

GVIRF 2018 Plenary 2: Innovating for Equity

Rapporteur: Susan Wang (CDC)

Session Outline

Chair: Narendra Arora (Executive Director, INCLIN)

Presentations:

Intensified Mission Indradhanush: Addressing Equity in Immunization, Pradeep Haldar (Deputy Commissioner, Immunization, Ministry of Health and Family Welfare, India)

Use of Multiple Measures for Immunization Management in Migratory Population, Luan Lin (China CDC Suzhou)

Innovating for Equity – Discussion Paper, Muhammed Awwal Waziri (Director Planning, Research, Monitoring & Evaluation, State Primary Health Care Development Agency, Kaduna, Nigeria)

Social Media Initiative in Ukraine: Analysis of Conversations on Polio, Vaccination, and Routine Immunization, Anna Postovoi (Coordinator, The Communication Initiative Network)

Universal Health Coverage: a people centred approach, Birgitte Giersing (Technical Officer, WHO)

Strengthening Vaccination Programs among the Urban Poor: Closing the Equity Gap, Folake Olayinka (Immunization Team Leader, John Snow Inc.)

Objectives of the session

To discuss:

- Innovative approaches that improve vaccine delivery to all
- How innovative delivery strategies can strengthen the health system so that reliable immunization services to all are sustained at scale
- Innovative products and new technology that could play a key role to overcoming equity challenges

Main outcome

- Innovative and multicomponent approaches need to be tailored to local areas to increase equity in coverage: no one solution fits all settings.

Summary

In measuring progress against the GVAP, lack of progress in increasing vaccination coverage and gaps in equity have been identified. Global DTP3 coverage has been stalled at 86% since 2010. Speakers in this session presented examples of programmatic innovation to address inequities in coverage.

Dr. Pradeep Haldar reviewed the success achieved by Mission Indradhanush (MI) in India: initially, 65% of children were fully immunized, 28% were partially immunized, and 7% were unimmunized; following MI, 78% were fully immunized, 19% were partially immunized, and 2% were unimmunized. Greater equity was achieved by strengthening routine immunization through a multi-dimensional diagnostic approach followed by political will in combination with innovation, meticulous microplanning, monitoring, accountability, mid-course corrections, use of information technology, and a

site-specific approach to find solutions for immunization system and health system strengthening.

Dr. Lin Luan reviewed innovations in Suzhou, China to vaccinate the 54.7% of its population who are migrants through use of a migrant coordination center, a WeChat app for vaccination records/appointments, an immunization information system, and an immunization certificate check necessary for school entry.

Dr. Muhammed Awwal Waziri discussed efforts in Kaduna, Nigeria to achieve >80% coverage; funding requirements, which increased several-fold in order to increase the numbers of health facilities, vaccinators, and outreach services; and mapping high risk wards to prioritize use of resources.

Ms. Anna Postovoitova reviewed social media research in Ukraine which, instead of trying to attract an audience to immunization social media, made an effort to discover where on social media mothers were raising questions or concerns about vaccination so that a community-responsive approach to addressing concerns could be implemented.

Dr. Brigitte Giersing reviewed a WHO and partner initiative, Total Systems Effectiveness, which is intended to elicit country demand and preferences and use this country information to inform optimal product development.

Dr. Folake Olayinka reviewed global urbanization trends as well as the related immunization challenges to reach the urban poor that must be overcome using root-cause analysis and contributions from stakeholders in each specific urban context. An example of a tailored approach used in Cite Soliel, Haiti was described. Vaccine delivery approaches need to be flexible and adapted to the urban context in order to remove barriers for those who are socially distanced; solutions have required extending service hours, defining catchment areas differently, and using technology.

The underlying theme of the presentations and discussion was that innovative and multicomponent approaches need to be tailored to local areas to increase equity in coverage and that no one solution fits all settings. In addition, there is a need for 1) health systems strengthening, 2) rethinking current immunization services to be more flexible 3) an accountability framework, 4) making use of the enormous potential of technology and social media, and 5) community engagement, particularly in the context of introduction of new vaccines.