



17th TechNet Conference

Panama City, Panama | October 16-19, 2023

Immunization Programmes That Leave No One Behind

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Human Centered Design and Behavioural Intervention to Improve Coverage

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Using a human-centered design approach to increase uptake of COVID-19 vaccines in Malawi



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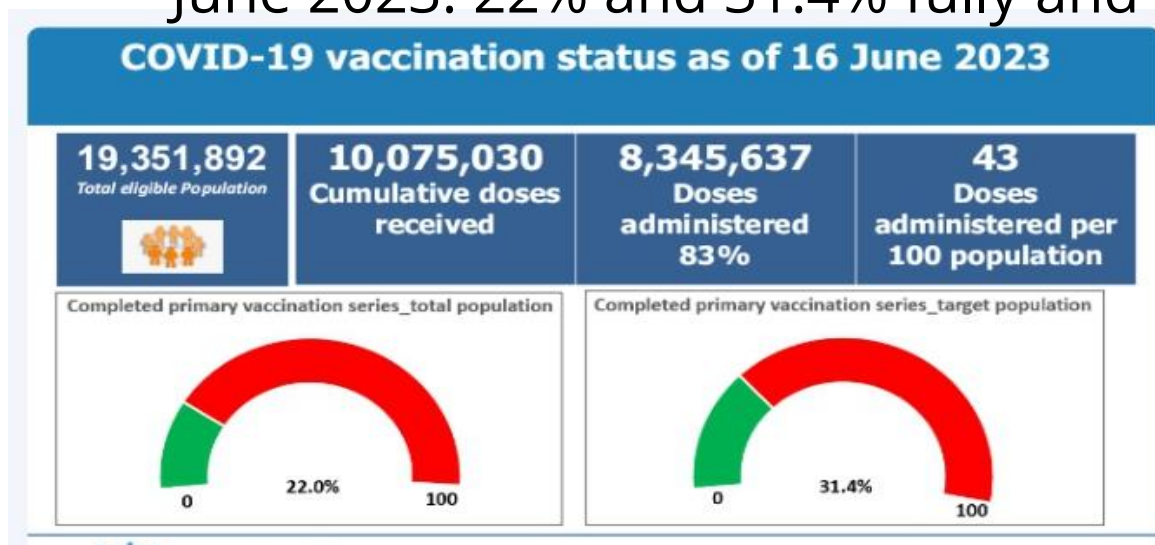
Outline

- Introduction
- Equity Approach using HCD
 - Identify unvaccinated
 - Understand challenges
 - Design solution and implement
- Results



Introduction

- Malawi received first COVID-19 vaccine consignment in March 2021
- Country wide COVID vaccine uptake was affected by vaccine hesitancy:
 - March 2022: 4% and 6% fully and partially vaccinated
 - June 2022: 9% and 12.6% fully and partially vaccinated
 - June 2023: 22% and 31.4% fully and partially vaccinated



- Gov't maintained ambitious national coverage targets:
 - June 2022: 30%
 - Dec 2022: 50%
 - June 2023: 70%

Using HCD and equity approach

1



Identify population:

Who is under-reached and what their characteristics?

- ▶ Mangochi and Kasungu districts
- ▶ Difficult to assess COVID-19 coverage as only 50% data was electronically recorded, COVID-19 vx coverage
- ▶ Selected 2 lowest coverage facility catchment populations and one “high” coverage facility

2



Understand challenges:

What challenges do they face using people-centered approach?

- ▶ Stakeholder listening workshops with religious and traditional leaders, youth, women, health workers and general community members

3



Extend reach using mitigation strategies:

What strategies can address the challenge and reach them?

- ▶ Call-in radio program
- ▶ Local drama group performances
- ▶ Community engagement with leaders and youth
- ▶ Youth-oriented WhatsApp messages

4



Measure progress:

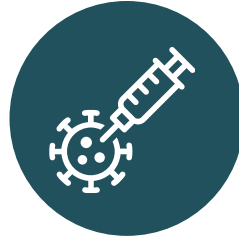
Which metrics can evaluate progress in reducing inequities?

- ▶ % vaccinated with COVID-19

Key Barriers to Coverage



Trusted sources (village leaders, religious leaders, nurses) discouraged vaccination



Social media driven concerns about side effects and long-term health effects



Suspicion of broader political and financial dynamics around vaccination bred doubt and distrust



Community mobilization messaging generic, but misinformation widespread, evolving, specific



Extending Reach: Solution Implementation

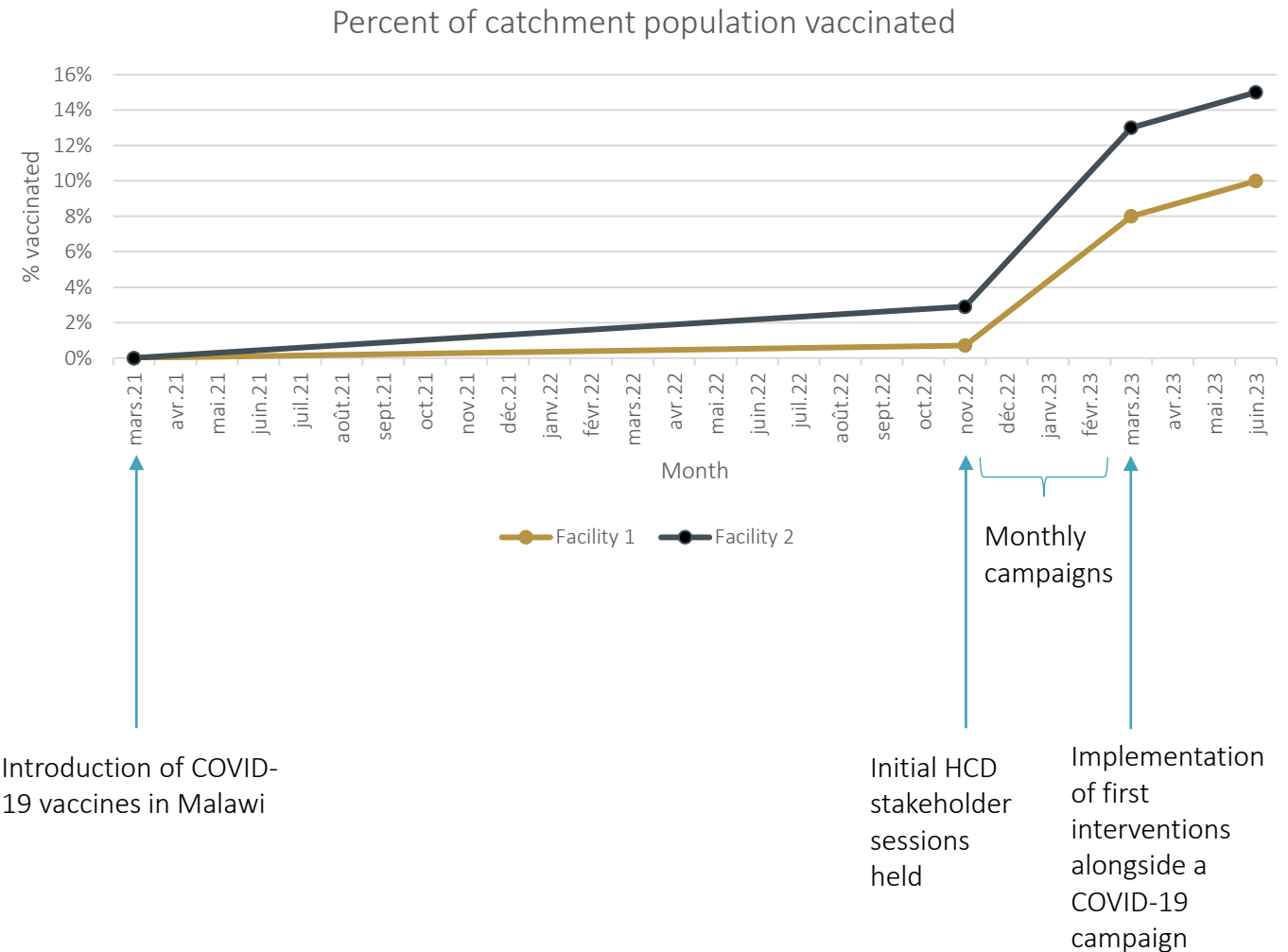
Moving beyond community mobilization to community engagement

- **Responsive immunization education**
 - Radio call-in before campaign to answer listeners' questions and concerns
 - Opened up space to discuss concerns during campaign
 - Provided education on how vaccines work
 - Discussed with community members how to validate information received via social media
- **Broadened stakeholder participation**
 - Youth involved in drama performances and in mobilization efforts
 - Community leaders helped ensure access to all communities

Results

The two facilities had a 200% and 700% increase in vaccination coverage, respectively

We do not know how much of this increase was due to the March campaign



Recommendations

- Strengthen lower tier data utilisation to improve targeting
 - Acknowledge well performing health workers and communities
- Integrate, replicate, scale HCD thinking in low vaccine coverage communities and/or vaccines with low demand
 - Feedback loops key to improving service delivery
- Promote best practices and share lessons within and between districts
- Manage the influence of social media on service demand

Urban Immunization: Using Human-Centered Design (HCD) approaches to define context-specific interventions to address urban immunization in Madagascar

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Introduction

- Urbanization is rapidly occurring in cities in Africa and Asia.
 - 54% of the world's population lives in cities in 2017.
 - Some urban settings are poorer than many rural areas.
 - High < 5 mortality due to inequitable access of the urban poor to health services including immunization.
- Urban population in Madagascar, on steady increase from 9,767,217 in 2019 to 11,145,504 in 2021 (World Bank report, 2022).
 - 4.5% increase annually in the urban population in Madagascar.
 - 35% of children are zero dose & 67% of the population living in urban areas live in slums.
- The national immunization strategy 2022-2027 of Madagascar is equity-enhancing.
- We explored potential strategies, challenges, or barriers and solutions to the implementation of urban vaccination in Madagascar.

Methods

- A 3-day human-centered design (HCD) workshop in October 2022, in the Antananarivo district of Madagascar.
- 26 total participants: Regional and district managers, health facility service providers, community leaders, male and female caregivers, and civil society representatives.
- Personas: EPI managers, health facility service providers, community leaders and caregivers.
- An excel template was used to document urban immunization practices, challenges, and solutions by each persona, using the thematic areas:
 - planning, coordination, and management of resources; reaching all eligible populations; integration with other urban health & non-health interventions/programs; community engagement; supportive supervision; and monitoring and data for action.
- Data collated and analyzed: deductive coding approach.



Results

- **Barriers to reaching urban poor communities:**

- Inadequate health workers
- Poor visibility of immunization sites or centers
- Community leaders or agents not engaged in planning for outreaches
- Lack of planning to reach homeless people and urban poor communities.
- Private sectors not involved in immunization
- None integration with other social programs
- No inter-ministerial collaboration on immunization, non-integrated supervision
- Insufficient data analysis skills amongst health workers

- **Solutions to reaching urban poor communities**

- Recruitment of more health workers
- Engaging community leaders in planning for outreach
- Microplanning including urban poor communities.
- Strengthening collaborations with private health facilities
- Mapping of social activities for outreach
- Resource mobilization from local companies
- Integrated supervision
- Training of health workers on data analysis and use for action



Conclusion

- The HCD workshop brought together regional and district EPI managers, health facility service providers, community leaders, and caregivers to discuss urban immunization challenges and co-design solutions to reach un-immunized and under-immunized children with routine vaccines in these settings.
- Findings from this study could help EPI managers and partners in Madagascar to develop a tailored urban immunization strategy using the urban immunization toolkit as a guide to reduce immunization inequities, increase coverage, and minimize morbidity and mortality outcomes from vaccine preventable diseases in Madagascar.



Thank You!

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