Welcome question What last mile vaccine access challenges do you encounter in your work?



Go to: Mentimeter.com

## Enter code: 5753 2265

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Results: <u>https://www.mentimeter.com/app/presentation/alqk1s4</u> 79oq9r5er52fmtxowzxkvyb6x



### 17th TechNet Conference

Panama City, Panama October 16-19, 2023 Immunization Programmes That Leave No One Behind

www.technet-21.org

## **Innovative Access**

Emily Gibson, VillageReach

Dr. Olamide Folorunso, UNICEF HQ

Andi Sutter, JSI

Dr. Gopal Krishna Soni, JSI, MOMENTUM

**October 17, 2023** 







- Welcome (5 minutes)
  - Share out audience ideas on key immunization access challenges
  - Overview of session and introduction to speakers
- Panel (25 minutes)
  - Each presenter will share for 5 minutes
- Q&A (15-20 minutes)



## The panel will present innovative strategies to address immunization access barriers.





Emily Gibson VillageReach

Community health workers as vaccinators



Dr. Olamide Folorunso UNICEF

Direct delivery of Routine Immunization Vaccines (and other PHC commodities) for Equity. DRIVE



Andi Sutter

Vaccination in security compromised settings & "market storms"



**Dr. Gopal Krishna Soni** JSI

Community role models & community-based vaccination sessions



# Community health workers as vaccinators





#### Why CHWs as vaccinators?



Live in and are trusted by **under-reached communities.** 



Bridge gaps in health care access to help reduce health disparities.



**Often engage in health promotion and health education** activities related to routine immunization.

#### Want to learn more?



Read a <u>rapid review of the global landscape of</u> <u>CHWs as vaccinators in GHSP</u> CHWs have administered vaccines in 20 countries.<sup>1</sup>

Injectable vaccines = 19 countries; oral vaccines only = 1 country (D.R. Congo).



Read about <u>how Malawi leverages CHWs as</u> vaccinators in BMC: Human Resources for Health

1. Gibson E, Zameer M, Alban R, Kouwanou LM. Community Health Workers as Vaccinators: A Rapid Review of the Global Landscape, 2000–2021. *Global Health: Science and Practice*. 2023;11(1). doi:10.9745/GHSP-D-22-00307



### **Direct delivery of Routine Immunization Vaccines for Equity (DRIVE)** Catalyzing sustainable last mile delivery solutions



Countries' iSC Last Mile Status Quo		THE DRIVE Solution	Implementation
Partners	Healthcare workers (HCWs) responsible for distribution	Operational model Innovative social enterprise that engages and utilizes partnerships with <u>community structures –</u> Youths, logistics companies, financial institutions, NGOs, Charities etc. – through innovative business models	Gambia Sierra Leone Nigeria   4 Regions 0 Districts 6 States     Wanda Malawi Ethiopia
Delivery models	Commodity pick-up from district stores		
Financing	Default-prone hidden costs often borne by HCWs		
Capacity building	HCWs pick ups a missed stock management opportunities	Supply Chain goals Programme impact Economic and ownership benefits	Rwanda       Malawi       Ethiopia         ~1400 Health Posts       10 districts       ~100 Woredas         Missed opportunities       with current last mile         distribution mechanisms often not well highlighted
Local Economy	HCWs out of pocket expenditure regressive on personal expenses and impacts supply chain performance		Need for <b>change levers and appropriate incentives</b> to facilitate adoption of sustainable models
Collaboration	Limited or no multi-stakeholder engagements in vaccine management		Flexibility based on country/sub-national contexts key when designing alternative models Multisectoral collaborations required to successfully

implement innovative and sustainable models



### Engagement with local stakeholders to increase COVID-19 vaccinations in Nigeria



#### Innovation: Vaccinations in security compromised settings

Collaborated with Imo State Government authorities to increase COVID-19 vaccinations in **two security compromised local government areas (LGA)**. The project supported LGA health authorities with logistics to complement their transportation of eligible populations to nearby safe LGAs to access COVID-19 vaccines.

#### Why was it needed?

In these areas, all government presence and vaccination interventions are considered taboo/sacrilegious and any attempt to promote governmentled activities are strongly resisted. Health facilities were razed and vaccines needed to be transported in sacks and concealed for use.

#### How has it helped?

- In the two LGAs, 86,415 eligible people were vaccinated.
- This innovation can be used to **support routine immunization** services in security compromised settings.





#### Innovation: Market storms<sup>1</sup>

Collaborated with Ikotun Market authorities in Alimosho LGA, to conduct a mass **COVID-19 vaccination event** through their commercial market. The project used megaphones to announce vaccines and supported vaccine administration in different sections of the market.

#### Why was it needed?

The population of Alimosho LGA is estimated to be over 1.2 million people with a significant proportion residing in and around the market. The market is a bustling commercial center that serves as a hub for traders and buyers of various goods and services.

#### How has it helped?

- Supported the vaccination of **10,140 vendors and merchants** over three days.
- This innovation can be used to support routine immunization services and distribute information in highly populated areas.



<sup>1</sup>A market storm engages people in a market by creating awareness about COVID-19 vaccination using pervasive and carefully crafted communication messages delivered with the support of community allies





## Fostering local community partnerships for enhancing vaccination for last-mile and marginalized populations in India

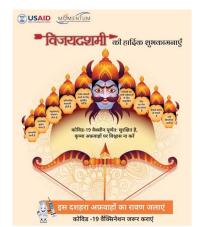


#### What is the innovation?

- Identifying **community role models** for COVID-19 messaging and positive behavior modeling to enhance trust in vaccination through:
  - Strategic engagement with **faith-based organizations** as mobilizers.
  - Leveraging special occasions/festivals to foster community dialogues.
  - Enhancing **community outreach** through community meetings, street plays, and videos.
  - Supporting **vaccination camps** in priority areas.
  - **Cross-learning, experience-sharing**, and improving the capacity of NGOs.







#### Why is it needed?

- To leverage **community-level local intelligence** on reasons for low vaccine uptake.
- To implement **context-specific**, culturally acceptable community engagement interventions to enhance vaccination uptake.
- To ensure **vaccine access and last-mile delivery**, especially for marginalized populations.

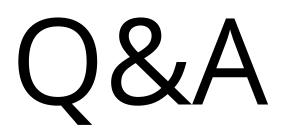




#### How has it helped?

- Facilitated ~6.7 million vaccine doses among priority groups through 170,503 community-based sessions.
- Sustained efforts for **local actor capacitybuilding** to facilitate community ownership.
- Eased access to vaccination sites through **mobile vaccination units** and brought vaccines to high resilient areas.
- Existing partnerships can be used to **expand** routine immunization coverage to reach underimmunized and zero-dose children.





### Moderated by Kim Couri

Comes 131



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## **Thank You!**

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