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All	Question for all presenters: What do the recent shocks to global health (especially the cut in US funding and the scaleback of USAID) mean for the ZD agenda at the country level?	• **Cambodia:** We haven't been directly impacted by the U.S. cuts yet, but are seeing the consequences for other programs here. With other donor-funded programs being cut, the government will have to shift limited domestic budgets to cover those gaps. There are risks for the future of immunization and zero-dose (ZD) work, which, for sustainability, should be government-funded. • **ZDLA:** Many countries are still struggling to fully quantify the impact of recent U.S. government (USG) funding cuts to their immunization programs, particularly on components indirectly supported by USG investments e.g., staff salaries. However, two key trends are beginning to emerge: 1. **A stronger push toward integration at the service delivery level.** While this approach offers clear efficiencies and potential for broader health system strengthening, it also carries risks, particularly if integration is pursued without thoughtful design and resourcing, which could dilute focus or compromise quality. 2. **Concerns around deprioritization of ZD- and equity-focused efforts.** In a constrained funding environment, there is a risk that national strategies shift toward "immunization for most" rather than

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		"immunization for all." This underscores the critical need to *mainstream ZD and equity* across all levels—from national policy down to frontline service delivery—ensuring these priorities are not sidelined when budgets tighten.
All	Could you please provide more detail on how civil society organizations (CSOs) are engaged? For example, how do they assist with outreach assurance? How are CSOs in urban areas assisting with identifying and reaching ZD?	• **Cambodia:** CSOs are engaged at the sub-national level through the Gavi Equity Accelerator Fund (EAF). They support capacity building on community health workers (CHWs) and health center (HC) staff for the planning and monitoring of outreach. They have also implemented rapid community coverage/convenience assessments (RCCAs) and HCT-TIP in urban and rural areas to identify barriers and inform ZD strategy. But day-to-day support is limited. • **Uganda**: CSOs have been part of efforts to train Village Health Teams (VHTs) on how to identify ZD children. Some CSOs have funded outreaches beyond the routine ones at sub-national level • **Bangladesh:** CSOs are actively involved in designing the implementation of Learning Hub activities. They are working with the Learning Hub team in every stage of the Hub's activities. They provide support in decision making in terms of EPI and ZD/under-immunized (UI) children as a partner of a sub-national committee which was formed to ensure equity in immunization coverage. Furthermore, CSOs have a strong platform with large and small scale organizations across the country. They provide support to the EPI program in identifying and reaching ZD and UI through those organizations both in

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		rural and urban areas.
All	How do we systematize the use of implementation research for evidence generation in national immunization programmes to address ZD/UI?	• **Cambodia:** Implementation research is mostly partner-led because governments are focused on service delivery and have limited resources for formal research. But through initiatives like the EAF activities presented, it's possible to generate useful evidence during routine implementation like which outreach strategies worked best to reach ZD children. To make this more systematic, we need to build learning questions into program design and ensure the findings inform government decision-making especially for funding and scale-up. • **Bangladesh:** The promising interventions found after evaluation of implementation research in the country are being shared with the policy makers of the country. The policy makers are taking initiatives to scale up successful interventions in underserved and high ZD/UI prevalent areas.
All	Are there any lessons learned by the presenters regarding communication and awareness-raising to reduce the number of ZD children?	• **Cambodia:** Tailoring of communication is critical: different communities have different barriers and hence require different strategies to convince and mobilize. Messaging should be informed by community assessments and HCP-TIP efforts and budgets must be made available to support these efforts. Leveraging CHWs, especially through local meetings between HC staff and communities, has been effective but the domestic budget to support remains limited. • **Uganda:** There is a need to address the challenges that are currently being faced with health education both at the facility

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		and community levels. At the health facility level, challenges of inadequate staffing amidst a heavy workload make it challenging to provide comprehensive health education to caregivers when they come to the health facility. At the community level, the VHT efforts to conduct health education are undermined by demotivation due to poor facilitation and the inadequate training, and the number of VHTs available to offer the service. • **Bangladesh**: Evaluation of implementation research by the Learning Hub has uncovered that the communication activities, especially courtyard meetings and use of behavior change communications materials during counseling contributed substantially in awareness raising and elimination of misconception in the communities about child vaccination including ZD/UI.
All	Strengthening the immunization integration into other services are very important as well. Do you think identifying missed opportunities for vaccination will improve ZD rates?	**ZDLA:** In principle, strategies aimed at addressing missed opportunities for vaccination hold significant potential to reduce the number of ZD children. This is supported by compelling evidence indicating that approximately more than 50 percent of ZD children are already in contact with other primary health care services, particularly those related to maternal, newborn, and child health (MNCH). For instance, a study by the India Health Action Trust, presented during 2024 Gavi Zero Dose Learning Week, analyzed data from eight high-burden countries (including India, Nigeria, and Pakistan). It found that over 92 percent of ZD children—or their mothers—had accessed at least one of four key MNCH services (antenatal care, institutional delivery, vaccination, or vitamin A supplementation) in the past six months. Contact rates

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		varied by country, with the Philippines at 89.5 percent, Myanmar at 86.1 percent, and Nigeria at 73.2 percent. These findings reinforce that ZD children are not necessarily "invisible" to the health system—many have multiple touchpoints with health facilities or outreach services. This underscores the critical opportunity to systematically leverage the MNCH service continuum to identify, target, and reach ZD children and families at risk of becoming ZD. Integrating immunization more deliberately into existing MNCH platforms could help close immunization gaps and ensure no child is left behind.
ZDLA	Thank you for the presentation. I wish to find out if the assessment in Cameroon concerned just the national EPI projects or it included work by CSOs.	Our work in Cameroon is deeply integrated across all facets of the country's ZD efforts, including demand generation initiatives led by CSOs and the pilot implementation of the care group model in selected districts. Notably, Gavi has recently contracted an umbrella CSO, iRESCO, to provide oversight and technical support to local CSOs operating at the district level; strengthening coordination and amplifying community engagement to identify and reach ZD children more effectively.
ZDLA	Monitoring implementation of the ZD program is challenging to integrate with existing routine immunization (RI) structures. Is that related to the effectiveness of existing RI structures? For example, where RI structures are effective, is it possible to integrate ZD implementation monitoring? Or is it that ZD implementation monitoring	From our observations, RI coordination structures remain suboptimal in many countries, even at the national level, with these challenges becoming more pronounced at the subnational level. A key manifestation of this is the inconsistent convening and functioning of performance review meetings. Even in settings where RI coordination platforms exist and are relatively functional—such as the Mashako Coordination Platforms in DRC—they are often overburdened with broader RI priorities, limiting their ability to adequately focus on the more nuanced and intensive monitoring needs required for effective ZD

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	needs something different from standard RI?	implementation. In focal districts where the Clinton Health Access Initiative (CHAI) is providing support, we have worked with EPI teams to design and roll out tailored monitoring tools aimed at tracking both implementation fidelity and the effectiveness of ZD interventions. These experiences highlight the critical need for dedicated capacity and mechanisms specifically focused on ZD monitoring.
Bangladesh	Given the migration findings, did you have specific interventions that worked in those groups? Given migration is happening in many settings globally and that in Bangladesh, did you find any specific interventions that helped to decrease ZD or UI in this population?	We are working to design interventions for this group of people. Use of a digital screening checklist, e-tracker, and modified EPI service delivery are the potential interventions we are planning.
Bangladesh	In Bangladesh, what has been the role of CSO partners, notably given the established networks for PHC? How will their engagement be sustained?	CSO partners are actively involved in designing and implementing Learning Hub activities. They are working with the Learning Hub team in every stage of the initiative. Since they are involved in every stage of the initiative and working closely with the Learning Hub team and Government of Bangladesh counterparts, the system is sustainable.
Uganda	I was wondering if there might be additional insights around "inadequate funding for outreach" as a key barrier to service delivery. For instance, are funding challenges stemming from district or even national gaps in overall budget for RI programs? And/or are they more	The funding allocated to health facilities for immunization outreaches is currently sufficient to facilitate only four outreach activities per month. This level of support is insufficient relative to the size of the facility's catchment area, resulting in limited access to immunization services for many communities.This facilitation would cover transport costs for healthcare providers.

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	related to funding issues around HCW transportation to outreach (and procuring supplies), stipends for outreach activities – and thus outreach services aren't consistently available? I mainly ask since HCWs not receiving travel support or stipends for outreach has emerged as a substantive barrier to consistently available outreach services for many contexts involved in ZDLA.	
Uganda	What mechanism has the government of Uganda put in place to address the problem of stock-out of vaccines?	DTP vaccine stock outs have not emerged as a major or persistent challenge at health facilities in our findings. Our respondents across different facilities have reported minimal disruptions, with a relatively stable supply of DPT vaccines. However, occasional stock outs have been noted for vaccines such as BCG Injectable Polio Vaccine and Rotavirus. Notably, our respondents have emphasized that the absence of a single antigen can negatively impact the uptake of other vaccines, as caregivers may perceive the entire immunization service as unavailable.
Uganda	Thank you so much for the presentation from the Learning Hub. The first challenge mentioned was one of difficult access to certain areas due to bad roads etc, the solution for this challenge was to include	Agreed. Thanks

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	outreach interventions which also came with its own challenges such as insufficient funding allocated. In some countries Gavi, through health systems strengthening funding, has actually made funding available for subnational level reach for ZD children. Is it also possible to track and monitor the finances to ensure they reach the most needed for the outreach activities? In some instances funding may be inadequate because it does not manage to reach the outreach activities for ZD and UI children.	
Cambodia	Thank you all presenters, and would like to ask the presenter from Cambodia about the nature of the tracking and monitoring system used to reach ZD cases?	At the case level, HC staff track children using paper-based records, often with support from CHWs who follow up directly with families in their catchment areas. At the national level, Cambodia uses the Health Management Information System (HMIS) for immunization reporting. However, for these new ZD interventions, we needed to develop supplementary tools to track and report specific activities, as they're not yet fully integrated into routine systems. Each province should closely review their ZD data and use this to inform the prioritisation of routine outreach as well (microplanning).