

OVERVIEW OF REACHING ZERO DOSE CHILDREN

ICAVT ALUMNI REFRESHER VACCINOLOGY COURSE
2024

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Outline

- 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

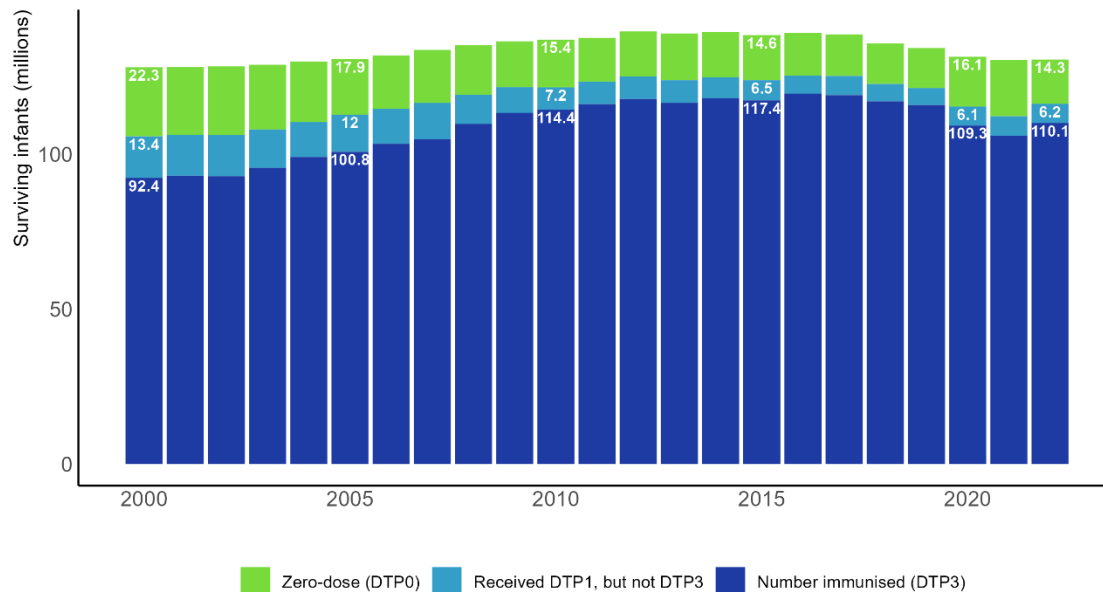
Gavi 5.0 : Leaving no-one behind with immunisation

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

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?

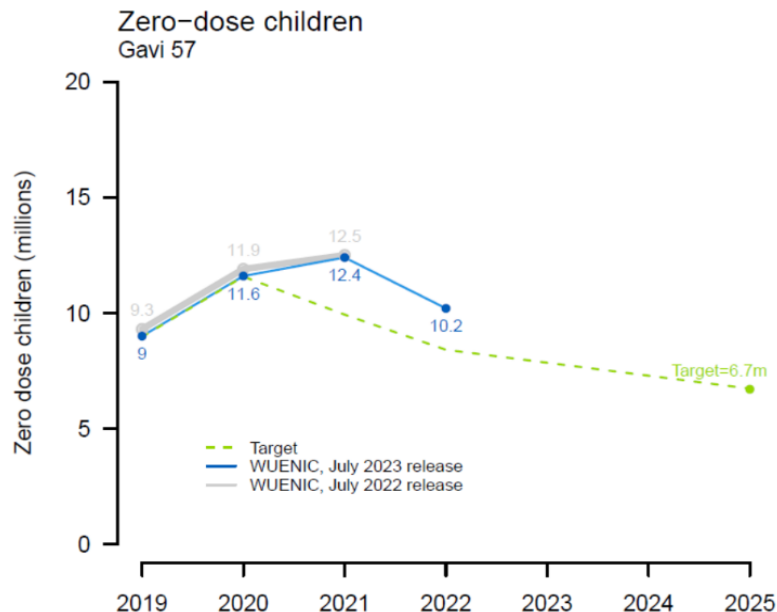
Figure 1: Progress in reaching zero-dose and under-immunised children globally



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 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

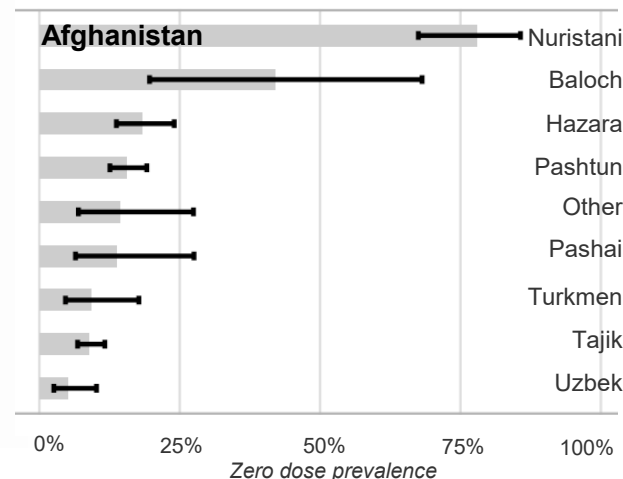
1 in 8 children in Gavi-supported countries are Zero dose, and yet they account for **nearly half of all children dying from vaccine preventable diseases.**

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.



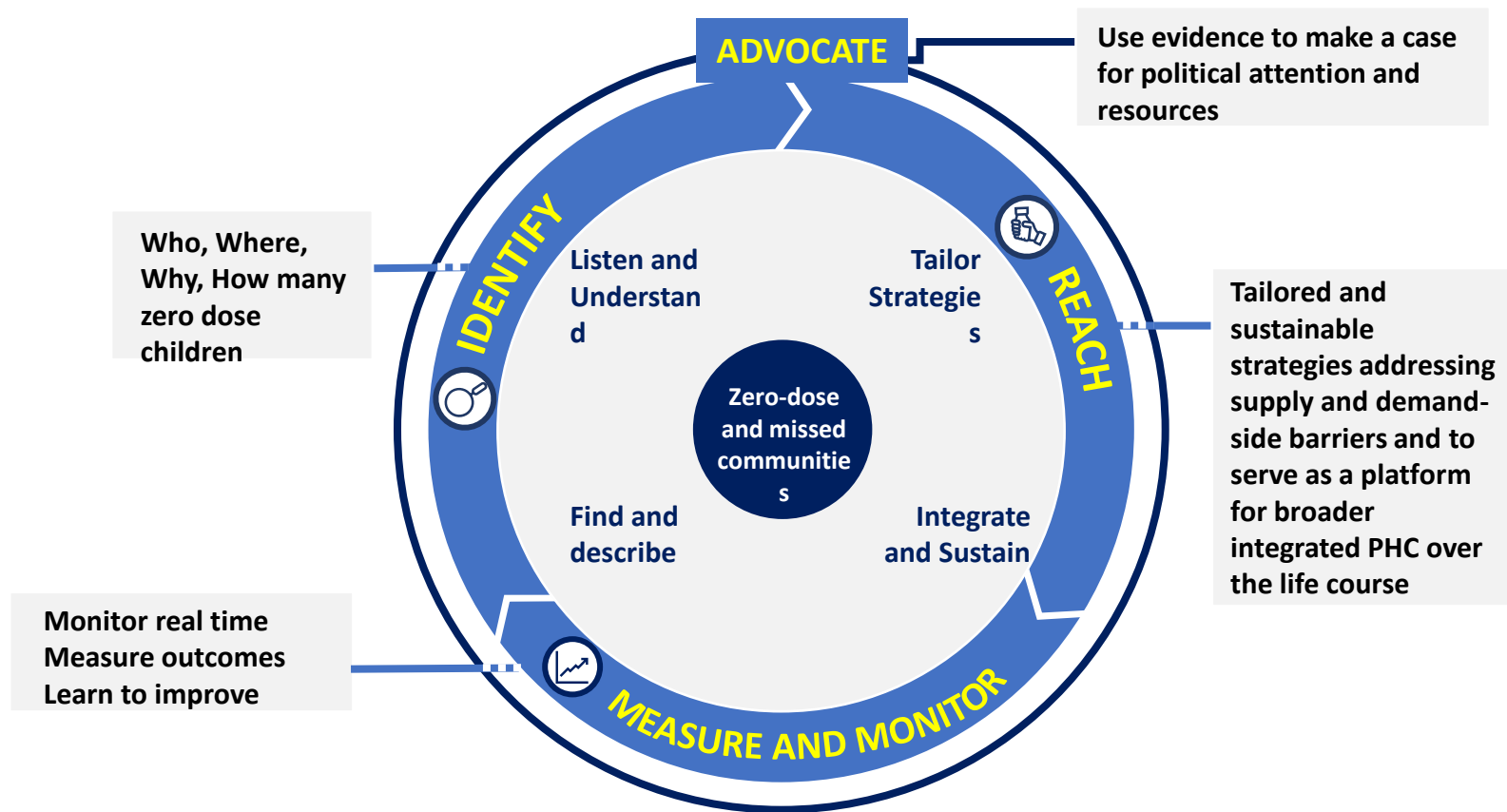
Missed communities are home to groups of zero-dose and under-vaccinated children. These communities often face multiple deprivations and vulnerabilities, including lack of services, socio-economic inequalities and gender-related barriers.



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: Browse by IRMMA



Database of Resources: 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
Missed Opportunities for Vaccination (MOV) Strategy	WHO Practical Guide for the Design, Use and Promotion of Home-Based Records in Immunization Programmes
Guidance Note – Coverage and Equity Assessments for Immunization Programs	Guide to Tailoring Immunization Programs (TIP)
Guide to Tailoring Immunization Programs (TIP)	Immunisation in Practice (IIP) (Guidance on microplanning and partnering with communities).
Immunisation in Practice (IIP) (Guidance on microplanning and partnering with communities).	Policy coherence as a driver of health equity.
Urban Immunization Toolkit	Urban Immunization Toolkit
Vaccination in Acute Humanitarian Emergencies. A framework for decision making	Vaccination in Acute Humanitarian Emergencies. Implementation guide

Evidence Briefs: 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%) ¹⁵

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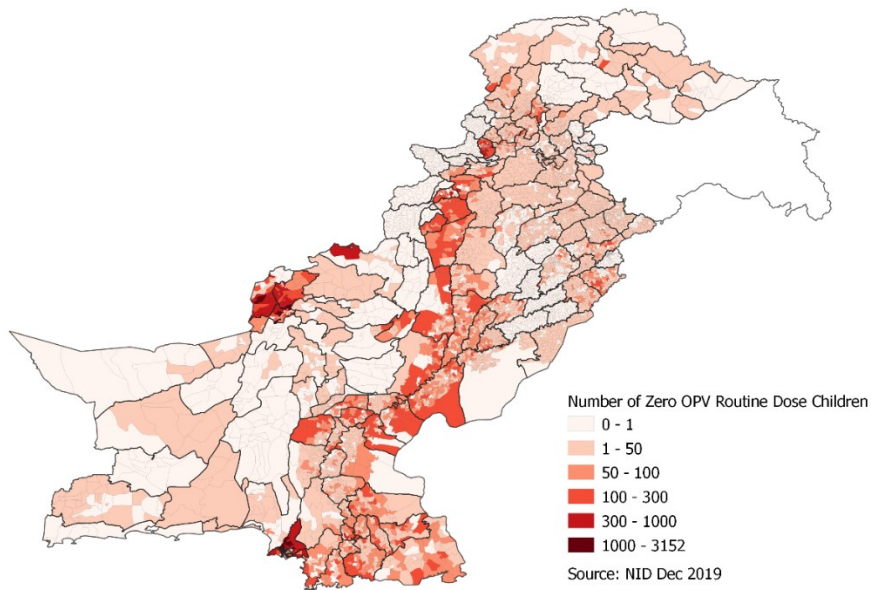
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Strategies to reach Zero Dose children and Country Best Practices

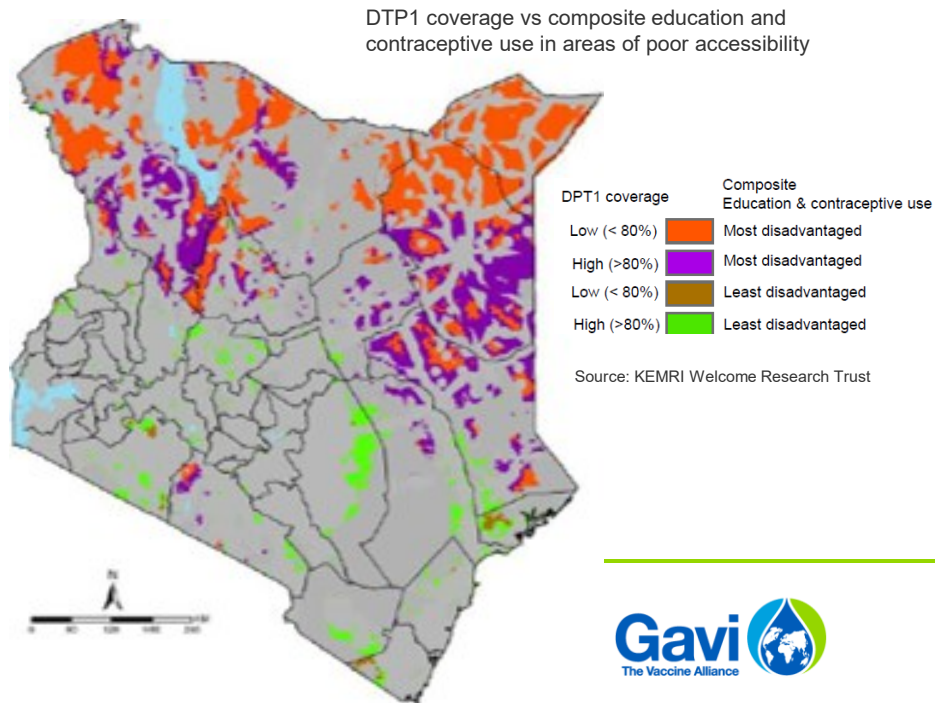


Identification of zero dose children through data triangulation; geospatial mapping

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 – 300 female leaders mobilised

- Relatively high coverage of services despite political instability and insecurity
- Primary care delivered through community health centers, governed by community members
- Community members' participation in local implementation plans led to improved progress ahead of actual funds

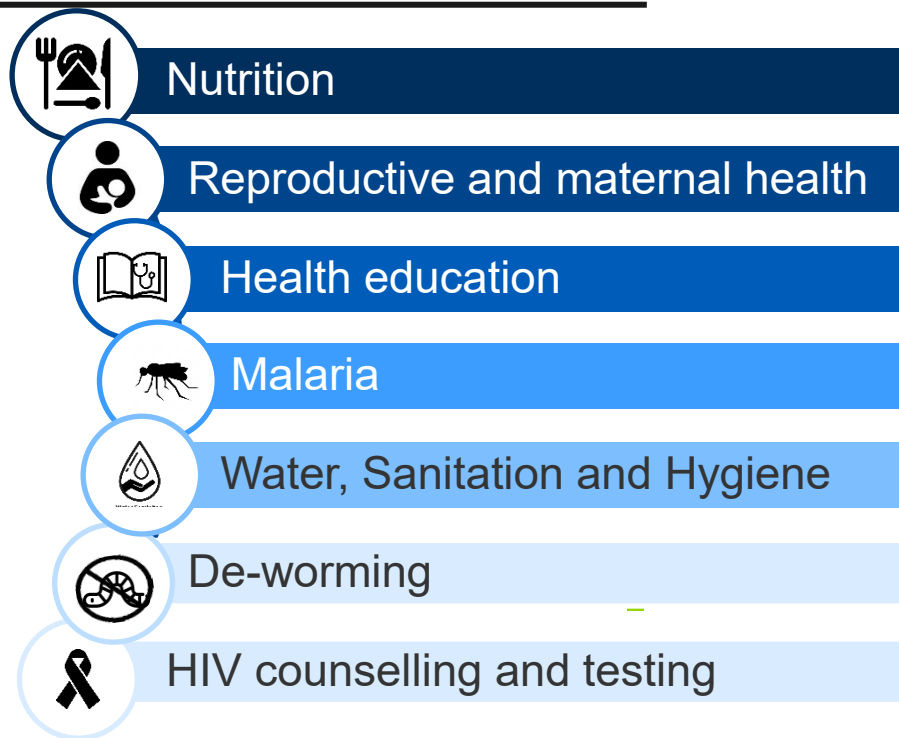


Multisectoral collaboration and purposeful partnerships enhance **Reach** in fragile and humanitarian settings

SOUTH SUDAN

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

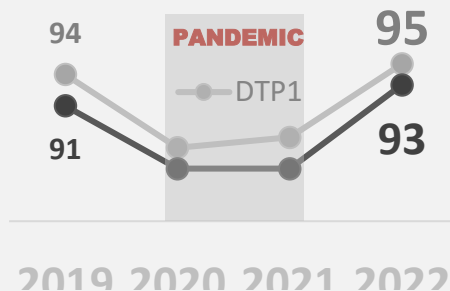
Using PHC as an entry point for the provision of immunisation services



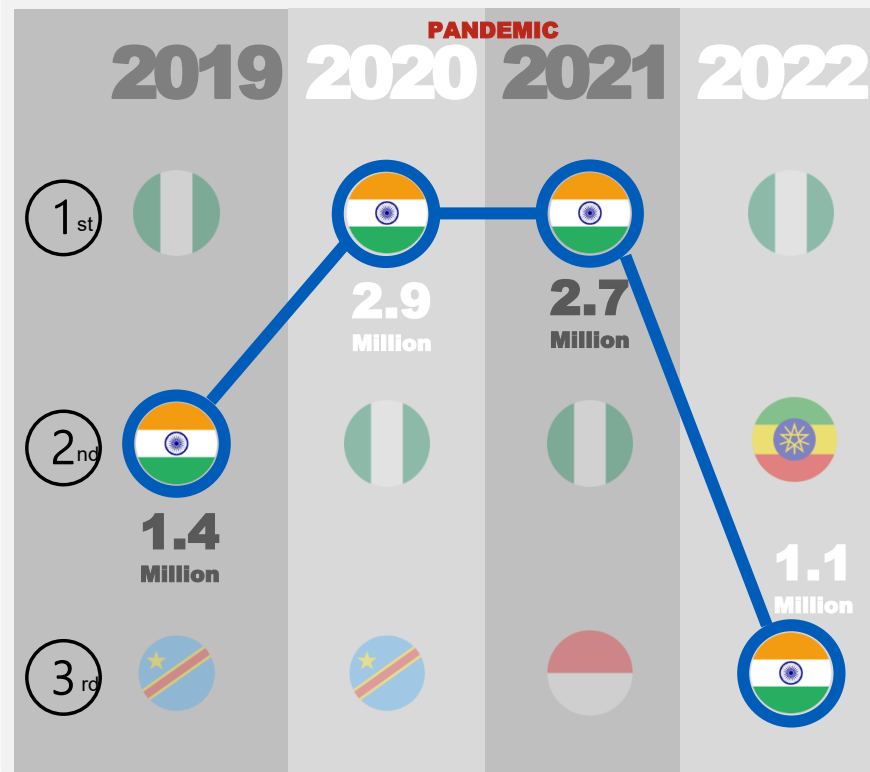
Dramatic post-pandemic recovery in India

- 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

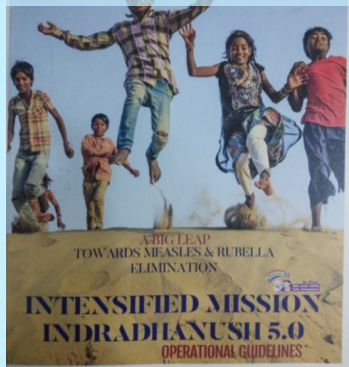


Countries with highest number of Zero Dose Children (based on WUENIC)



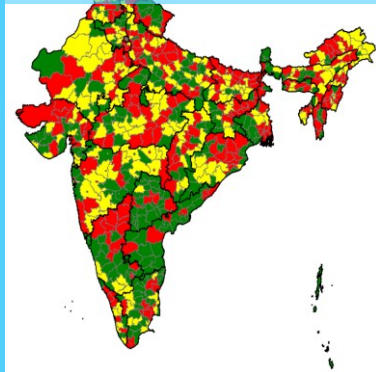
India - Reaching Zero Dose children

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

