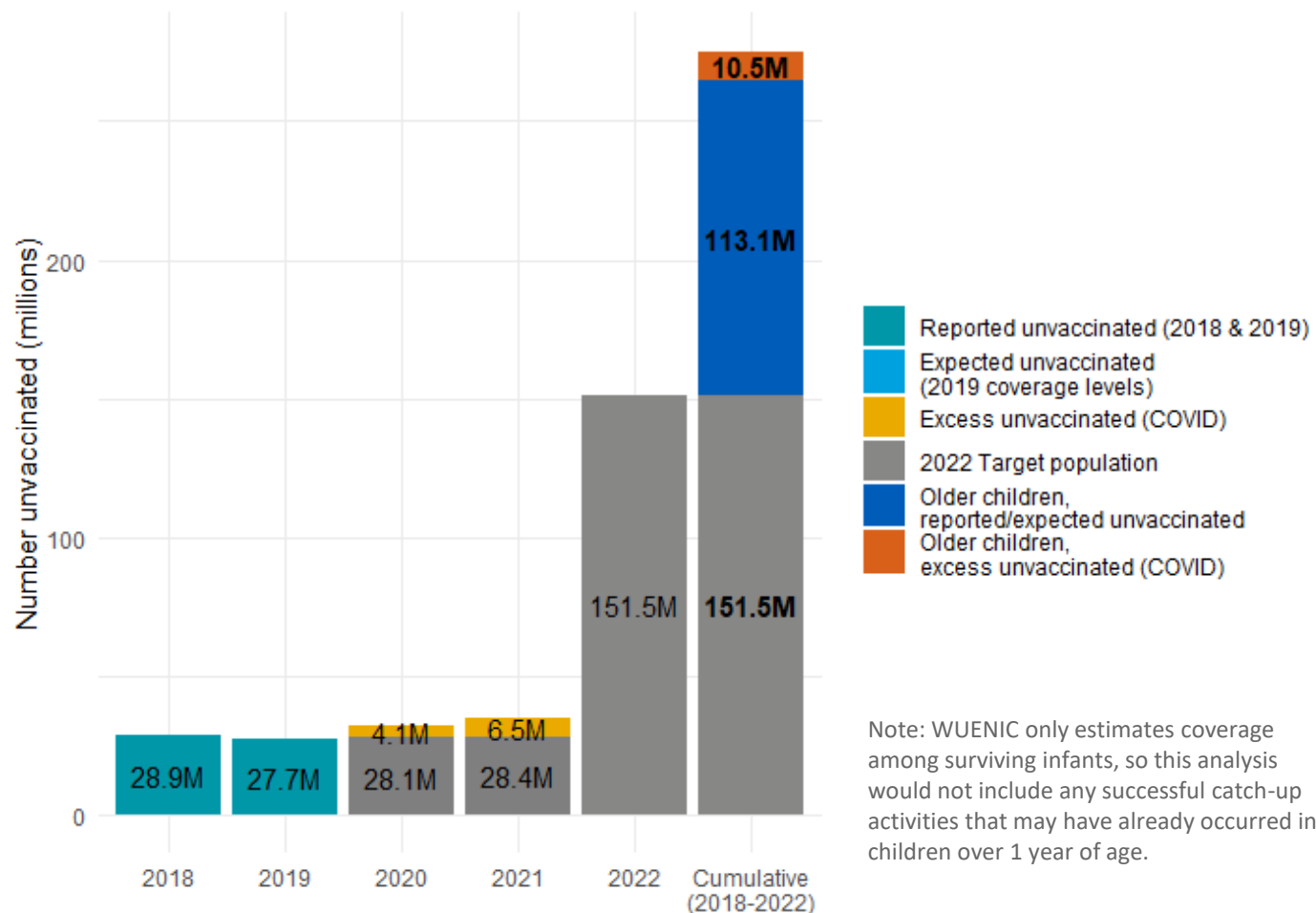
- WUENIC estimates and C19 Recovery
- Zero-Dose children across key settings
 - Remote rural
 - Urban poor
 - Affected by conflict
 - Gender barriers
- Alliance IRMMA framework
- Zero-Dose approaches in Asia Pacific Region
- Cross-cutting areas (financing, demand, gender, data)
- Zero Dose Community of Practice Platform



WUENIC coverage estimates for 2022 and C19 recovery

Accumulated U5 children missing DTP3 (since 2018)

Global WUENIC data



Pre-COVID, 14% of surviving infants missed out on DTP3 in countries with WUENIC estimates

Disruptions related to the COVID pandemic increased that to 18%, i.e., nearly 1 out of 5 infants missing out on DTP3 were missing out due to COVID disruptions

If we accumulate missed children across 2018-2021 and add the 2022 birth cohort, there are 275m under-five children who could potentially benefit from DTP3 vaccination in 2022:

- 4% (10.5m) are older children who missed out because of COVID disruptions
- 41% (113m) are older children who missed out because RI systems were missing ~15% of kids even without COVID
- 55% (151.5m) are new infants in 2022

Source: Analysis of WUENIC July 2022

Zero-Dose children across key settings

Equity Reference Group (ERG) Priority Settings



REMOTE RURAL



URBAN POOR



AFFECTED BY
CONFLICT



GENDER
BARRIERS

2020 Surviving infants and zero dose by ERG setting

Setting	# in Setting		% of National Total in Setting		Zero dose prevalence
	Surviving infants	Zero Dose	Surviving infants	Zero Dose	
Remote rural	6,014,872	1,141,151	8%	11%	19%
Rural non-remote	48,620,016	7,238,594	64%	68%	15%
Peri-urban	5,435,001	613,543	7%	6%	11%
Urban	15,443,205	1,635,306	20%	15%	11%
Gavi57 Total	75,513,094	10,628,594	100%	100%	14%
Conflict	8,463,562	1,645,245	11%	15%	19%
ERG Total	32,352,380	4,447,172	43%	42%	14%

This analysis is based on 2020 data. Settings are not mutually exclusive and cannot be added together for totals.

The ERG Total is the combination of Urban, Peri-urban, Remote rural and Conflict.

Data on zero dose in slums not available due to large uncertainty in estimates.

Setting definitions:

Conflict: Districts where >30 deaths per 1m pop occurred, per ACLED data.

Remote rural: Areas >3 hours from nearest city >50k pop, per MAP data.

Urban: Areas defined as urban centers according to UN Stats, per GHSL data.

Peri-Urban: Areas defined as dense urban clusters according to UN Stats, per GHSL data.

Other populations and settings: nomadic groups, IDPs & refugees, mountainous terrain, remote island populations and dense urban settlements

An alliance framework along IRMMA to structure approach to Zero-Dose



Pro-Equity Interventions

As part of Gavi's **ZD Learn agenda** pro-equity interventions were mapped used the IRMMA framework and in the ERG priority settings.



Identify: GIS mapping of populations and/or health facilities and immunisation centres



Reach: Focus groups with women group leaders to generate demand and discuss barriers, partnerships with NGOs, private sector and agencies for service delivery, development of micro-plans



Monitor and Measure: Geolocation/geospatial data for surveillance and/or defaulter tracing, Digital integration of health information systems



Advocate: Data-driven advocacy kits and policy briefs for engagement of stakeholders across all levels



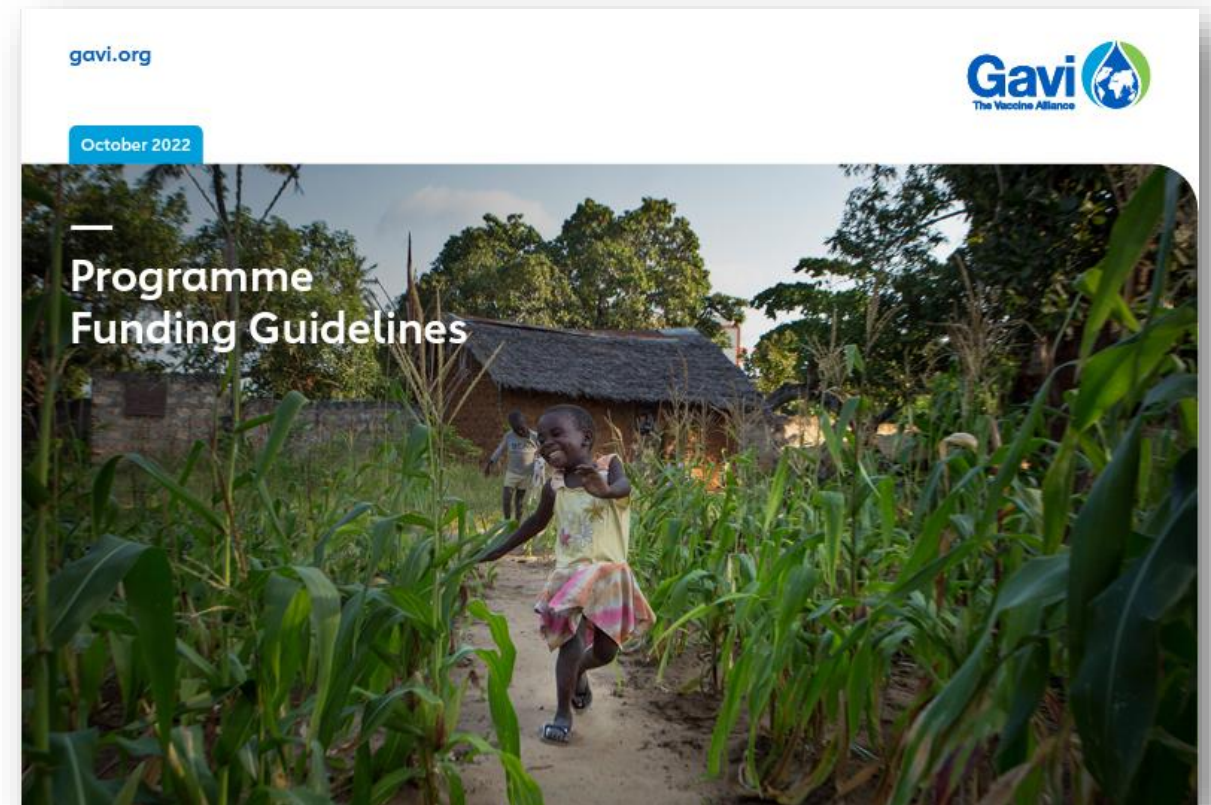
Health clinic, Indonesia

Gavi Programme Funding Guidelines (PFGs)

The guidelines outline the investment areas in which countries are invited to use Gavi's financial and technical support.

The **8 priority investment** areas include:

1. Service delivery
2. Human resources for health (HRH)
3. Supply chain
4. Health information systems and monitoring and learning
5. Vaccine-preventable disease surveillance
6. Demand generation and community engagement
7. Governance, policy, strategic planning and programme management
8. Health financing



Zero-Dose approaches in Asia Pacific Region

Middle-income countries that have transitioned from Gavi support



Key definitions

Zero-dose children are those that have not received any routine vaccine. For operational purposes, Gavi defines zero-dose children as those who lack the first dose of diphtheria-tetanus-pertussis containing vaccine (DTP1).

An underimmunised child is defined as those missing the third dose of diphtheria-tetanus-pertussis containing vaccine (DTP3).

Missed communities are home to clusters of zero-dose and underimmunised children. These communities often face multiple deprivations and vulnerabilities, including lack of services, socio-economic inequities and often gender related barriers.

Gavi's MICs Approach aims to **mitigate backsliding** in vaccine coverage in former-Gavi eligible countries

In doing so, Gavi aims to **reduce the number of zero-dose children in former-Gavi eligible countries by 230,000 by end 2025**

Asia Pacific countries under the MICs Approach as former Gavi-eligible countries include Bhutan, Indonesia, Sri Lanka, Viet Nam, Timor-Leste, Mongolia and Kiribati.

Cross-cutting factors to consider in reaching zero dose children include:

- Sustainable financing initiatives
- Demand generation
- Gender responsive and transformative approaches
- Effective use of data

Regional – Innovative Interventions

Examples of Gavi-supported adapted approaches in the Asia Pacific Region

Indonesia

Targeted communication strategy to address mis- and dis-information-

Digital and non-digital-assisted social listening can be used to understand the perceptions and beliefs of men and women when it comes to immunisation. In Indonesia, an analysis showed that women aged 25 to 34 were most hesitant about vaccination due to concerns related to fertility. In response, in partnership with WHO and Facebook, the Government of Indonesia posted key messages on social media that addressed these concerns.

Timor Leste

Cross-country exchange to build NITAG capacity-

Timor Leste's National Centre for Immunisation Research and Surveillance and the Australian Immunisation Technical Advisory Group have explored **establishing a long-term exchange on identified key topics** and technical areas to strengthen Timor Leste's advisory body as they transition from Gavi support.



Global - Innovative Reach Interventions

Examples of innovative reach strategies with evidence-based support for reaching ZDC and a scale-up plan

- **M-vaccine project (Niger)**
 - Mobile application adapted to the EPI context that allows for the sending of reminder SMS to mothers and guardians and for the management of the electronic immunisation schedule.
- **"One sponsor for 100 children" (Côte d'Ivoire)**
 - Drop-out rates fell from 52% at the start of the project to 27% at the end of the project during the pilot phase.
- **My Village My Home (Zimbabwe)**
 - Tool used by community health workers to track children who have not been immunised. Parents are then informed to take their children to the health facility for immunisation.
- **Community Health Influencers, Promoters and Services (CHIPS) Programme (Nigeria)**
 - Deployment of community-based health workers to different areas, with an emphasis on the hard-to-reach areas
- **Select immunisation champions / ambassadors (several countries)**
 - They have been shown to be effective in addressing vaccine hesitancy, creating linkages with communities, confidence building, increasing visibility of immunization program and increasing demand for immunization services.
- **Ensure free care for pregnant women and for the mothers of children aged 0 to 5 (Mauritania)**

Mapping gender-related barriers in immunisation

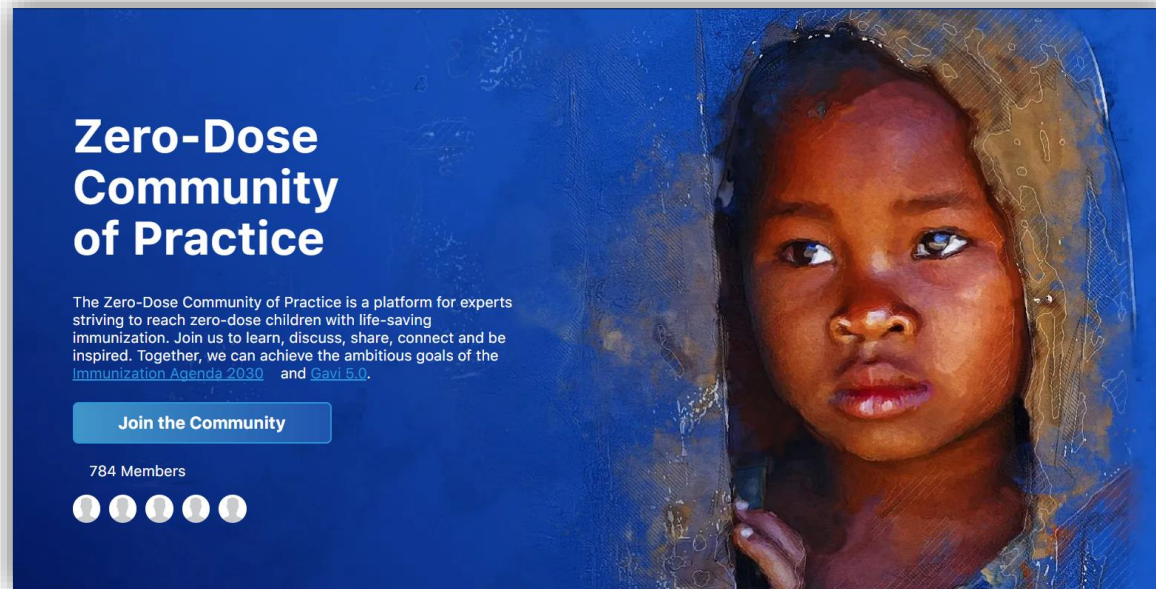
- Understanding gender barriers is critical to addressing equity issues and in improving access to immunization
- UNICEF - The **case studies** focus on shifting gender norms and/or increasing women's agency while reducing gender inequities in immunisation.
 - In **Central African Republic**, the effective deployment of the Women's Development Army, a cadre of female health workers, to overcome the barriers; engaging with and having women leaders design interventions leads to decreased vaccine hesitancy
 - **Djibouti** recognized that low literacy and employment rates among women creates barriers to immunisation and plans to conduct a gender analysis to inform and shape programming with a focus on identifying gender responsive and transformative interventions



Zero Dose Community of Practice Platform

Membership Est. 850 +

1. Garner support and mobilise countries and partners on opportunities and challenges we face in our effort to reach zero-dose children and missed communities with immunization.
2. Share best practices, lessons learned, achievements and interact with other community members



The overarching vision of the Gavi Alliance's 5.0 (2021-2025) strategy is to **'leave no one behind with immunisation'** in line with the Immunisation Agenda 2030 (IA2030)



Reaching Zero-dose Children

Join the community using the registration link below to sign up:

<https://www.zero-dose.org/registration>

Thank you