

BILL & MELINDA
GATES *foundation*

Routine Immunization Strengthening Program (RISP)

Key insights on designing programs to reach ZD and under-immunized in low-coverage settings

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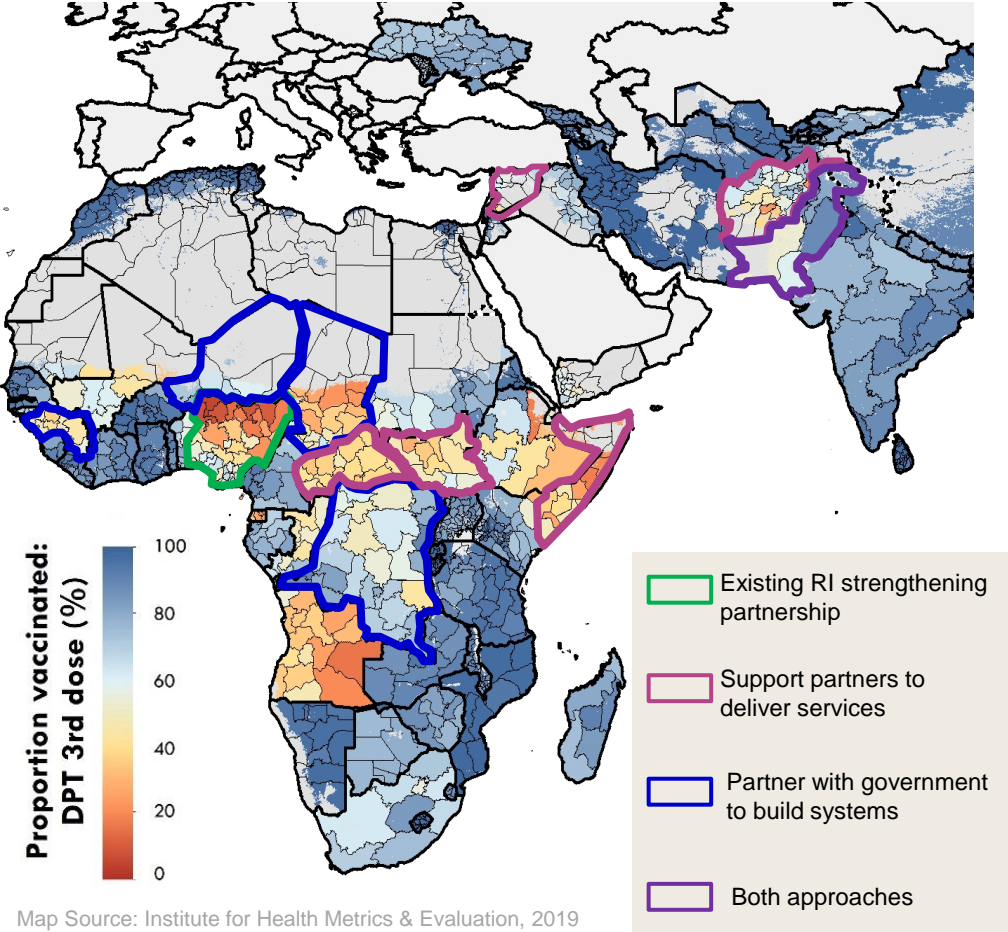
September 11, 2024

RISP background

Goals

Improve routine immunization in subnational geographies of 10 countries that have low Penta3 coverage and are at high risk of poliovirus transmission.

Polio prevention	Reduce WPV or VDPV circulation
RI coverage improvement	Double subnational coverage (DTP3) from a 2018 baseline
Sustainability	Improve government ownership of immunization systems
Gavi Alliance impact	Generate insights to support Gavi's ability to improve coverage and equity



RISP background

RISP tailors its approach to each geographic context, but works within three broad archetypes

MOU	<ul style="list-style-type: none"> • Work through government systems under MOU agreement with govt (and other donors). • Add co-funding into government basket account to support RI operations. • Provide wraparound TA for governance, supply chain, and data, etc. 	Chad	Lac, Khanem & Hadjer Lamis regions
		DRC	Haut Lomami, Tanganyika, Lualaba
		Guinea	Kankan region
		Niger	Diffa, Zinder & Maradi regions
Hybrid	<ul style="list-style-type: none"> • Construct facilities in low access, high ZD areas. • Transition facility management and financing to government, over time. 	Pakistan	40 High Risk UCs
		Afghanistan	Helmand, Kandahar, Urozgan
Direct Service Delivery	<ul style="list-style-type: none"> • In humanitarian and conflict-affected settings, work within coordinated, humanitarian partnerships. • Provide RI services through local delivery partners. • Deep community engagement to reach communities with acceptable services. 	CAR	Région Santé 5
		Somalia	20 districts in Gulmadug and Jubaland
		South Sudan	Unity, Jonglei & Upper Nile
		Syria	Idlib & Aleppo Governates

Core principles in all geographies



Innovative, local partnerships

>75%

RISP investments made to partners based in the region or country they serve



Rigorous measurement

+12

RI coverage surveys supported since 2019



Integrated learning

~4%

RISP budget dedicated explicitly for learning

1. A combination of the clear targets, MOU (accountability, financing), and advocacy increased coverage and decreased ZD in DRC

Mashako Plan



Targets to achieve to increase RI performance, a nationwide monitoring system and frequent reporting on provincial progress through coverage surveys

MoUs



Innovative public-private partnerships in selected provinces to help reach Mashako objectives at the subnational level

Forums



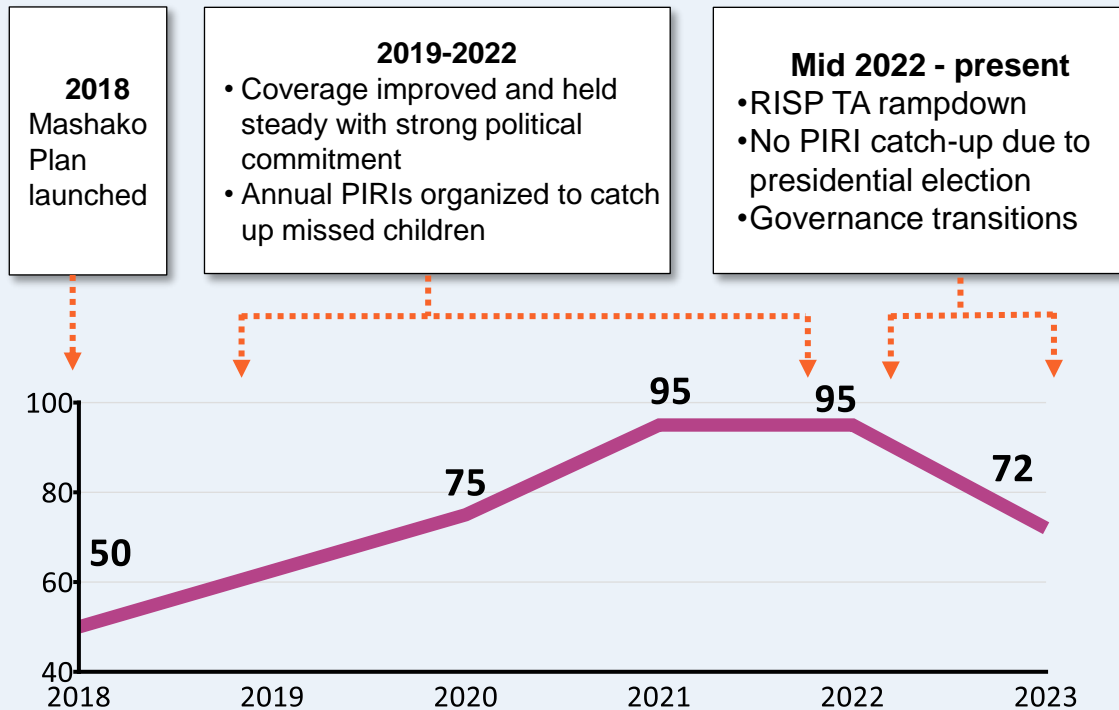
The Forum provides funding and political targets for all provinces, with regular opportunities to showcase progress and advocate at the highest level

Baseline 2018, Midline 2023	Haut-Lomami			Lualaba			Tanganyika		
Penta0, %	37%	8%	-29	48%	27%	-22	57%	15%	-42
Penta3 %	50%	72%	+22	35%	48%	+13	25%	66%	+41
IPV1, %	55%	63%	+9	55%	63%	+9	41%	72%	+31
FIC, %	36%	50%	+14	21%	29%	+8	21%	52%	+31

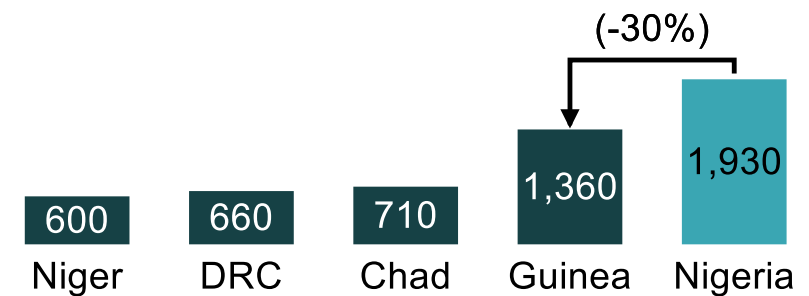
2. Gains are fragile, and we are re-assessing our transition and sustainability expectations and timelines

In Haut Lomami, Mashako Plan had initial success, but experienced backsliding, showing the fragility of gains

% Penta3 coverage, Haut Lomami, 2018-2023



GDP per capita - MoU countries
[USD / cap ; 2023]



Fiscal space for financial transition is more constrained than in our previous MOU experience in Nigeria, and it is even further challenged with the global macroeconomic climate.

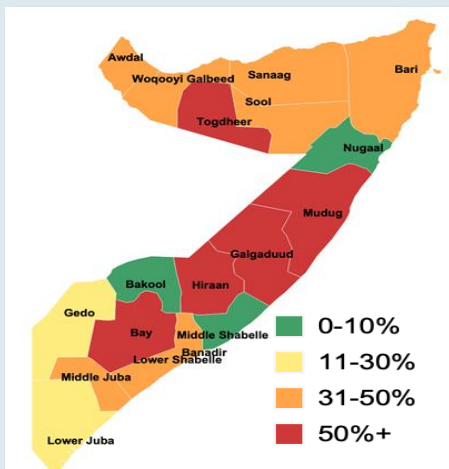
3. In humanitarian and conflict-affected areas, integrated delivery and deep community engagement is critical

Context: 60% of kids in Somalia are DTP1 ZD

- 1 Majority of ZD kids live in **hard-to-reach** areas not fully serviced by the PHC system (~70%)
- 2 Others live in **areas of chronic insecurity**, sometimes with no health access for 10+ years (~30%)

3 An unknown % in both areas are **vaccine hesitant**

% population in security challenged areas



FARID reaches 370,000+ ZD kids under age 5

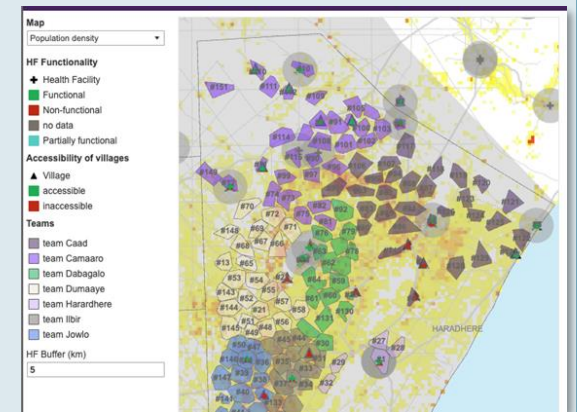
FARID (Far Reaching Integrated Delivery) aims to reach 370,000+ U5 zero dose kids in 21 security-challenged districts with integrated health services.

We assembled a **diverse set of non-traditional partners playing complementary roles:**

- Humanitarian partnership facilitation and strategy
- Logistics and supply
- Community engagement
- Service delivery implementation
- Data and performance management

FARID relies on deep community engagement and creative use of data

- **FARID co-delivers immunization, nutrition, MNCH, and curative services**
- Data triangulation from polio microplans, GIS maps, and other sources **optimizes the location of health camps.**
- Community engagement is used to **validate GIS-derived denominators.**
- **Dashboards and facilitated partner review meetings drive improvement and impact.**

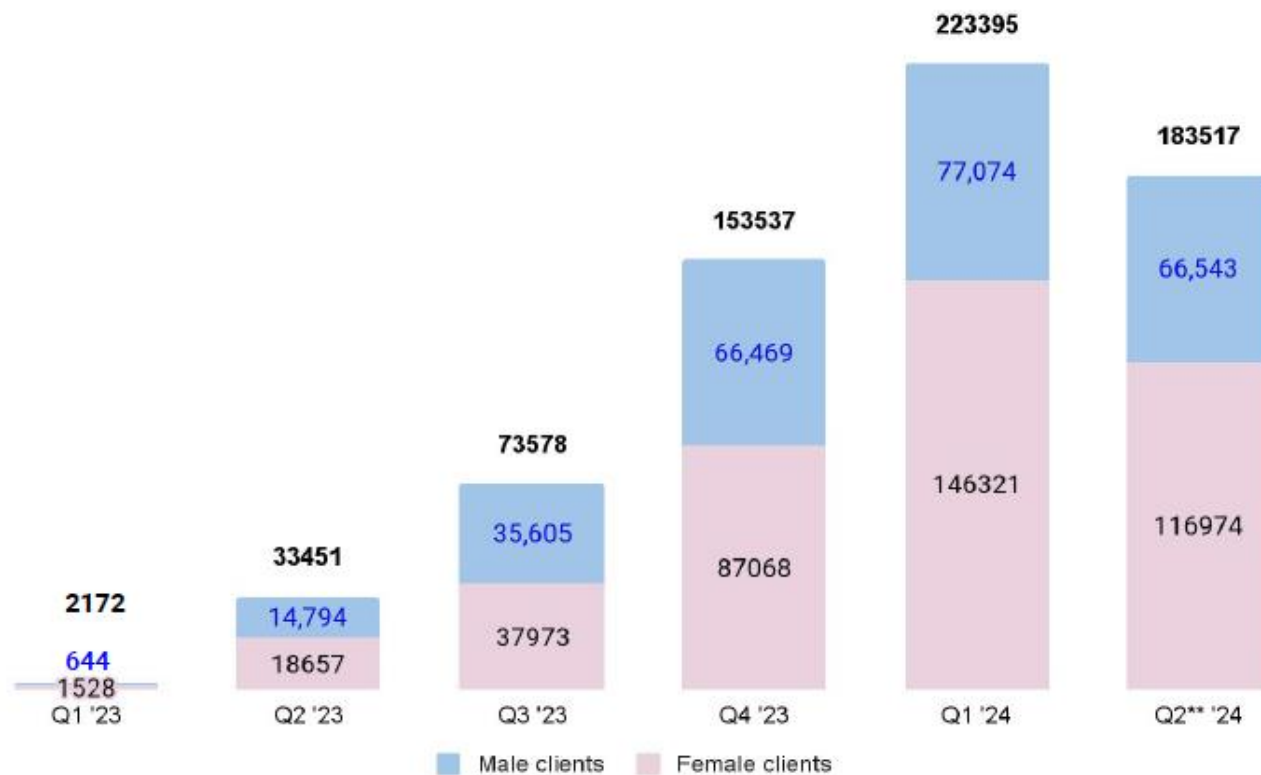


Example of a GIS-based microplan using polygons identify ZD communities and optimize the location of health camps

3a. Since the launch of FARID, >600K people have received essential health care services

of clients reached overall*

07/03/2023 - 29/06/2024; n = 669,650 clients reached



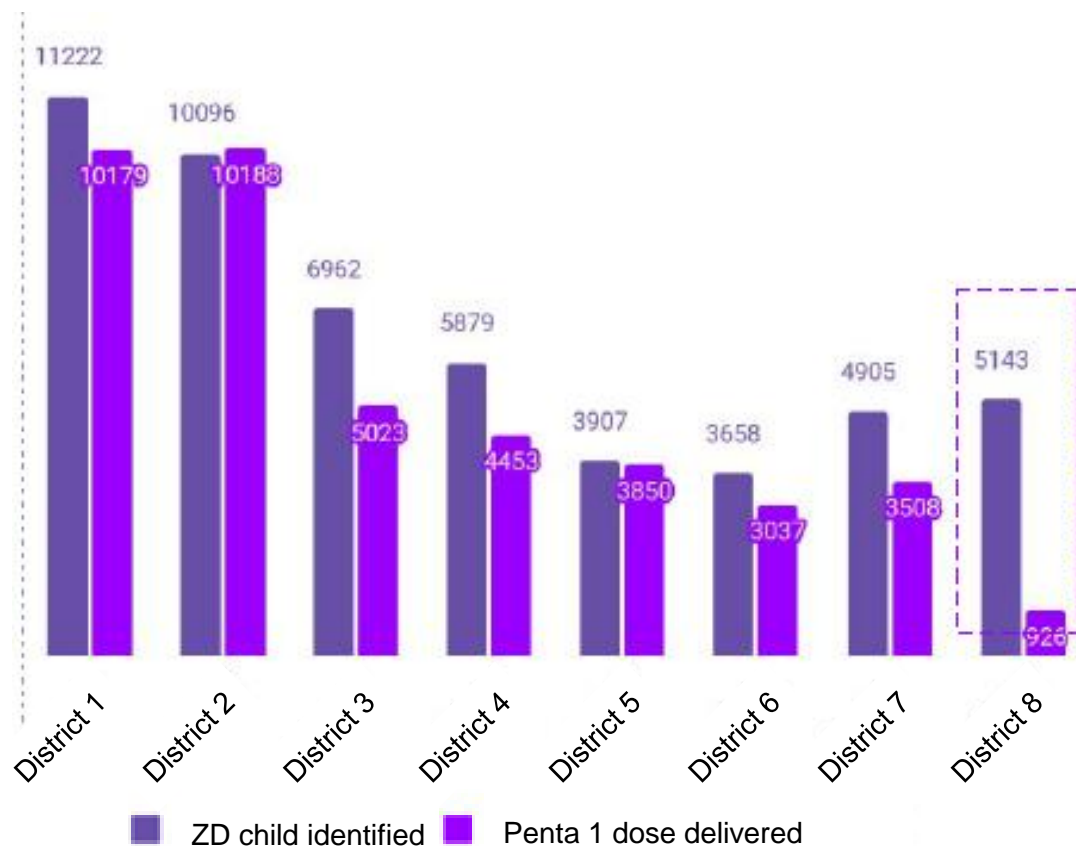
FARID health camp, 2024

Source: Daily Activity Reporting Tool; Data as of 29/06/2024, All visited villages

3b. Of the 120,000 ZD children identified, 30% have not received Penta 1, and caregiver interviews help us to understand why

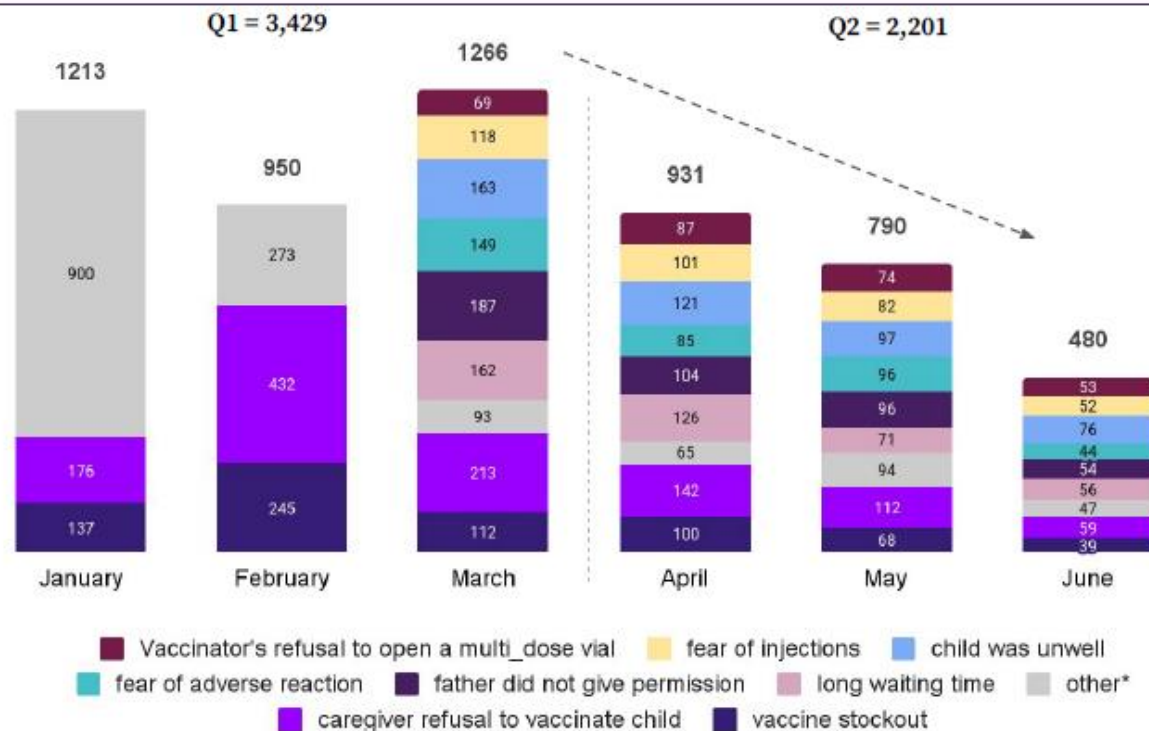
ZDC identified vs Penta 1 vaccinations

07/03/2023 - 30/06/2024



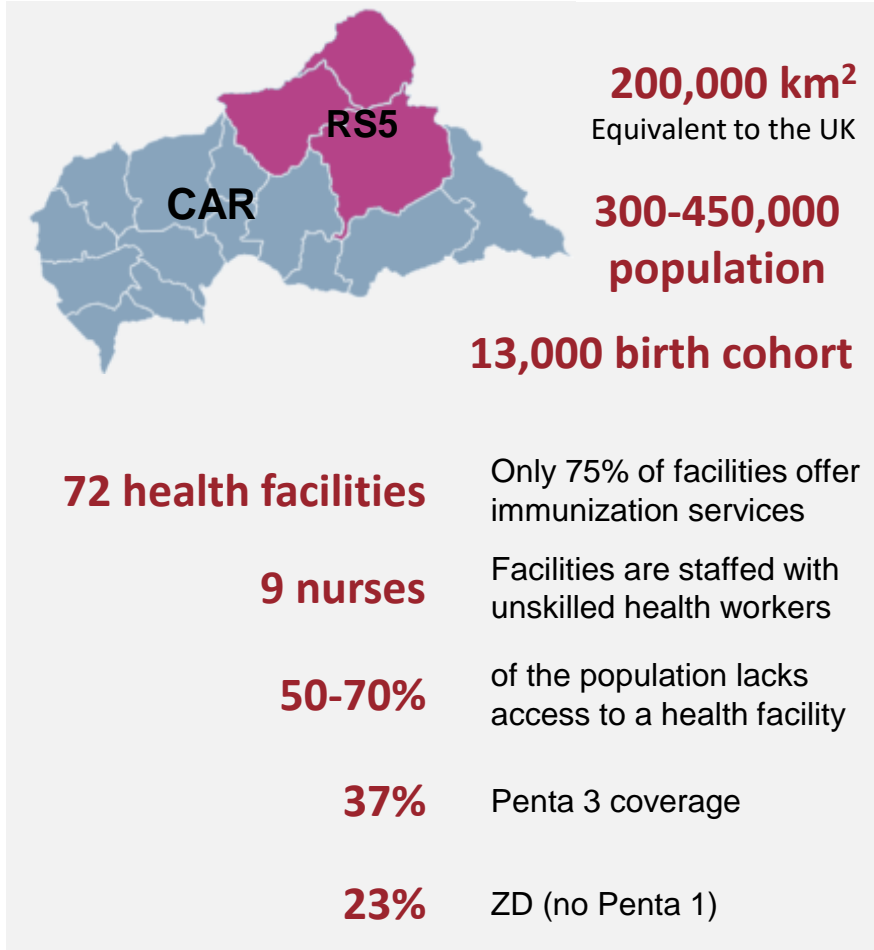
Missed opportunities on immunization by reason

01/01/2024 - 26/06/2024



4. Working effectively in humanitarian and conflict settings requires a deep connection to ground-level activities and the ability to adapt quickly

CAR - Health Region 5 (RS5)



Insights that informed shifts in our approach

Challenge	RISP approach and remaining needs
High operating costs	Reduction of our focus from 3 regions to just RS5, targeting 13,000 U1 kids annually
Few effective partners	Partner landscape is limited ; we are integrating in a partnership with a Global Fund's and their grantee
Chronic insecurity	Engaging peace mediators and planning for higher security costs are foundational
Unknown target population	Investing in sustainable community engagement supported by digital microplanning
Current CCE inadequate	Portable and discreet CCE are needed to extend immunization services in inaccessible and insecure areas
Low demand if curative needs are unmet	Integration of vaccination outreaches with PHC and basic needs is essential to ensure preventative services are accepted



Equipment lifetimes are short and travel burdens are high, increasing operational costs.

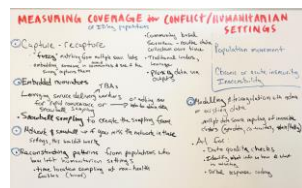
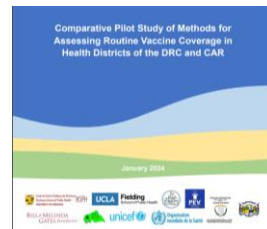
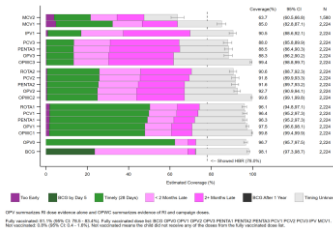


Extreme lack of infrastructure necessitates innovative transportation and CCE options

5. Rigorous measurement is essential for understanding progress, advocacy, and adapting our work

What we have done

- **RISP supports coverage surveys in all geographies** providing critical measurement and decision-making information to Gavi, governments, and our program.
- Innovative “missed opportunities for vaccination” VCQI analyses highlights gaps in IPV delivery and prompted IPV catchup efforts in Pakistan SHRUCs.
- **Head-to-head methods studies** compare the accuracy, cost-effectiveness, and feasibility of survey approaches and have informed the design of successful surveys in CAR and DRC.
- Exploratory work with partners experienced in humanitarian settings informs how RISP and the RI ecosystem measure progress in conflict-affected settings.



What we have learned so far

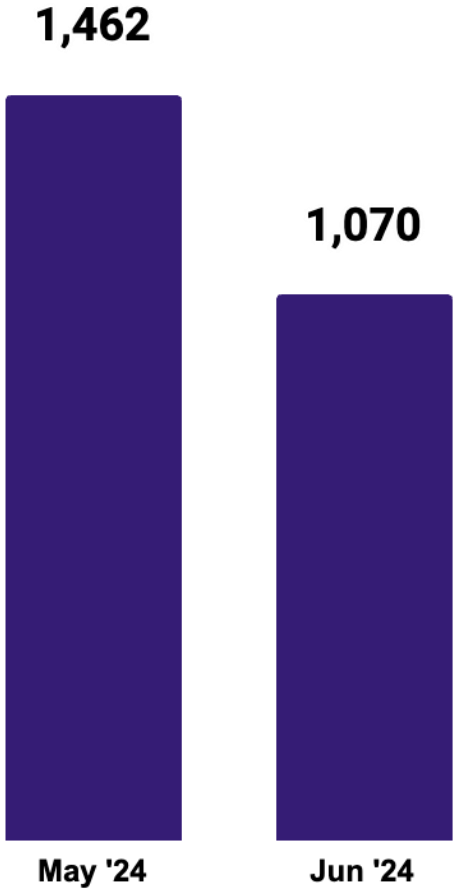
- With close government partnership, frequent surveys are a **tool for measuring progress and for advocacy**.
- Coverage measurement is a **positive area of collaboration between Gavi Alliance and other donors** (technical alignment, co-funding).
- Even **well-designed surveys will miss very hard-to-reach** communities (e.g., riverine communities in DRC, conflict-affected areas in Chad and Niger).
- More work is needed to develop **approaches for estimating coverage and ZD prevalence in humanitarian and conflict-affected settings**.

5a. RI coverage survey results are used to track progress and advocate for continued commitment to RI improvement

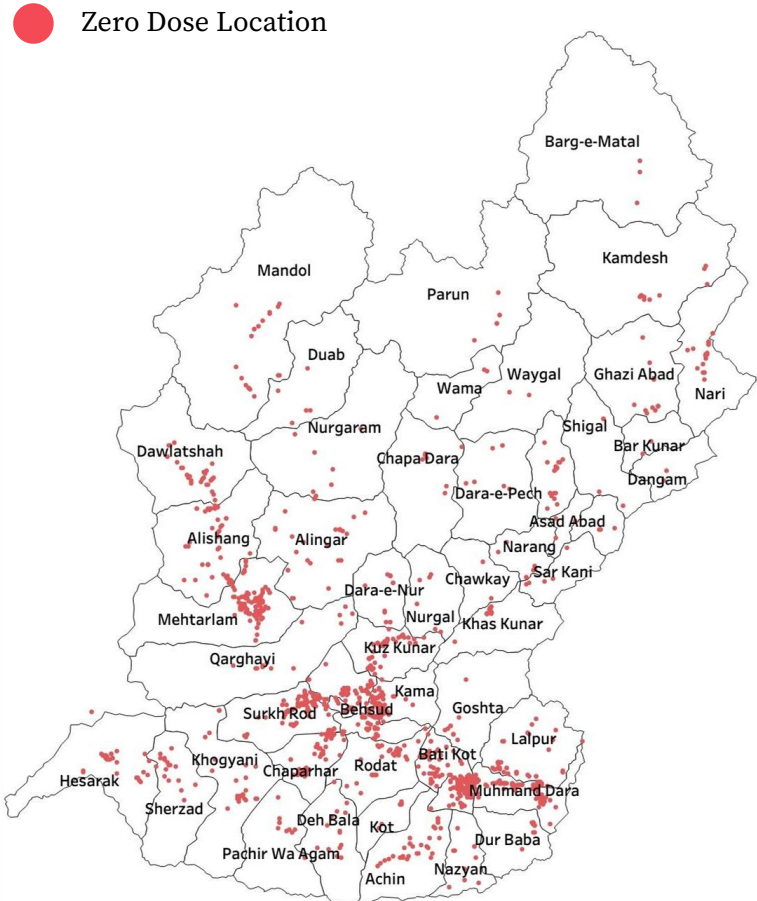
Midline year	Penta 3 %			FIC %			Penta 0%			
	% coverage baseline	% coverage midline	percentage point change from baseline	% coverage baseline	% coverage midline	percentage point change from baseline	% coverage baseline	% coverage midline	percentage point change from baseline	
Chad (2024)	Hadjer Lamis	25%	51%	+26	16%	42%	+26	58%	29%	-29
	Kanem	29%	62%	+33	20%	40%	+20	60%	20%	-40
	Lac	27%	80%	+53	12%	69%	+57	47%	4%	-53
DRC (2024)	Haut-Lomami	50%	72%	+22	36%	50%	+14	37%	8%	-29
	Lualaba	35%	48%	+13	21%	29%	+8	48%	27%	-22
	Tanganyika	25%	66%	+41	21%	52%	+31	57%	15%	-42
Niger (2024)	Diffa	66%	79%	+13	29%	49%	+21	18%	3%	-15
	Maradi	84%	82%	-2	42%	62%	+20	5%	6%	+1
	Zinder	82%	80%	-2	45%	60%	+25	1%	8%	+7
Pakistan SHRUCs (2023)	Balochistan	37%	60%	+23	29%	44%	+15	39%	19%	-20
	KP	83%	89%	+6	71%	81%	+10	7%	4%	-3
	Sindh	56%	73%	+17	46%	60%	+14	26%	10%	-16

5b. Routine monitoring in Afghanistan: Penta-1 zero dose children identified and vaccinated

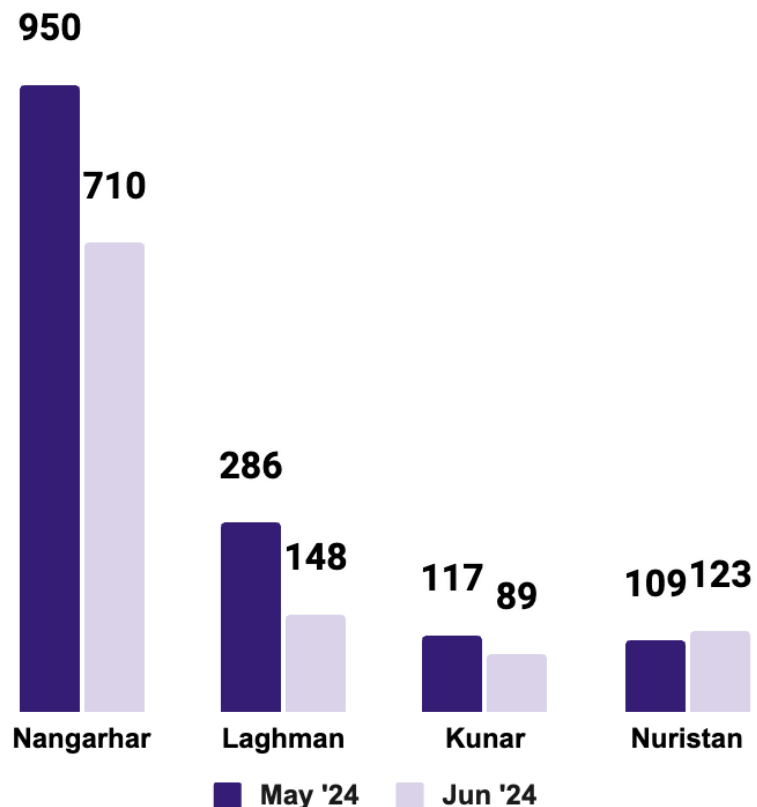
of Penta-1 *ZDs found and vaccinated in the east: May '24 - Jun '24



Map of Penta-1 *ZDs found and vaccinated in the east: Apr '24 - Jun '24

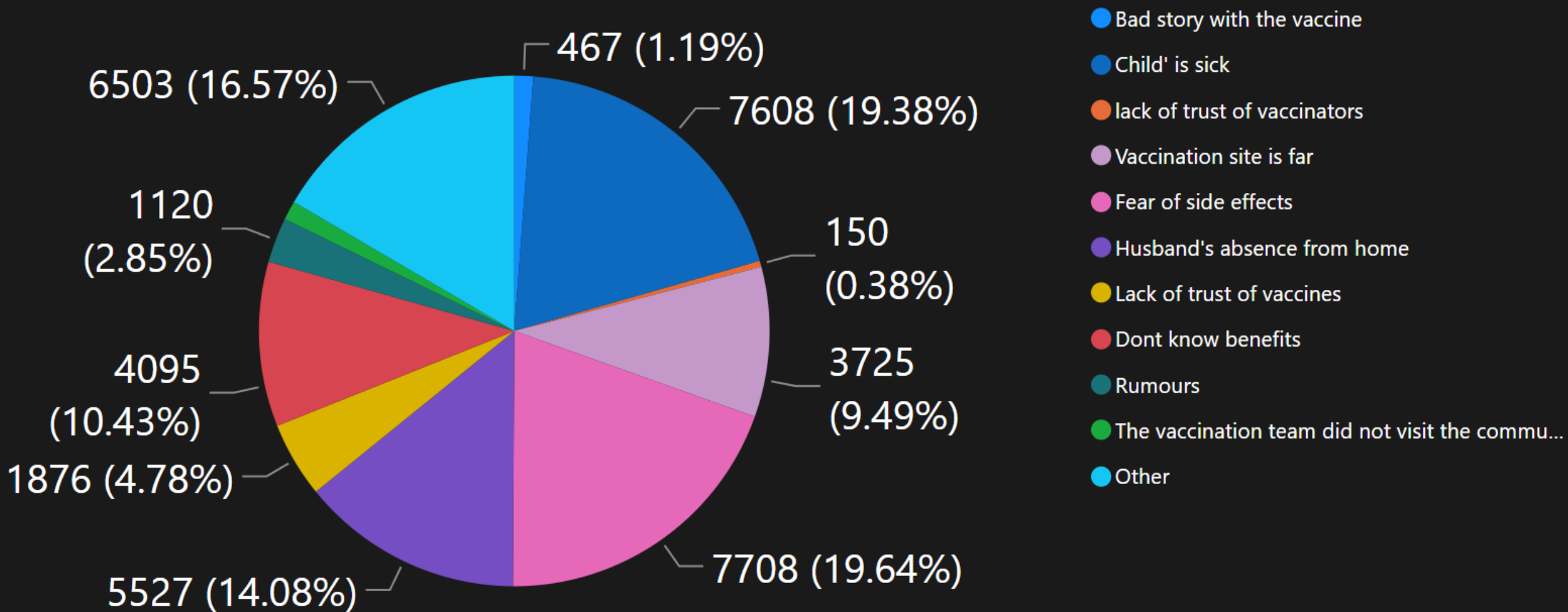


of Penta-1 ZDs found and vaccinated in the east region by province: May '24 - Jun '24



Source: Outreach Vaccinators' Data
 *ZD: refer to children who are more than 4 months old and haven't received a single dose of Penta vaccine.
 NB: The decline in the month of June is due to one full week Eid holidays

5c. Routine monitoring in Syria: Reasons for not being vaccinated



Summary

- **MOU approach:** Clear targets, partnership frameworks (e.g. co-financing, TA), and sustained high-level advocacy are key ingredients to supporting govt to reach ZD and under-immunized.
- **Humanitarian setting approaches:** Working in humanitarian settings is expensive, complex, and difficult to do at scale – subnational-level engagement is critical.
 - Deep relationships with on-the-ground service delivery partners is necessary to understand the situation sufficiently to support the adaptations that will be required in these contexts
 - Integrated service delivery is a tool for increasing vaccine acceptance and the ethical approach in settings with very limited access.
- **Transition and sustainability:** Transition of RI ZD interventions to government (or other partners) management requires a long runway, and the transition will not be perfect. Transition of activities \neq sustainability of outcomes.
- **Monitoring and measurement:** Routine monitoring outside of government-run monitoring systems may be necessary rapid RI gains (e.g. vaccinator tracking, outreach tracking, output monitoring), but we should ensure the ability to transition third-party monitoring.