

Persistent Backsliding: Experiences implementing approaches to restore coverage and strengthen immunisation programming for the future

Key Takeaways from the Linked Immunisation Action Network's workshop on 3-4 July 2024

The Linked Immunisation Action Network's workshop in Istanbul, Türkiye on 3-4 July 2024 brought together government representatives from countries experiencing persistent backsliding in immunisation coverage to discuss and share experiences and challenges, strategies, and good practices for overcoming these challenges to restore coverage. National and subnational government stakeholders from Azerbaijan, Georgia, and Honduras (with



Angola participating virtually) were joined by national and regional experts from the World Health Organization (WHO), Pan American Health Organization (PAHO), UNICEF, and Brazil's national immunisation programme for a productive and engaging learning engagement. This workshop was an opportunity for countries from different regions that have experienced a significant and persistent drop in immunisation coverage in recent years to come together and reflect on the drivers of persistent backsliding. While these declines were notably driven by the COVID-19 pandemic, the persistence of these declines and the challenges to restoring coverage to pre-pandemic levels is indicative of significant barriers to high, equitable, and sustainable coverage.

Linked member countries were grateful for the participation of Dr. Eder Gatti, head of the Brazilian National Immunisation Program, who shared Brazil's recent experience implementing strategies to restore coverage and the many lessons they learned in doing so.

In facilitating the workshop, Linked initially engaged the country teams in a collaborative priority-setting exercise to co-create the workshop's learning agenda to ensure it was responsive to the most critical common challenges experienced across all participating countries. As a result, the workshop focused on addressing the following common challenges:

1. **Service Delivery Challenges:** Missed opportunities for vaccination
2. **Demand challenges:** Limited knowledge and confidence in vaccination among health workers, as well as misinformation among the population



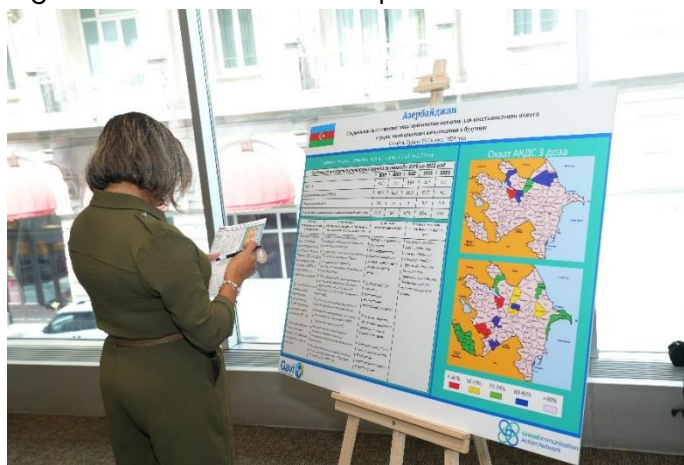
3. **Limitations of information systems:** Inadequacy of the data available for decision-making

While the participating countries all have their own unique geographic, demographic, and political contexts, they face many similar challenges. Therefore, the discussions encouraged country teams to be open in sharing their own experiences and challenges in implementing approaches to restore coverage, with the goal of generating new learnings that countries can adapt and implement within their own country context.

The main takeaways from these discussions are summarized below:

1. **Innovative demand generation campaigns can have an impact on vaccine uptake and coverage.** The workshop was an opportunity for countries to discuss ongoing strategies to increase demand for immunization. Honduras implemented a communications campaign with immunization mascot *Maximo*, a colorful toucan character that delivers lifesaving, eye-catching messages to families and children. An initiative supported by UNICEF and Walt Disney, the beloved character communicates in an accessible manner, messages on the importance of vaccines. The character also creates songs that are easy to remember. Similarly, Brazil has the *Ze Gotinha* mascot, a droplet character that encourages families and children to be vaccinated. Azerbaijan turned campaigns into festivals to appeal to communities and reach zero-dose children. These demand-generation campaigns are having a positive impact in addressing misconceptions and enhancing vaccine confidence and demand.
2. **Tailored strategies are essential to rebuild vaccine confidence and effectively counter misinformation.** During the workshop, country teams discussed vaccine misinformation, how it has impacted coverage, and the strategies used to monitor and combat it. Brazil has dedicated resources to fight vaccine misinformation which has risen in recent years. With antivaccination movements gaining a stronghold across social media platforms, the country implemented an approach to confront and respond to vaccine misinformation as it emerges, which includes strategic communication campaigns, trainings, and capacity building sessions. Brazil has a team to monitor social media, rank misinformation with a risk score, and develop communication strategies to address individual pieces of

misinformation. Additionally, to further increase vaccine confidence, the recently elected Brazilian President publicly received a COVID-19 vaccine booster upon taking office and leveraged his position to further promote vaccination among the population. Similarly in Azerbaijan, WHO, Ministry of Health (MoH) and TABIB, the public institution which manages health services, partnered to address vaccine hesitancy in the regions with the lowest vaccination rates. They focused



on training healthcare workers to address misinformation, updating the national medical school curriculum on immunisation, providing new guidelines for service providers, and engaging more remote communities with mobile immunisation teams. The campaign tailored the design of its activities based on the findings of formative research which identified the knowledge gaps among the population and health care workers. In all, restoring vaccine confidence in the face of widespread misinformation requires a tailored, community-centered approach that acknowledges the information needs of diverse populations.

3. **Political will and support is needed when engaging religious communities to address vaccine hesitancy.** Vaccine hesitancy among religious groups is prominent in Georgia, and the government is seeking stronger political support and will to address this. Ongoing conversations with these groups emphasize using culturally relevant language to improve outreach and tailored assessments to address the inequities between the religious groups. In Georgia, religious leaders also posed specific HPV-related questions to the government. In response, WHO and UNICEF are developing resources and systematic campaigns to address these concerns directly.
4. **Immunisation information system reforms can be instrumental in efforts to monitor and restore immunisation coverage.** Country teams discussed how improving the operations and data quality of information systems is critical for monitoring and addressing coverage gaps. All countries expressed difficulties with their own immunisation information systems and a desire to further reform them, ultimately moving towards an electronic immunisation registry with data at the individual-level. In Brazil, electronic immunisation registry (EIR) system reforms streamlined and improved their ability to track coverage. With Brazil's system, all citizens have a health ID number which is linked to a database and allows the creation of a digital individualized vaccination record. Other databases, including tax databases, can be linked using a common ID, making it easier to identify non-vaccinated individuals. Honduras seeks to transition from paper-based to digital records to address data inconsistencies. Currently, they are considering maintaining both digital and paper-based systems or transitioning entirely from paper to digital. While a critical step forward with the potential to facilitate timely evidence-based decision-making, information system reforms alone will not address existing challenges; the capacity and process for analyzing data and developing targeted strategies to address backsliding and identify zero-dose children must also be considered. Additionally, countries must identify a way-forward with the existing data and information systems to guide decision-making while waiting for broader system reforms to take effect.
5. **Strong monitoring and capacity strengthening can enhance approaches to tackle backsliding.** Of the many approaches to restoring backsliding discussed amongst the countries, microplanning was mentioned by several countries. Microplanning in Brazil is supported by assessments at the local level, and strong monitoring to identify the risks to achieving and sustaining high and equitable coverage and developing mitigating measures locally. Immunisation funding to the municipalities is divided in half, with the

second disbursement only released after they complete a form detailing the results of microplanning in their municipalities. The MoH then conducts follow-ups on the implementation of microplans, as well as capacity strengthening activities, in low-performing subnational areas. Honduras conducts microplanning, but capacity strengthening activities have been limited to the federal and regional levels, and they do not have a process in place to routinely and systematically monitor the implementation of microplans at the local level. Microplan development and implementation are ongoing in Georgia, but their limited capacity to identify and track zero-dose children through registration is a significant barrier to their effectiveness in improving coverage.

At the end of the two-day workshop, country teams developed action plans designed to take forward the key learnings on approaches to restore coverage to be adapted and implemented in their countries. The Linked Network Facilitation team has compiled all resources from the workshop on the website [here](#). If you have any questions, do not hesitate to contact a member of the team by emailing community@linkedimmunisation.org.

