

# OVERVIEW OF REACHING ZERO DOSE CHILDREN

ICAVT ALUMNI REFRESHER VACCINOLOGY COURSE  
2024

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# Outline

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- Current global situation / status of zero dose children:
- Context and Barriers to increasing or maintaining immunization coverage
- Definition of zero dose and framework to identify and reach zero dose children
- Strategies to reach Zero dose children
- Best practices

# The SDG, UHC, IA 2030 and Gavi 5.0 strategy provide a framework to reach zero dose children



**IA 2030 prioritises reaching zero-dose and the most marginalised children**

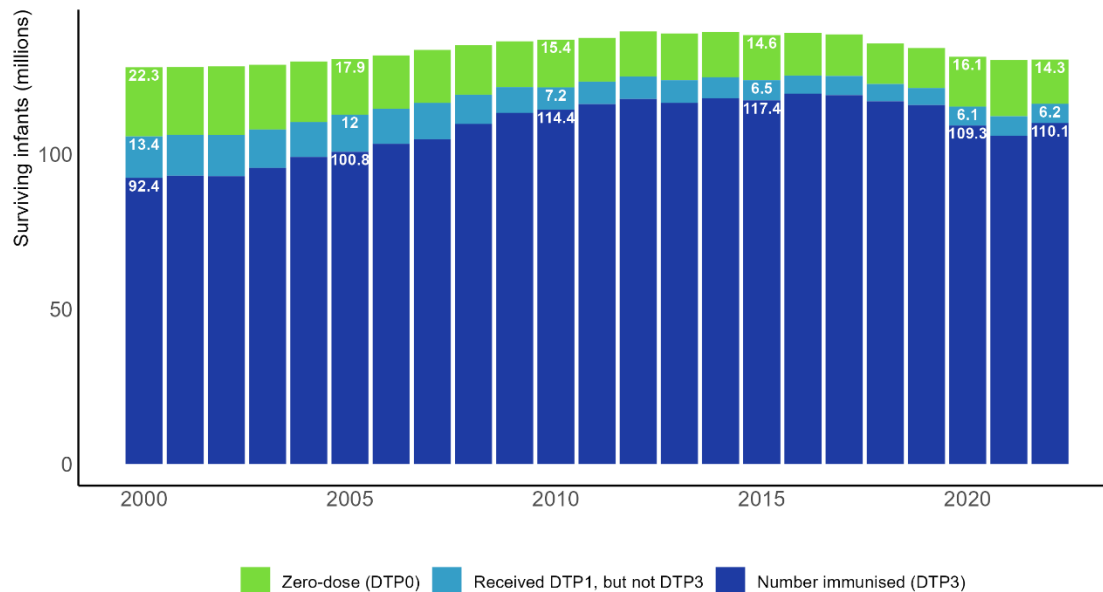
**Gavi 5.0 : Leaving no-one behind with immunisation**

Gavi Leaving no-one behind with immunisation				SUSTAINABLE DEVELOPMENT GOALS
<b>Value</b> <ul style="list-style-type: none"> <li>To save lives and protect people's health by ensuring equitable and sustainable use of vaccines</li> </ul>	<b>Impact</b> <ul style="list-style-type: none"> <li>Child mortality reduction that</li> <li>Lives saved that</li> <li>Future SDG's met that</li> <li>Equity indicator</li> </ul>	<ul style="list-style-type: none"> <li>People (male &amp; female) vaccinated with Gavi support access the life course that</li> <li>People (male &amp; female) vaccinated with Gavi support against outbreak-prone diseases that</li> <li>Economic benefits unlocked that</li> </ul>		
<b>Principles</b> <ul style="list-style-type: none"> <li><b>Mixed communities, first priority:</b> Prioritize children missing out on vaccination including among migrants, displaced and other vulnerable populations.</li> <li><b>Gender focused:</b> Identify and address gender-related barriers to promote immunisation equity</li> <li><b>Country-led, sustainable:</b> Build country leadership to sustainably deliver and finance immunisation</li> <li><b>Community owned:</b> Ensure community trust and confidence in vaccines by engaging communities in planning, implementation and oversight of immunisation</li> <li><b>Differentiated:</b> Target and tailor support to national and subnational needs including fragile contexts</li> </ul>	<ul style="list-style-type: none"> <li><b>Integrated:</b> Strengthen immunisation as a foundation for integrated primary health care to reach unmet communities in support of universal health coverage</li> <li><b>Adaptive, resilient:</b> Help countries leverage immunisation to address the challenges of climate change, Global Health Security, antimicrobial resistance and other major global risks</li> <li><b>Innovative:</b> Identify and leverage innovative products, practices and services to reach everyone with immunisation</li> <li><b>Collaborative, accountable:</b> Collaborate across stakeholders to achieve the SDGs in a transparent, coordinated and accountable manner</li> </ul>			
<b>Strategic Pillars</b> <ol style="list-style-type: none"> <li><b>1. INTRODUCE AND SCALE-UP VACCINES</b>  <ul style="list-style-type: none"> <li>Strengthen countries' <b>prioritisation of vaccines</b> appropriate to their context</li> <li>Support countries to <b>introduce and scale-up coverage of vaccines</b> for prevention of endemic and epidemic diseases</li> <li>Enhance <b>outbreak response</b> through availability and strategic allocation of vaccine technologies</li> </ul> </li> <li><b>2. STRENGTHEN HEALTH SYSTEMS TO INCREASE EQUITY IN IMMUNISATION</b>  <ul style="list-style-type: none"> <li>Help countries extend immunisation services to reach <b>most under-immunised and zero-dose children</b> to build a stronger primary health care platform</li> <li>Support countries to ensure <b>immunisation services are well-managed, sustainable, human-centred</b> and meet the needs of all care-givers</li> <li>Work with countries and communities to <b>build resilient demand</b>, and to identify and address <b>gender-related barriers</b> to immunisation</li> </ul> </li> <li><b>3. IMPROVE SUSTAINABILITY OF IMMUNISATION PROGRAMMES</b>  <ul style="list-style-type: none"> <li>Strengthen national and subnational <b>political and social commitment</b> to immunisation</li> <li>Promote <b>domestic public resources</b> for immunisation and <b>primary health care</b> to improve allocation efficiency</li> <li>Prepare and engage <b>self-financing countries</b> to maintain or increase performance</li> </ul> </li> <li><b>4. ENSURE HEALTHY MARKETS FOR VACCINES AND RELATED PRODUCTS</b>  <ul style="list-style-type: none"> <li>Ensure sustainable, <b>healthy market dynamics</b> for vaccines and immunisation-related products at affordable prices</li> <li>Investigate <b>innovation</b> for the development of <b>suitable vaccines</b></li> <li>Scale up <b>innovative immunisation-related products</b></li> </ul> </li> </ol>				
<b>Enablers</b> <ul style="list-style-type: none"> <li>Secure long-term predictable funding for Gavi programmes</li> <li>Ensure global political commitment for immunisation, prevention and primary health care</li> </ul>	<ul style="list-style-type: none"> <li>Use evidence, evaluations and improved data for policies, programmes and accountability</li> <li>Leverage the private sector, including through innovative finance mechanisms and partnerships</li> </ul>			

Hence country driven National Immunisation Strategies (NIS) have **Equity at the heart of the new strategy:** reaching zero-dose and under-vaccinated children

# Current status of zero dose globally

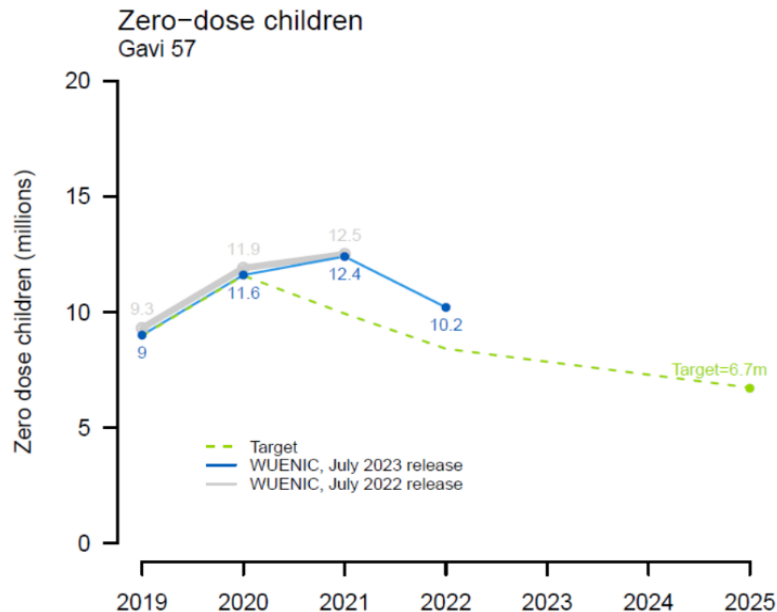
Figure 1: Progress in reaching zero-dose and under-immunised children globally



Source: WUENIC July 2023 estimates

- In 2022, approximately 20.5 million of the 130 million children globally do not receive their third dose of DTP-containing vaccine.
- 70% of these children, 14.3 million in total, do not receive a single dose of DTP- containing vaccines and are defined as “zero-dose”.
- Reduction in number of zero-dose has plateaued over last decade pointing to persistent inequities

# Need more efforts to reach IA 2030/ Gavi 5.0 target



Note: Targets are based on 25% percent decrease from 2019.

There are now 10.2m zero-dose children as of 2022 in Gavi supported countries:

- -2.1m (17%) decrease from 2021
- +1.2m (14%) higher than 2019 (now a 34% reduction required to reach 2025 target)

Gavi57 countries account for 71% of 14.3m global zero-dose children as of 2022

- 10 countries account for 81% of ZD in Gavi57

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# What is the context of zero dose (1/2)?

## POVERTY



**2 out of 3 zero dose children** live in households surviving on **less than \$1.90** a day

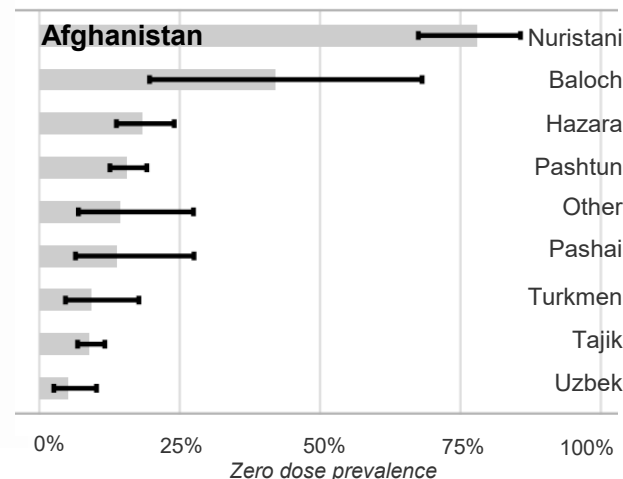
**1 in 8 children** in Gavi-supported countries are Zero dose, and yet they account for **nearly half of all children dying from vaccine preventable diseases.**

## GENDER



**47%** zero dose less likely to have mother receiving **antenatal care** or **skilled birth attendance**

## ETHNICITY



Large differences in zero-dose prevalence by **ethnic groups** in many countries

## Context (2/2) - 50% in urban/remote rural and conflict regions



Urban poor



Remote communities & nomadic groups



Populations in conflict settings

### Initial Analysis

- **Substantial variations** between & within countries
- **DRC & Ethiopia** have largest number of zero dose children in **remote rural areas**
- **Nigeria** has the largest number of zero dose children **impacted by conflict**



# Why are we missing families & communities?

knowledge /  
information gap



*Caregivers not aware of need for immunisation or how, when, where to access*

trust or  
confidence  
gap



*Fear of side effects, mistrust in vaccines or authorities delivering them underpinned by social exclusion*

'intention  
to action'  
gap



*Open to immunisation but lack of motivation, logistical barriers, competing priorities etc*

service delivery /  
quality problems



*Lack of vaccines, vaccinators, long queues, rudeness, no toilets etc*

**EXACERBATED BY GENDER RELATED BARRIERS**

home



facility



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# Key Definitions



**‘Zero-dose children’** are those who have not received any routine immunisation. For operational purposes, Gavi defines zero-dose children based on the absence of the first dose of combined diphtheria, tetanus and pertussis vaccine\*.



**Under-vaccinated** children are those who have not received a full course of routine vaccinations. For operational purposes, Gavi defines under-vaccinated children as those who have not received a third dose of combined diphtheria, tetanus and pertussis vaccine.



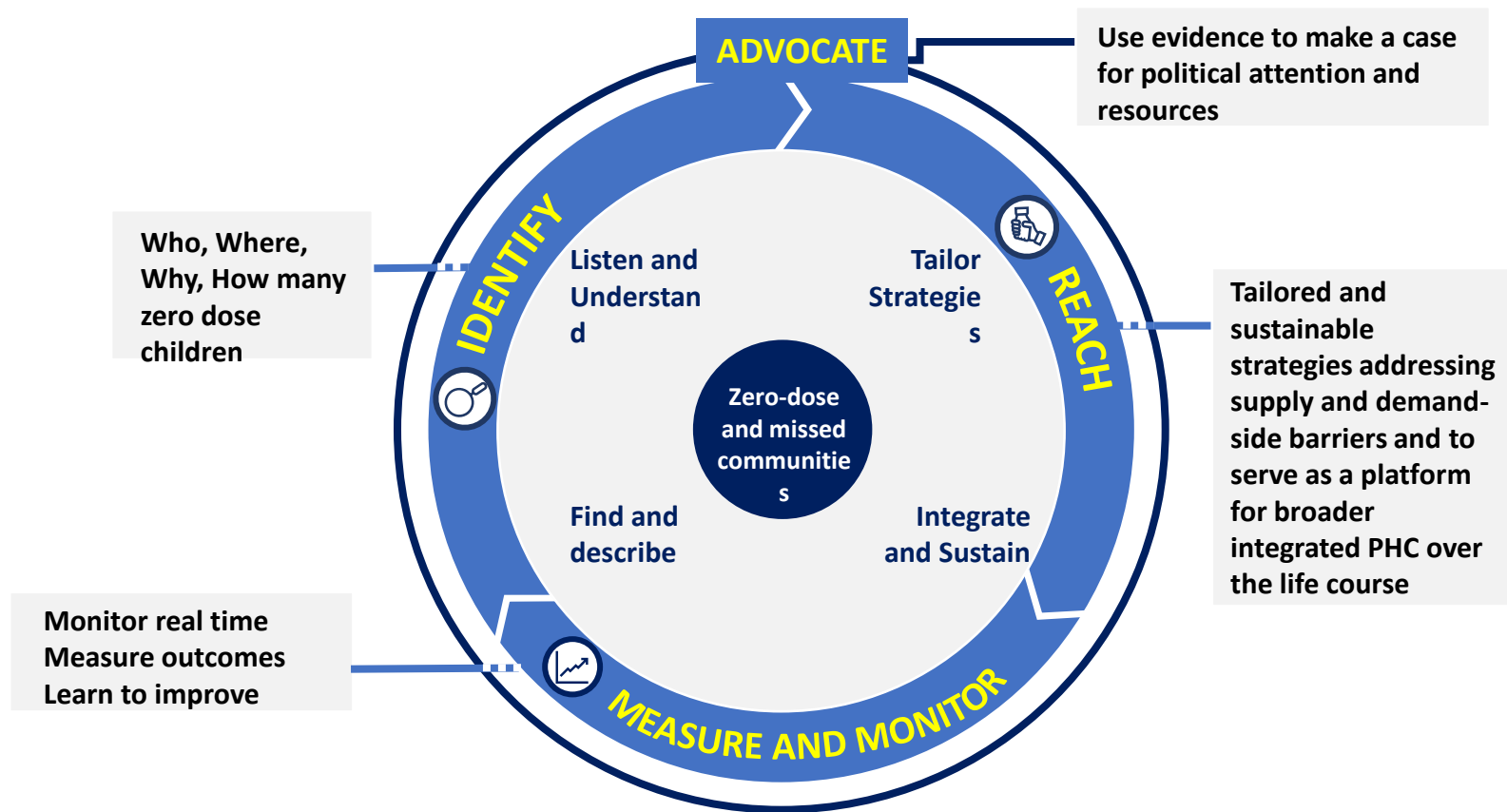
**Missed communities** are home to groups of zero-dose and under-vaccinated children. These communities often face multiple deprivations and vulnerabilities, including lack of services, socio-economic inequalities and gender-related barriers.



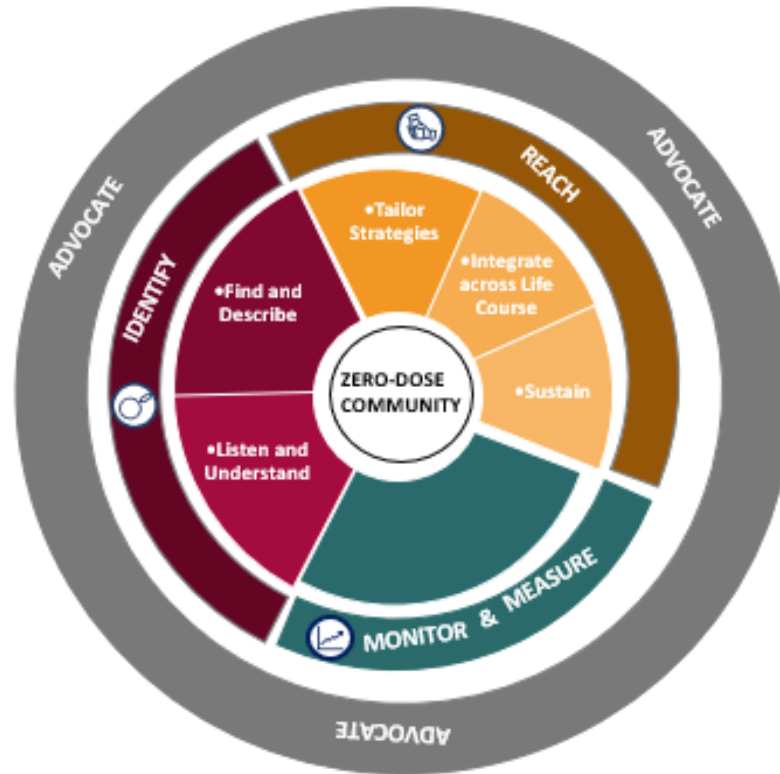
**Equity:** The organising principle of the Alliance's 2021-2025 strategy, whose vision is to leave no one behind in immunisation. This means focusing specifically on using all Gavi levers to bring immunisation to missed communities and zero-dose children

\* The goal of reaching zero-dose children is not limited to providing a first dose of DPT vaccine. The ultimate goal of the Alliance is to ensure that these children are fully immunised with all the vaccines in the immunisation schedule.

# IRMMA framework - using Zero Dose Strategy to Strengthen Primary Health Care across the Life Course



# Database of Resources on strategies: Browse by IRMMA on WHO Technet



# Database of Resources on TechNet: Browse by IRMMA

<div> <div>Return to the classification page</div> <div>IDENTIFY</div> <div>Click on the name of the resource to access the synopsis</div> </div>	
Find and describe	Listen and understand
<a href="#">Missed Opportunities for Vaccination (MOV) Strategy</a>	<a href="#">WHO Practical Guide for the Design, Use and Promotion of Home-Based Records in Immunization Programmes</a>
<a href="#">Guidance Note – Coverage and Equity Assessments for Immunization Programs</a>	<a href="#">Guide to Tailoring Immunization Programs (TIP)</a>
<a href="#">Guide to Tailoring Immunization Programs (TIP)</a>	<a href="#">Immunisation in Practice (IIP) (Guidance on microplanning and partnering with communities).</a>
<a href="#">Immunisation in Practice (IIP) (Guidance on microplanning and partnering with communities).</a>	<a href="#">Policy coherence as a driver of health equity.</a>
<a href="#">Urban Immunization Toolkit</a>	<a href="#">Urban Immunization Toolkit</a>
<a href="#">Vaccination in Acute Humanitarian Emergencies. A framework for decision making</a>	<a href="#">Vaccination in Acute Humanitarian Emergencies. Implementation guide</a>

# ***Evidence Briefs from Gavi Learning Hub: Promising and Proven Approaches for ZD by IRMMA Category***

## **Identify:**

- Using (VPD universal or sentinel) Surveillance Data to Identify Zero-Dose and Geographic Information Systems (GIS) Mapping (Promising)

## **Reach:**

- Integrated Campaigns, Leveraging women's groups, & Community groups paired with CHWs (e.g. the Care Group Approach, HEWs + Women's Development Army) (Promising)
- Incentives for users (Proven – but requires further study since sustainability issues persist)

## **Measure & Monitor:**

- Community-based monitoring (Promising) [Collaborative processes where community members and providers come together to jointly develop and implement solutions (e.g. community score cards, facility report cards).]
- Targeted surveys (district level and below e.g. LQAS, RCM) to monitor immunisation programming for ZDC (Promising)

## **Advocacy:**

- Social accountability (Promising)

**Note:** Overall, countries have sometimes implemented IRMMA *piecemeal*. “Advocate” is most misaligned with country needs (44% alignment) followed by “Mon. & Measure” (81%), “Reach” (90%), “Identify” (91%) <sup>15</sup>

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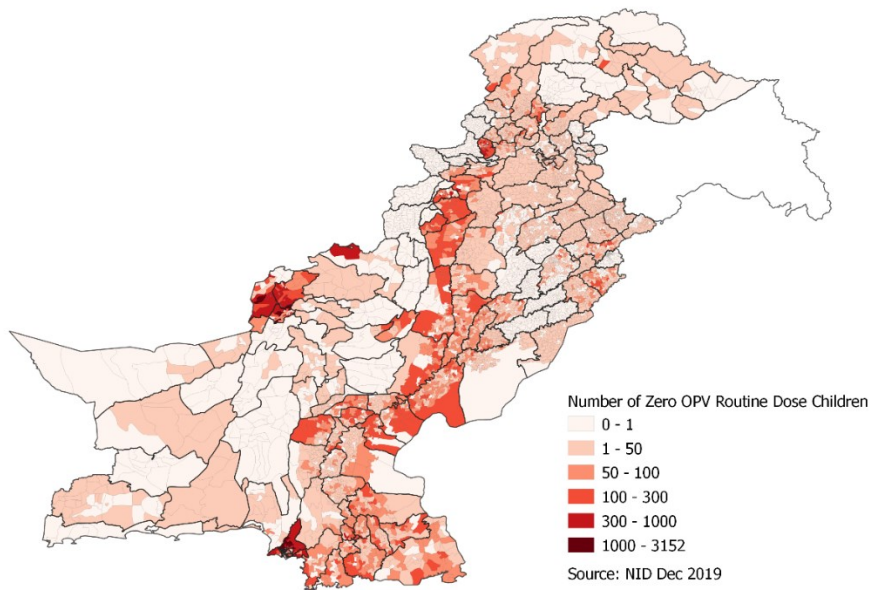


# Strategies to reach Zero Dose children and Country Best Practices

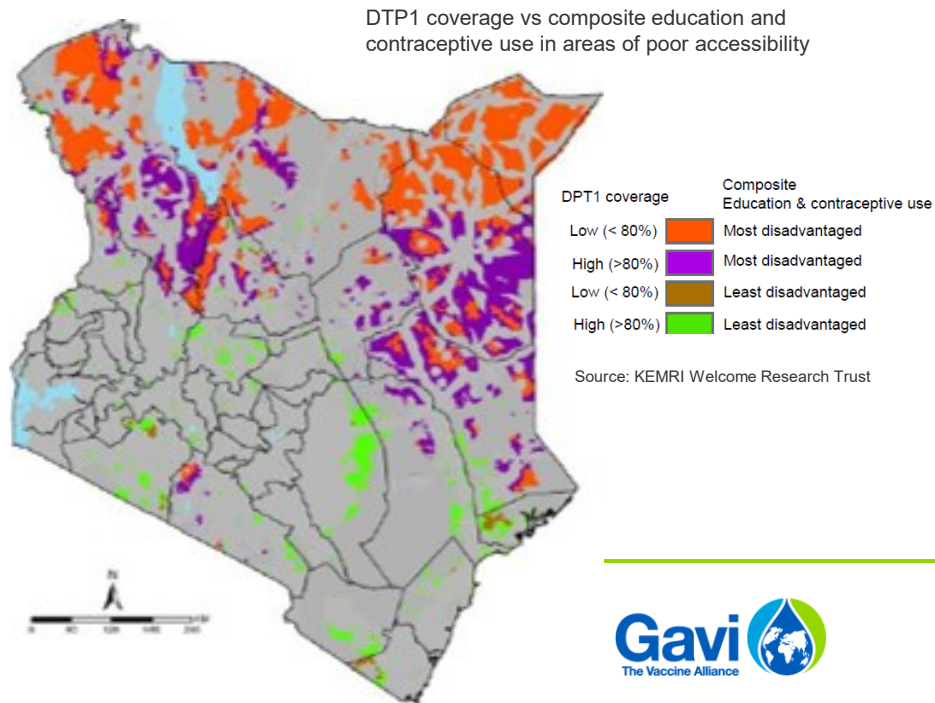


# Identification of zero dose children through data triangulation; geospatial mapping

**Pakistan:** Absolute numbers of zero dose identified through triangulation of data



**Kenya:** Geospatial mapping to find most disadvantaged populations



# In **Togo**, ‘Papa Champions’ help to change behaviour and **reach** missed children through local CSO partnership

## Context

- **20% of men considered immunisation a ‘waste of time’**
- **29% of women reported their husband’s refusal as the barrier** to immunising their child

## Papa Champions solution

- **Fathers trained and supported by local NGO network** to promote immunisation, identify missed children and refer to health centres
- Targeted at 30 localities with high **vaccine resistance and gender-related barriers** to vaccination

## Impact

- Papa Champions helped ensure **>80% of missed children** In target localities were immunised.
- Now being **scaled up further through HSS3**





# In Senegal adapting service delivery to address gender barriers

## Senegal

- Weekend and late night immunisation sessions
- Vaccination at key transport hubs
- Advocacy with key authorities, administrative, religious & community leaders.

**DTP3 coverage increased by 7% between 2018-19**

# In Mali, Community ownership and accountability can maintain health services during instability and post pandemic recovery

- Urban immunisation strategy piloted through local CSO partnership
  - In Bamako slums 300 female health leaders mobilised communities to demand immunisation services through Whatsapp groups and tracked progress. Scaled up to 17 urban slums
  - Subsequently with new FPP scaled up across the country
- Interventions helped in **increasing coverage by 7% to pre-pandemic level of 77%**



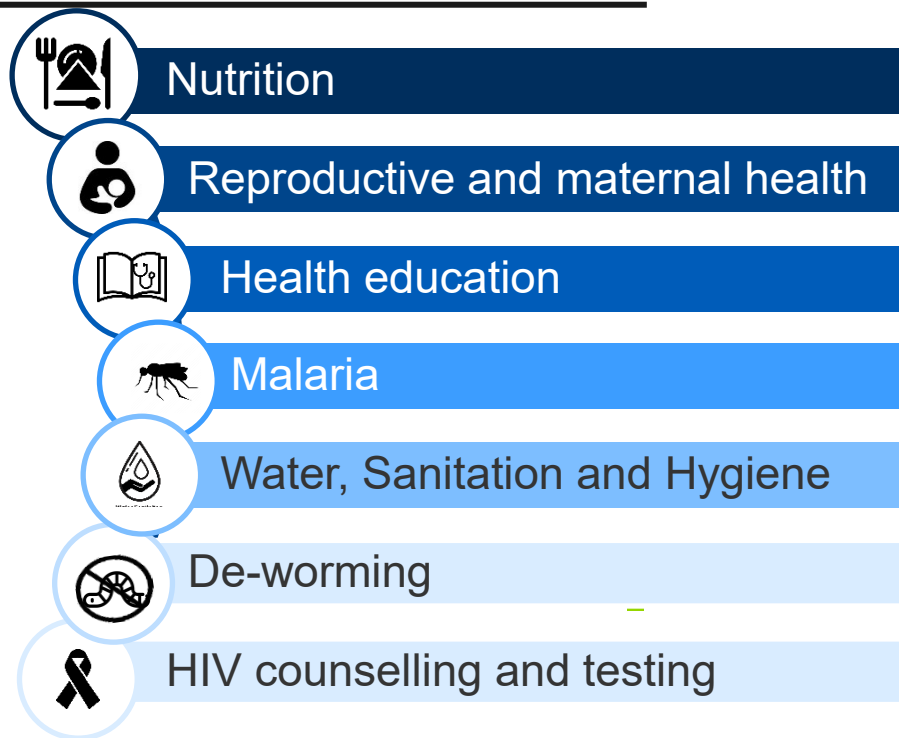
# Multisectoral collaboration and purposeful partnerships enhance **Reach** in fragile and humanitarian settings

## SOUTH SUDAN

Partnerships with donors, public/private sector initiatives, Alliance partners, humanitarian organisations, CSOs

Using PHC as an entry point for the provision of immunisation services

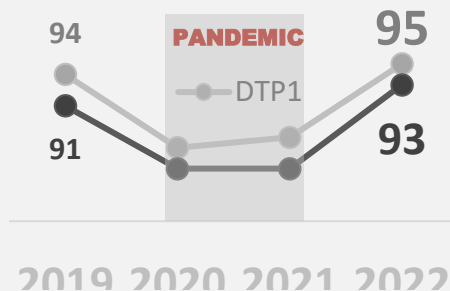
- **Nutrition therapeutic centres offered nearly 50% of penta 3 vaccinations in Gavi 5.0**



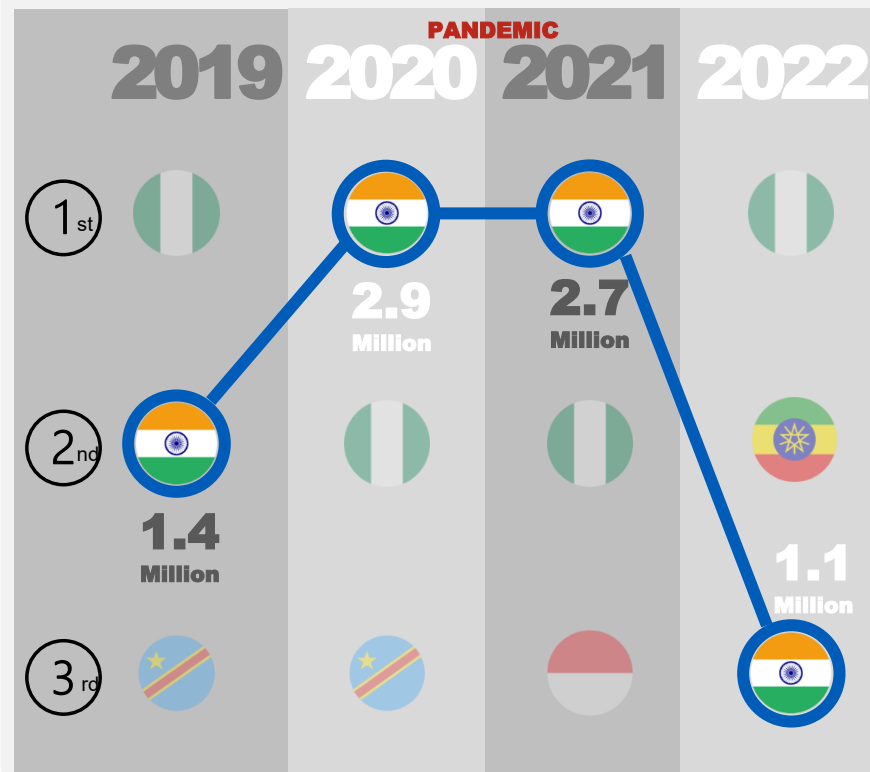


# Dramatic post-pandemic recovery in India

- A significant reduction in number of zero dose children from 2021 to 2022
- In 2022, 1st to 3rd place in global ranking for highest zero dose children
- Coverage of DTP better than pre-pandemic levels

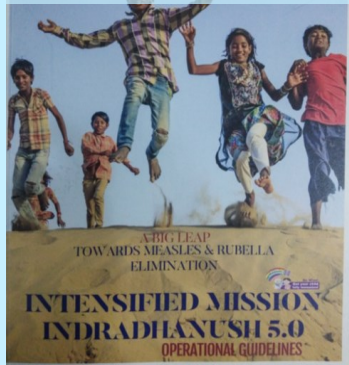


## Countries with highest number of Zero Dose Children (based on WUENIC)



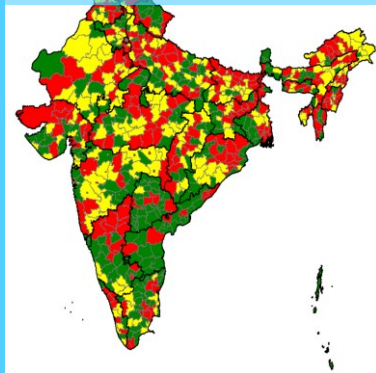
# India - Reaching Zero Dose children

## Intensification



- **Strong political will**
- Built on existing national immunization programme intensified to reach **all children up to 5 years of age**

## Prioritisation



- **Prioritisation of high-risk districts (30%) based on ZD & measles outbreak**
- **Implemented bespoke district plans through IMI**
- **Galvanised Task Forces at sub-national levels**
- **Addressed vaccine hesitancy**

## Digitalisation

- Nationwide roll out of UWIN to **digitalise Universal Immunisation Programme**
- Tracking progress using **live dashboards**, for monitoring and accountability mechanisms
- Digitalised **microplanning**
- Concurrent monitoring and **feedback from the lowest levels**

## Partnership Utilisation

- **Direct oversight and advocacy** by WHO India & SEARO
- **Direct monitoring support through WHO SMOs** for over 330,000 immunization sessions and more than 3.58 m children
- **Surge requirement support for planning and monitoring**



THANK YOU

