



17th TechNet Conference

Panama City, Panama | October 16-19, 2023

Immunization Programmes That Leave No One Behind

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Gender and Zero Dose Populations

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Identification & Barriers to Zero Dose vaccination

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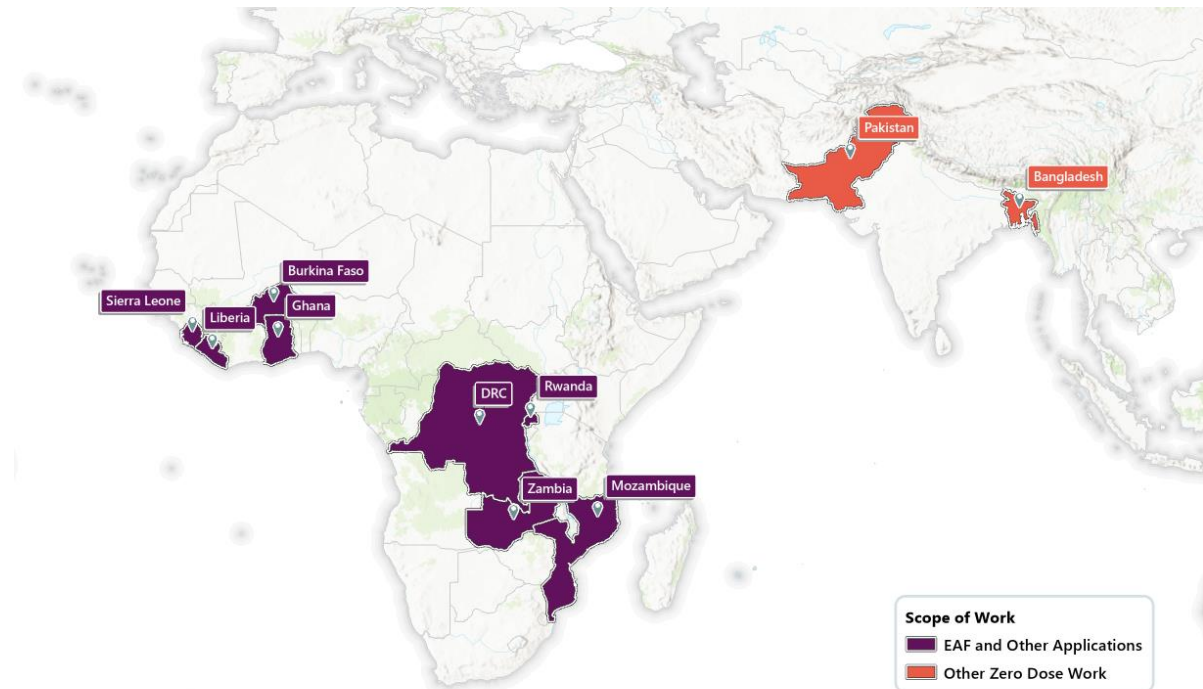
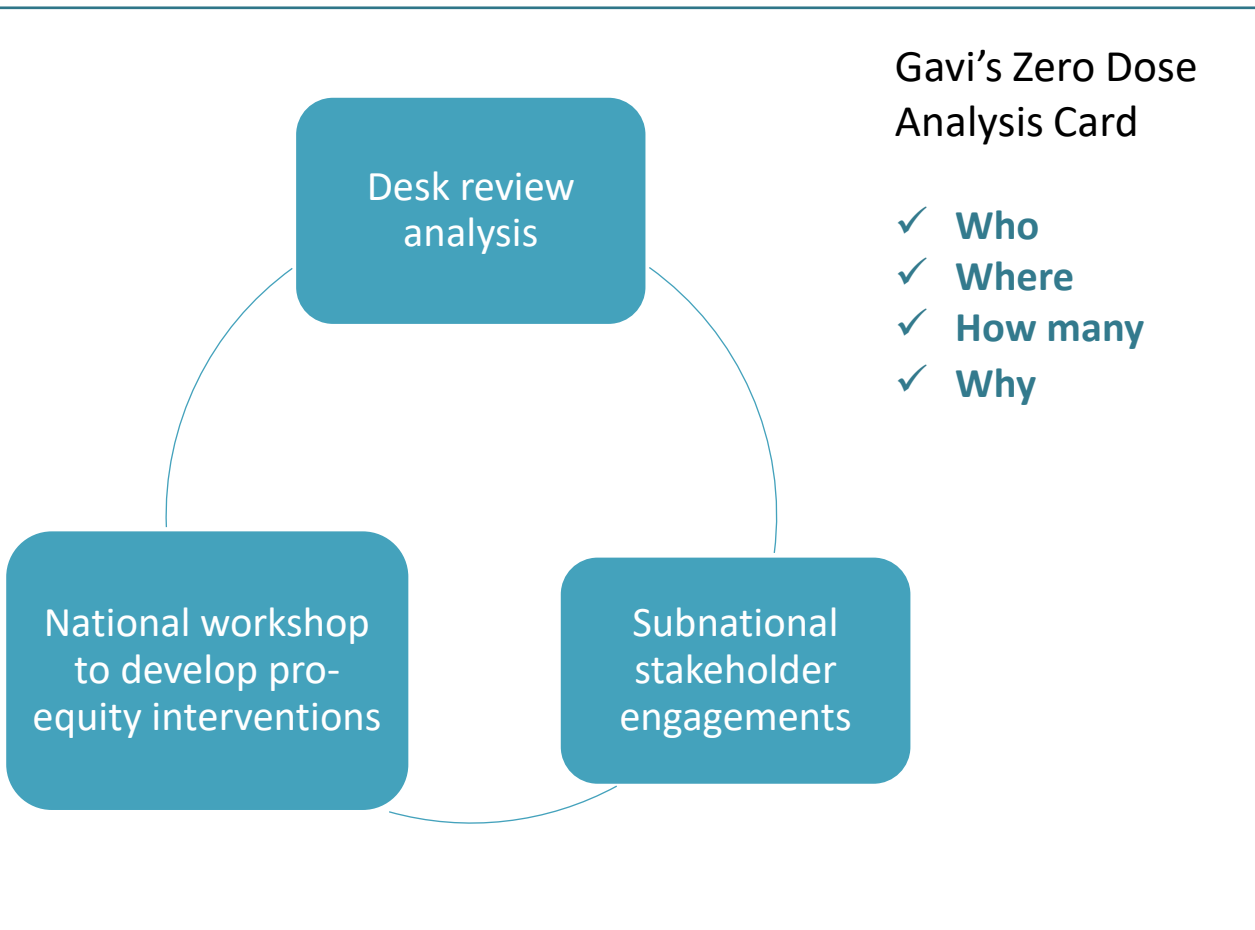


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Identification & Barriers to ZD vaccination

Purpose: Preparation for Gavi's Zero Dose Equity Accelerator Fund Application

Approach

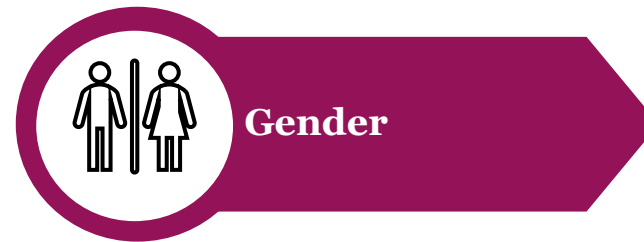


Identification & Barriers to ZD vaccination

KEY FINDINGS



- ✓ DRC – 75% (1km), 90% (3km)
- ✓ Access is not always the main problem – it is not negligible but more tailored information is required



- ✓ Do not assume it is an issue
- ✓ Much more than disaggregated coverage
- ✓ May need work on: female caregiver's workplace, family decision-making and men's involvement



- ✓ Multiple data sources to estimate ZD
- ✓ Prioritizing districts is a dynamic process
- ✓ Children who are never included in catchments or denominators



- ✓ 60% of ZD mothers received ANC
- ✓ Need more information on correlation with other health services and lack of uptake at later ages such as adolescent



- ✓ Need to distinguish allies for promotion from range-extendors for service delivery
- ✓ Need to help establish their role within EPI



- ✓ Drivers for ZD differ from UI
- ✓ Knowledge/attitudes vs service delivery challenges
- ✓ Intersections of disadvantage differ between ZD and UI

Implications/Lessons Learnt

- Prioritize engagements with caregivers and community stakeholders to identify drivers of ZD and under immunized
- Challenging to develop interventions specifically for zero dose without duplicating broader health system strengthening activities
 - A stronger system is needed for both ZD and UI catchup
- More information and field experience required on optimal engagement with (i) CSOs and (ii) male caregivers to reduce zero dose and missed communities
- More information needed on how the ZD equity lens might apply to later ages, and other RMNCH services

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- MOH/EPI Teams Bangladesh, Burkina Faso, DR Congo, Ghana, Liberia, Pakistan, Mozambique, Rwanda, Sierra Leone, Zambia
- Core and expanded immunization partners
- CSOs/NGOs
- Gavi

Identifying and Mapping Missed Communities in Cameroon to Reduce Zero-dose Children by 25% by 2025

Yauba Saidu, CHAI



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Case for Action



**Six urban districts - 358
slums identified**

903 (33%) \geq 9 months
under-vaccinated, and
378 (14%) zero-dose
children.

One Rural district – 47 islets

854 (31%) zero-dose
children were
identified in an
archipelago district
(Manoka).

>1000 zero-dose children were found in these city slums and archipelago rural district. This implied that there may be many more similar missed communities in Cameroon. However, considering the limited health resources in the country, there was a resounding need to identify and prioritize communities for high impact action.

Methodology: Identification and characterization (where, how many, why and who) of ZDC, UI and MC.

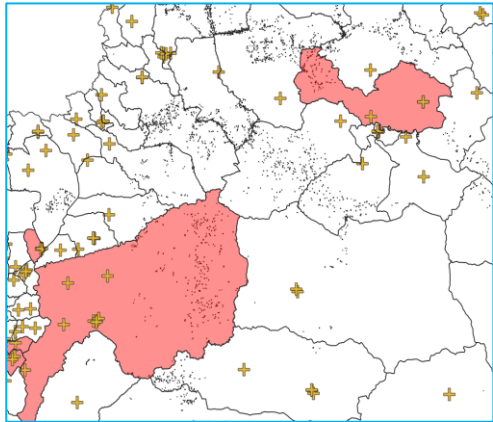
Generating scores that can be used as a proxy for the probability of finding zero-dose children in a community - QGIS software used

Desk review: Literature review and secondary quantitative data analysis to assess supply and demand side barriers to immunization.

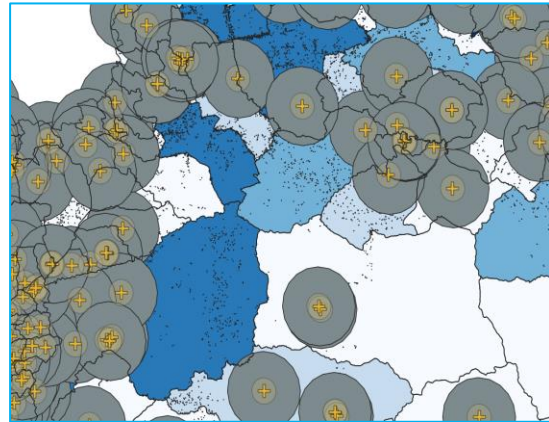
QGIS data triangulation to identify and map missed communities, ZD and under-immunized children.

Qualitative assessment based on WHO BeSD framework.

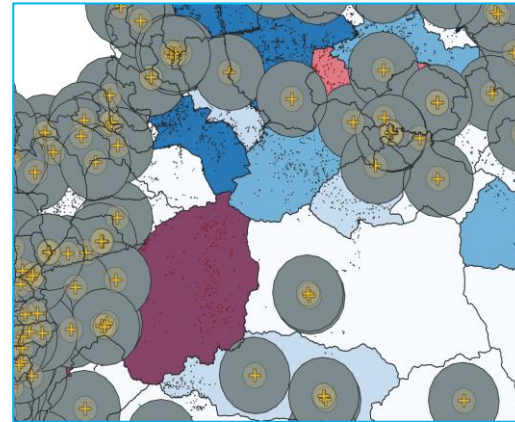
Generating composite scores – proxy for probability of finding ZD in a community



In pink we have the administrative unit with low DPT-1 coverage



In blue we have the difficult to access areas (the darker the more difficult to access areas)



In purple, we have the most likely administrative units to have multiple Zero-dose children.

Granular identification – how many, where, who and why?

- **Geospatial based data triangulation** using QGIS software. Databases used to date includes:
 - Coverage estimates (source: IHME, DHIS2),
 - Settlement location (Source: GRID3),
 - Geolocated health facilities,
 - Immunizing facilities,
 - Administrative boundaries (Source: MOH),
 - Cameroon data health survey
- **Qualitative assessment of barriers to immunization** in MC – based on WHO's Behavioral and Social Drivers of Vaccination Methodology

How many and where: Data triangulation and QGIS mapping

- **How many:** Using adjusted 2021 IHME data, a total of 258,413 ZD and 337,824 UI were identified in the country.
- **Where:** Output from the QGIS analysis was used to generate choropleth maps for ZD and UI, separately and for each administrative unit (Admin 2, 3, and 4), distributing the count of administrative units evenly across the choropleth categories. The regional distribution of ZD and UI suggests priority areas in Far Nord, Nord, Littoral and Center. To prioritize district where effort would need to be concentrated to reach 30% ZD, a ranking of districts with the highest number of ZD was carried out and a total of 18 districts were prioritized.

FIGURE 5: REGIONAL DISTRIBUTION OF ZD CHILDREN IN CAMEROON

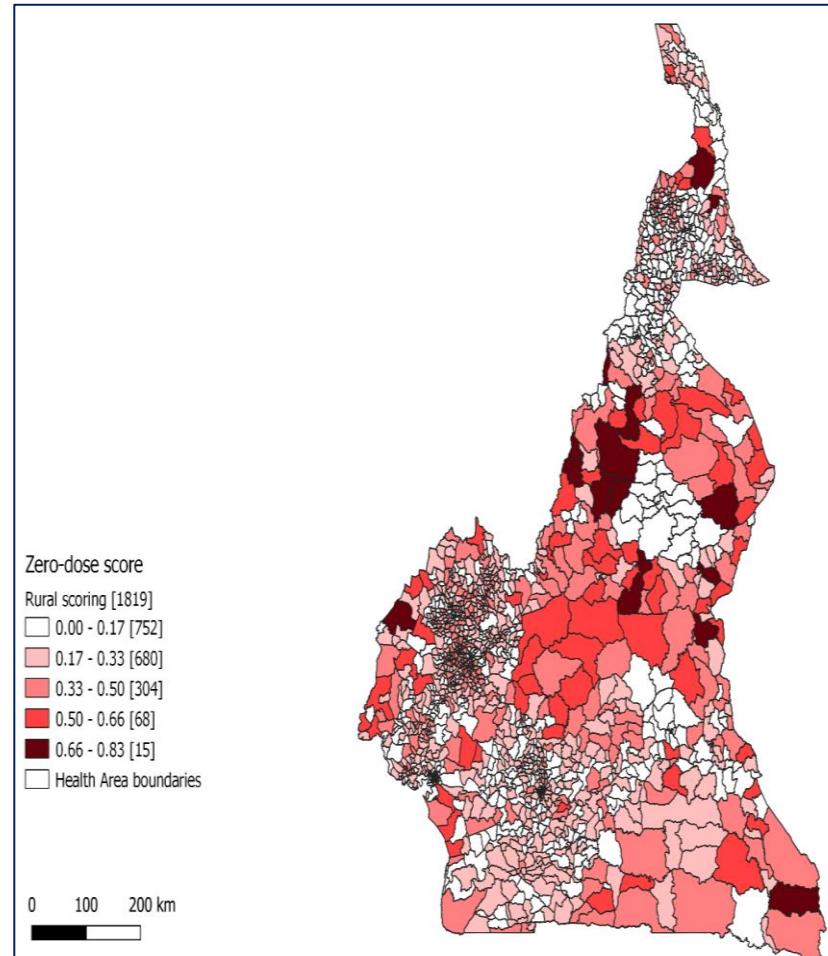


Figure 1: Distribution of ZD and under immunized children by health district

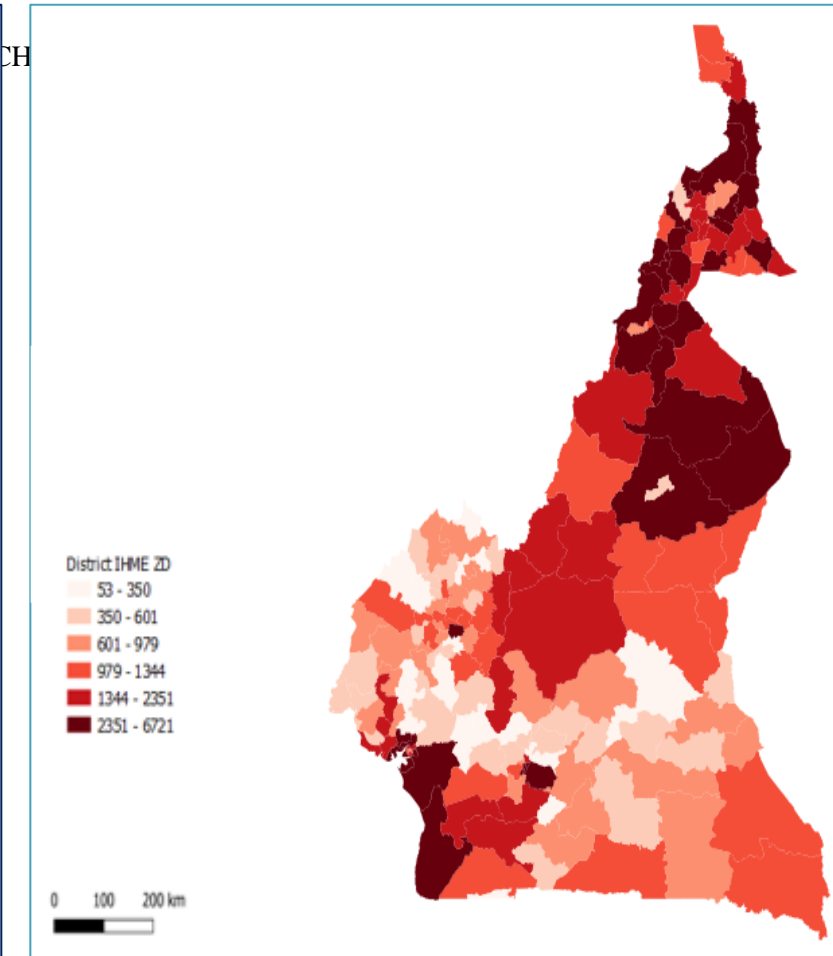


Figure 2: distribution of ZD and under immunized children by health area

Who and Why: BeSD tool was used to answer these questions

Thinking and Feeling About Vaccines

Many participants in the study trust vaccines and have fully vaccinated their children, however some participants expressed distrust in vaccine safety eg a rural community in the East Region said during a FGD: *"when you inject your child, it may bring the disease, it makes the child hot, they say it is the vaccine, you come to give diseases to children."*

Motivation

The two main demotivating factors for vaccination that cut across the different settings are difficult access to health facilities and long waiting times at the health facility. However other factors like The spillover effect of COVID-19 vaccine hesitancy to childhood immunization, and healthcare personnel's refusal to vaccinate their children or themselves during campaigns fueled fear in the community regarding vaccines

Practical issues

Healthcare workers' attitudes, poor and inconsistent communication on vaccination, the timing of vaccination, and poor healthcare services were identified as important practical issues that impact immunization demand in missed communities

Social Process (Family and social norms, Gender issues)

Family and social norms: Several participants admitted that some family members were against vaccinating children, and this finding was worse in urban settings. This trend was also observed when assessing whether religious and community leaders supported vaccination. Also, in a rural health areas in the Northern Region a healthcare provider explained that the role of church leaders in vaccine hesitancy is glaring in these missed communities: "Revival churches constitute a barrier to vaccination here. They keep changing their policies on vaccination".

Gender issues: one third of study participants agreed that women needed to get permission from their husbands for vaccination, the gender of the health personnel is vital in Northern regions

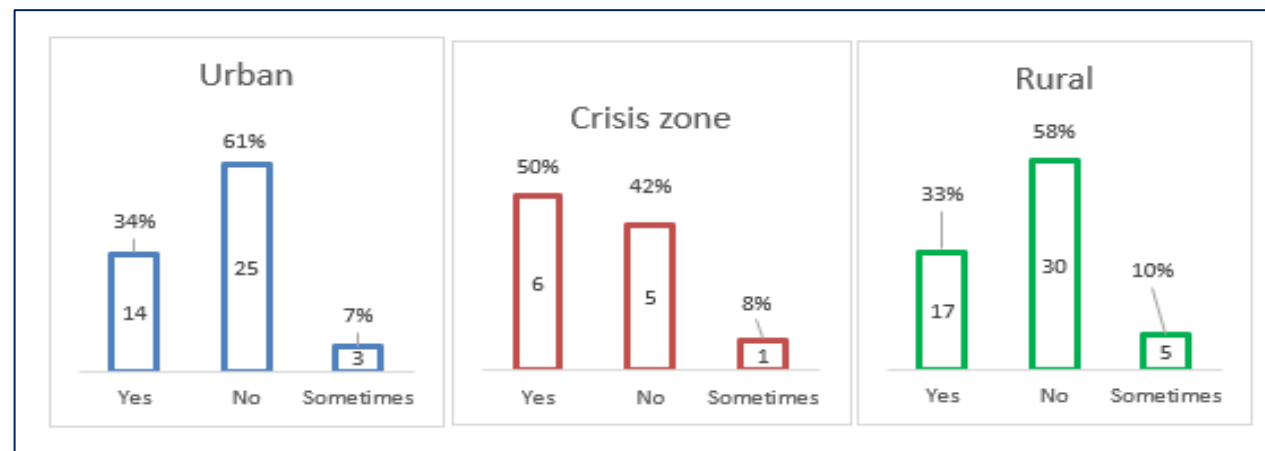


Fig: Response to question: do you often need permission to take your child for vaccination?

Zeroing in on Zero Dose: Challenges and opportunities for improving equity and coverage among zero dose and under-immunized children in four countries

Elena Herrera, JSI

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Purpose

1

Better understand the current immunization and ZD context in Bangladesh, Mali, Nigeria, and Uganda

2

Use findings to identify opportunities for intervention to reduce prevalence of under-immunized and ZD children

3

Inform ZD research and programming efforts at the country level

Approach

Synthesis of evidence from:

- Literature review
- Secondary data analyses
(e.g., DHS, WUENIC, IHME)

Domains of Interest:

- Immunization coverage
- Equity
- Human resources
- Financing
- Policies
- Health systems structure



Key cross-country findings

1

Inequities in immunization coverage across geographic, socioeconomic, and ethnic groups, with predictors of ZD status varying widely across the four countries

2

Limited evidence regarding the quality of lower-level administrative immunization data and barriers to immunization data reporting

3

Few detailed qualitative and quantitative research studies into immunization coverage across different contexts, including across ethnic minorities, refugees, and conflict and climate change-affected areas

4

Varied inclusion of strategies specifically targeting ZD children in national policy documents

5

Data regarding the adequacy of human resources supporting immunization are limited





Thank You!

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