



17th TechNet Conference

Panama City, Panama | October 16-19, 2023

Immunization Programmes That Leave No One Behind

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Reaching vulnerable/ remote populations – applying lessons from COVID to routine immunization

Mariam Zameer, VillageReach (moderator)

Dr. Ugo Uwadiako Enebeli, JSI Nigeria, USAID MOMENTUM Routine Immunization Transformation and Equity, Nigeria

Andi Sutter, JSI Nigeria, USAID MOMENTUM, Nigeria

Vicky Maiyo, JSI/ USAID MOMENTUM, Kenya

Dr. Delroy Pyle, Guyana Ministry of Health

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COVID-19 Vaccination in Confined Settings in Nigeria

Dr. Ugo Uwadiako Enebeli

Andi Sutter (presenter)



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COVID-19 Vaccination in Confined Settings in Nigeria

Introduction

Despite progress in immunization delivery systems, **population subgroups in confined areas** ('correctional centers', formerly named prisons) had **limited or no access to lifesaving vaccines**, leaving them at increased risk for morbidity and mortality related to vaccine-preventable disease.

The WHO SAGE recommended that achieving high coverage among subgroups at higher risk of morbidity and mortality was a **critical priority to optimize the impact of the available COVID-19 vaccine supply**.¹

Methods

Through the use of **COVID-19 health facility registers**, the MOMENTUM Routine Immunization Transformation and Equity project (the project) **identified inmates as a missed population for COVID-19 vaccination in Imo State, Nigeria**.

The project conducted a survey among unvaccinated inmates to **assess vaccine hesitancy in three correctional centres**.



Results

The project found that **93% of unvaccinated inmates were accepting of vaccines**.

73% of inmates expressed hesitancy due to concerns about vaccinating on an **empty stomach** (73%).

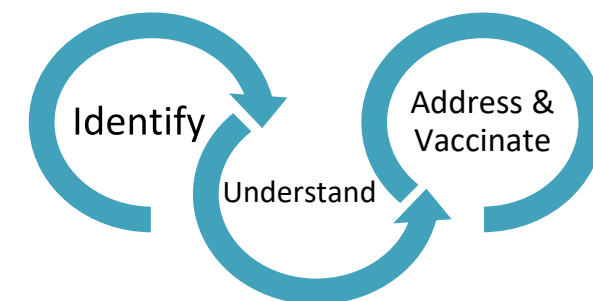
11% were concerned about **effectiveness** and **9%** were concerned about the **safety** of the vaccine.

The project **responded to concerns and provided health education and snacks** prior to vaccination and were able to vaccinate **3,500 inmates and expanded vaccinations to confined settings in three other states**.

Recommendations

This approach can be used to:

- **Identify** missed populations in other confined settings.
- **Understand** and **address** drivers of vaccine hesitancy in confined settings.
- Work with stakeholders to **facilitate vaccinations** to missed populations.



Kenya: Strengthening RI in beach communities & COVID-19 vaccination for older persons

Vicky Maiyo



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Reaching Every Community: Strengthening routine immunization in beach communities in Western Kenya

Introduction

Marginalized communities in Mfangano Island in Homa Bay county, **have poor access** to healthcare due to social, geographic, political, and economic challenges.

Coverage rates for DPT1 and DPT3 were 31.3% and 30.6%, in Mfangano island, from January to March 2022.

In April 2022, the USAID MOMENTUM Routine Immunization Transformation and Equity project (the project) collaborated with the county and sub-county health teams to focus their support on **improving routine immunization (RI) services in Mfangano Island.**

Methods

Identified barriers to immunization service access and utilization:

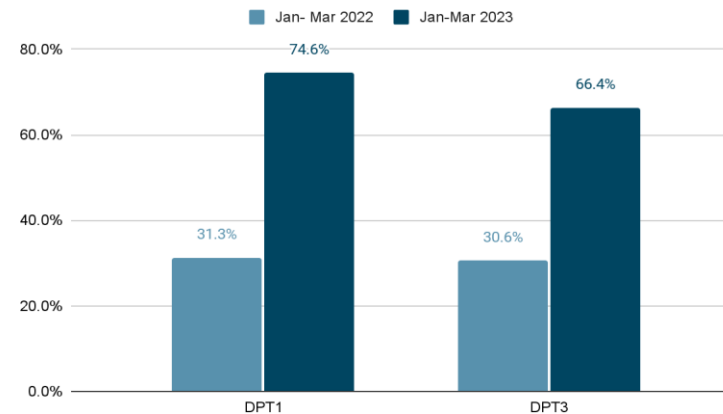
- Lack of reliable transportation within and outside the island affecting supply of vaccines and access to RI services.
- A poor road network within the island
- Immunization knowledge gap among caregivers.
- Prioritization of generating income for the family over taking a child for immunization.
- Poor understanding and interpretation among CHVs of a child's immunization status.

Working in partnership with the county and sub-county health teams, the project supported:

- Regular vaccine delivery to the island.
- Vaccination outreach sessions on the island.
- Regular health education sessions on the importance of RI.
- Capacity building of CHVs to address immunization knowledge gaps and key messages.

Results

Increase in vaccination coverage for DPT1 and DPT3 from January - March 2022 (31.3% & 30.6%) compared to January - March 2023 (74.6% & 66.4%).



Recommendations:

- 1) Identify and partner with the local community to create local solutions to improve vaccine access and utility.
- 2) Identify and partner with local community stakeholders and immunization advocates.
- 3) Increase community engagement to close the knowledge gaps among caregivers and CHVs.
- 4) Take immunization services to caregivers.

Policy makers and program managers should:

- Leverage community participation to identify local solutions to unique immunization barriers.
- Increase immunization knowledge in the community, caregivers, and CHVs to improve health seeking behaviour.

Leave no one behind: COVID-19 vaccination for older persons in Kenya

Introduction

- There has been inequitable coverage for COVID-19 vaccination among older persons in Kenya (age 60 years old and above).
- The COVID-19 case fatality rate in August 2022 for older persons **was 7.5%, which is 7 times higher than those under 60 years of age** (0.8%).
- Even though older persons were prioritized for COVID-19 vaccination in March 2021, **only 47% of older persons were fully immunized** as of August 2022.
- Between September 2022 and March 2023, MOMENTUM Routine Immunization Transformation and Equity project (the project), collaborated with the Ageing Concern Foundation (ACF), county and sub county health teams to **increase access and utilization of COVID-19 vaccination among older persons** in Kakamega, Migori, Narok, and Siaya counties.

Methods

The project supported ACF to implement community engagement strategies through targeted **COVID-19 vaccination outreach sessions, building the capacity of community health volunteers (CHVs), and supporting CHVs conducting house-to-house visits.**

Non-traditional stakeholders (local administration officers and local banks) were involved in planning and implementing immunization services in local communities.

ACF conducted targeted COVID-19 vaccination outreach sessions at:

- Events and places frequented by older persons.
- Market days.
- *Inua Jamii* cash collection points (a Government cash assistance program for vulnerable populations at local banks).
- National and International celebrations.

Results

116 CHVs and
56 community mobilizers trained
648 health workers supported in
720 vaccination sites
79,397 older persons vaccinated



Recommendations

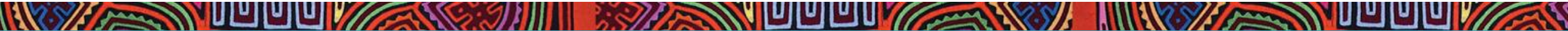
For this strategy to be used for other programs, such as routine immunization, policy makers and managers should embrace:

- High quality integrated microplanning for all immunization services.
- People-centered vaccination strategies for different population needs.
- Community workforce empowerment and support to improve health seeking behaviour in the community.



Reaching every child for vaccination – Progress in Guyana's Immunization Programme in Primary Health Care

Dr. Delroy Pyle





Reaching every child for vaccination –progress in Guyana's immunization programme in PHC

GUYANA EPI Overview

- Guyana is divided into 10 administrative regions which include Hinterland and Coastland regions with 13 health sub-districts.
- EPI was initiated in the 1970s with six antigens and now has extended to 19 antigens including COVID-19 vaccines.
- No measles, polio, tetanus, or yellow fever has been reported over the last decade.
- EPI has nine components, but for this presentation, only two components will be reviewed 1) Vaccine Coverage and 2) Vaccine Supply, Quality, and Logistics.



Vaccine Coverage

- The BCG vaccination coverage increased from 60 % in 2000 to 87.6% in 2010 and 95 % at the end of 2021.
- Under 1 antigens (OPV/IPV/ Pentavalent vaccines) over the last 43 years has risen from as low as 40% % to over 95 % at the end of 2021.
- MMR 1 coverage has been sustained over 95 % for the last five years
- EPI Awards granted:
 - Sustaining the EPI coverage GAVI coverage award in 2009
 - EPI surveillance and Caribbean excellence awards in 2001 and 2011 respectively
 - Regional EPI Caribbean Henry Smith PAHO award in 2006 for excellence in coverage
 - In 2014 , EPI was ranked 3rd in Effective Vaccine Management in the Americas.
 - Despite these achievements, constraints still exist in hard to access communities, remote hinterland communities of Regions 1, 7 8 and 9.



Vaccine Supply, Quality and Logistics

- Vaccines are procured through the PAHO Revolving Fund for Access to Vaccines
- No major vaccine stock-outs have occurred.
- Cold Chain Logistics achievements
 - In 2009, the National Vaccine Cold Room was established with a storage capacity of 6 months with remote monitoring of the cold chain temperature.
 - From 2010 to 2022, saw the acquisition of new technologies such as continuous temperature monitoring devices- fridge Tag 2 and 3.
 - Procured solar refrigerators and vaccine refrigerators, vaccine carriers, and ultra-cold temperature refrigerators to improve the potency and access to vaccines in hinterland and other remote areas within the last 2 years.
 - During COVID-19, the cold chain system was improved with the establishment of 10 regional cold rooms





Lessons learned

- Vaccine Strategies implemented has led to the improvement of the vaccination coverage and cold chain management to reach the last child.
- VWA is a good strategy to promote equity and access to vaccination was initiated in 2003.
- Monitoring of EPI coverage quarterly is done at the regional and national level.
- Other strategies are reviewing of the under 5 registers for missed opportunities , telephone contact and other social media platform and House to House vaccinations have enable the Guyana EPI programme to be successful in reaching every child and prevention of Vaccine Preventable Diseases over the last 10 years.

Q & A



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Thank You!

Mariam Zameer, mariam.zameer@villagereach.org

Ugo Uwadiako Enebeli, ugo_enebeli@ng.jsi.com; +234 803 338 2361

Yakubu Joel Cherima, cherima_yakubu@ng.jsi.com; +234 703 624 4967

Andi Sutter, andi_sutter@jsi.com

Vicky Maiyo, vicky_maiyo@ke.jsi.com; +254724065667

Dr. Delroy Pyle, pylederoy04@gmail.com; +5926806339

