

MOMENTUM

Routine Immunization Transformation and Equity

COVID-19 Vaccination Program in Review

May 2022–April 2024

EUROPE AND EURASIA





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MOMENTUM Routine Immunization Transformation and Equity

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Acronyms

CE	collective engagement
CME	continuing medical education
E&E	Europe and Eurasia
ESE	Association for Emancipation, Solidarity, and Equality of Women
IPH	Institute(s) of Public Health
NGO	nongovernmental organization
PAS Center	Center for Health Policies and Studies
SBC	social and behavior change
TOT	training of trainers
USAID	United States Agency for International Development

Results

Strengthening the Health System



Trained **2,096 health professionals** in Moldova, North Macedonia, and Serbia on COVID-19 vaccine-related topics.



99 percent of health professionals who participated in the project's continuing medical education (CME) training **felt confident about applying the learning to their work.**

Reaching Underserved and Priority Populations



Held **267 collective engagement (CE) workshops** with **4,102 members** of priority populations in Moldova, North Macedonia, and Serbia.



82 percent of priority population members who participated in CE workshops reported that they **believed that COVID-19 was a real health concern after CE workshops.**

Communicating in Crisis



Held **four online media dialogues** to convey evidence-based COVID-19 information to **20 media outlets from four countries.**

Background

Bosnia and Herzegovina, Moldova, North Macedonia, and Serbia are all part of the USAID Europe & Eurasia (E&E) Regional Bureau. Each country reported its first cases of COVID-19 in early March 2020 and the subsequent infection waves put tremendous pressure on the health care systems amid uncertainty regarding vaccine availability. Serbia received its first batch of COVID-19 vaccines in December 2020¹ and began vaccinating the general population in January 2021.² Bosnia and Herzegovina, Moldova, and North Macedonia experienced delays receiving vaccines for the general population due to larger delays with COVAX.^{3,4,5} This hampered vaccination efforts as the longer people had to wait for vaccines, the more time there was for misinformation to spread. As vaccines were rolled out in the four countries, vaccination rates remained low due to widespread misinformation and

disinformation, lack of additional training for healthcare workers, and non-targeted communication strategies. A large proportion of priority populations (pregnant women and people 45 years and older living with chronic disease) remained hesitant about the vaccine.⁶ Additionally, medical specialists, particularly OB/GYNs and chronic disease providers, did not receive training or information on COVID-19 vaccines so did not recommend them to their patients, who had particularly low vaccine acceptance. Across the region, as the pandemic continued, there was fatigue over COVID-19 which deprioritized vaccination among Ministries of Health, health providers, and the general public. Overall, vaccination coverage for one dose of the COVID-19 vaccine remained relatively low across the region, ranging from 29 percent to 49 percent based on most recent coverage estimates.^{7,8,9,10}

1 Sekularac, I. (2020, December 24). Serbia begins COVID-19 vaccination drive, with PM first in line. Reuters. <https://www.reuters.com/article/idUSKBN28Y170/>

2 Šidanin I, Ratković Njegovan B, Sokolović B. Students' views on vaccination against COVID-19 virus and trust in media information about the vaccine: the case of Serbia. *Vaccines*. 2021 Dec 3;9(12): 1430.

3 The Associated Press. (2021, February 17). North Macedonia begins COVID-19 vaccination. The Associated Press. <https://apnews.com/general-news-c64359652eff076bdce9387d383541cc>

4 Kyiv bureau. (2021, March 5). Moldova is first European country to receive COVID-19 vaccines under COVAX. Reuters. <https://protv.md/coronavirus/el-este-primul-medic-care-s-a-vaccinat-in-moldova-impotriva-covid-19-galerie-foto---2559232.html>

5 Sito-Sucic, D. (2021, February 12). Bosnia begins COVID-19 vaccination roll-out with Russian vaccine. Reuters. <https://www.reuters.com/article/idUSL8N2K12RI/>

6 Cvjetkovic S, Jeremic Stojkovic V, Mandic-Rajcevic S, Matovic-Miljanovic S, Jankovic J, Jovic Vranes A, Stevanovic A, Stamenkovic Z. Societal Trust Related to COVID-19 Vaccination: Evidence from Western Balkans. *Sustainability*. 2022 Oct 20;14(20):13547.

7 Our World in Data. (2022, June 23). Share of people who received at least one dose of COVID-19 Vaccine: Serbia. Our World in Data. <https://ourworldindata.org/explorers/coronavirus-data-explorer?facet=none&country=~SR-&Interval=Cumulative&Relative+to+Population=true&Color+by+test+positivity=false&Metric=People+vaccinated>

8 Our World in Data. (2022, June 23). Share of people who received at least one dose of COVID-19 Vaccine: North Macedonia. Our World in Data. <https://ourworldindata.org/explorers/coronavirus-data-explorer?facet=none&country=~MKD&Metric=People+vaccinated&Interval=Cumulative&Relative+to+Population=true&Color+by+test+positivity=false>

9 Our World in Data. (2022, June 23). Share of people who received at least one dose of COVID-19 Vaccine: Moldova. Our World in Data. <https://ourworldindata.org/explorers/coronavirus-data-explorer?region=Europe&facet=none&country=~MDA&Interval=Cumulative&Relative+to+Population=true&Color+by+test+positivity=false&Metric=People+vaccinated>

10 Our World in Data. (2022, June 23). Share of people who received at least one dose of COVID-19 Vaccine: Bosnia and Herzegovina. Our World in Data. <https://ourworldindata.org/explorers/coronavirus-data-explorer?facet=none&country=~BIH&Interval=Cumulative&Relative+to+Population=true&Color+by+test+positivity=false&Metric=People+vaccinated>

Project Overview

MOMENTUM Routine Immunization Transformation and Equity (the project) applies best practices and explores innovations to increase equitable immunization coverage in USAID-supported countries. The project is USAID's flagship technical assistance mechanism for immunization and is active in 12 countries and has supported over 18 countries. It builds countries' capacity to identify and overcome barriers to reaching zero-dose and under-immunized children and older populations with lifesaving vaccines and other integrated health services, including rebuilding immunization systems adversely affected by the pandemic. It also supports COVID-19 vaccine rollout across countries with a wide range of circumstances and needs.

In May 2022, the project received funding to contribute to increased uptake of COVID-19 vaccination in four countries. From May 2022 to April 2024, the project worked in Serbia, North Macedonia and Moldova, with limited activities in Bosnia and Herzegovina, to:

- Increase demand for vaccination among priority populations.
- Correct mis- and disinformation through social and behavior change (SBC) communication and media-focused strategies.
- Foster opportunities for learning within and across countries.

To begin its work in the region, the project applied a behavior integration approach to the design, implementation, and monitoring of its activities. This approach starts by clearly defining the desired behaviors of key populations to achieve a specific goal (e.g., pregnant women get the full course of COVID-19 vaccine). The approach then focuses on what people must do to overcome obstacles or build on motivators to achieve that behavior, and designs or adapts interventions that are linked clearly to the behavior via critical factors that affect them.¹¹ Using this approach, the project developed an intervention which aimed to encourage [pregnant women](#) and [individuals with chronic diseases](#) (aged 45 years and older) to get the vaccine, while also increasing their providers' recommendation of the COVID-19 vaccine. This two-pronged intervention helped create demand and established mechanisms that enabled greater awareness and uptake by:

- Focusing on vaccination as part of a healthy lifestyle as a longer-term strategy that could be adapted to other immunizations.
- Targeting individuals who can benefit most from vaccination.
- Building health professionals' capacity to recommend vaccines, especially COVID-19, as well as human papillomavirus, influenza, and pneumococcal.
- Strengthening learning networks.
- Collaborating with key supporting stakeholders.

¹¹ Cogswell L, Jensen L. Guidelines for Assessing the Enabling Environment Conditions for Large Scale, Effective and Sustainable Handwashing with Soap Projects. WSP, Washington, DC. 2008 Jan 1.

Technical Areas of Support

TECHNICAL AREAS



Health professional capacity building



Community engagement



Correcting mis- and disinformation through media relations



Learning networks



June 2022

Conducted formative assessments in **Moldova, North Macedonia, and Serbia** to develop behavior profiles on vaccination barriers and motivators.



October 2022

Completed a situational analysis to inform the project's SBC approach and identify contextual factors that affect uptake.



December 2022

Hosted the first of four virtual COVID-19 vaccines dialogs with journalists from the region.



November 2022

Completed surveys in **Serbia and Moldova** to measure COVID-19 vaccination-related motivators, barriers, and attitudes.



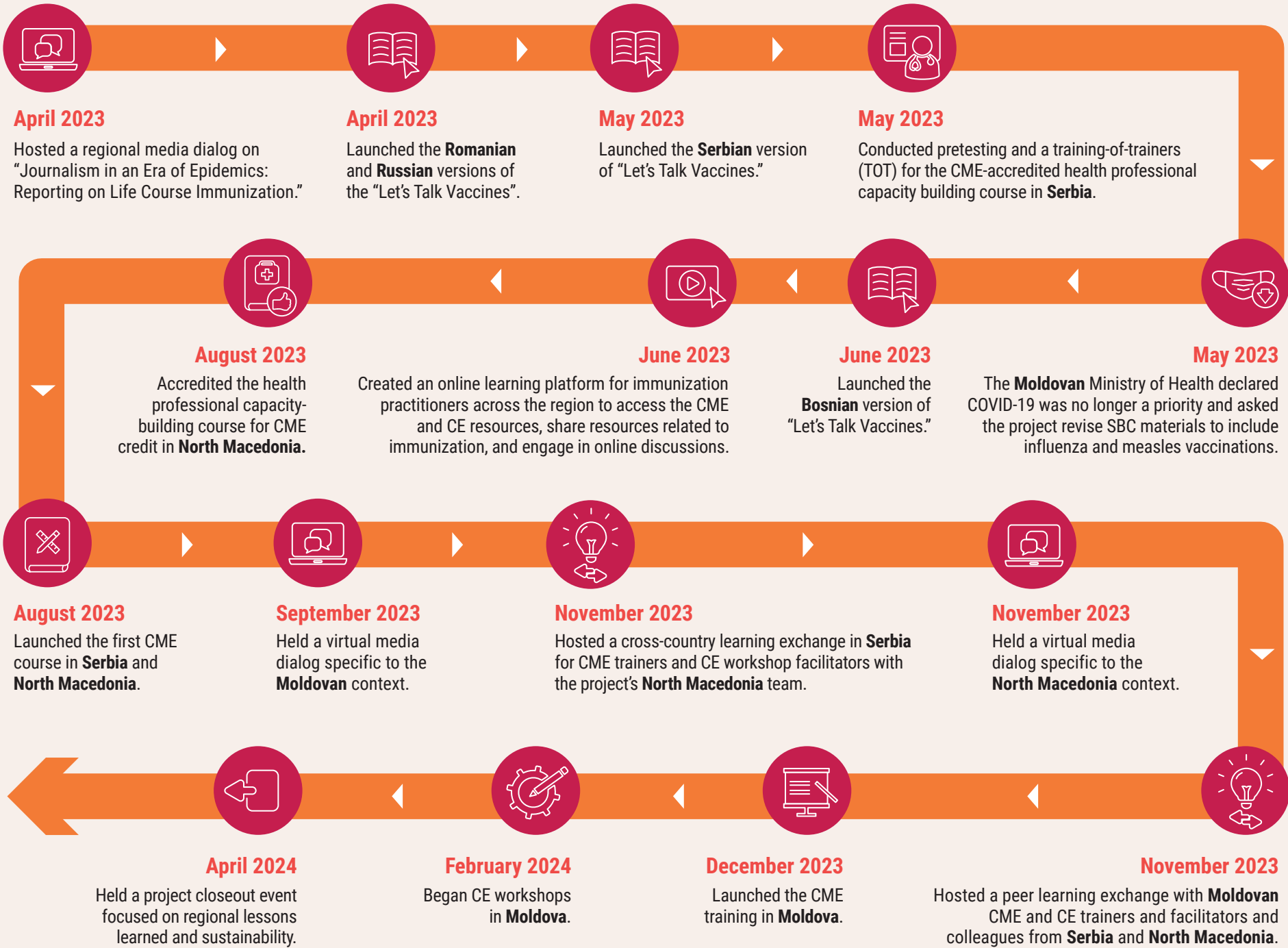
March 2023

Established a cross regional learning network for Institutes of Public Health (IPH) and national immunization technical advisory groups to discuss COVID-19 and other issues.



March 2023

Accredited the health professional capacity-building course for CME credit in **Serbia**.



Strengthening Health Systems Management

Health professional capacity building

Based on the project's preliminary research, health care providers wanted more COVID-19 vaccine information and skills to communicate with patients, particularly priority populations. Due to low levels of interest in COVID-19 vaccination as a stand-alone topic, the project worked with local health system partners to develop a CME course that involved a pre-test knowledge-based quiz; sessions on basic immunology, COVID-19 vaccination as part of a healthy lifestyle, and high-quality patient care; a post-test quiz; and a CME evaluation form. The course was accredited in Serbia and North Macedonia and translated into local languages. The project pre-tested the CME course in Moldova, North Macedonia, and Serbia with local implementing partners, health professionals, and IPH representatives. Their feedback was used to adapt course materials and content.



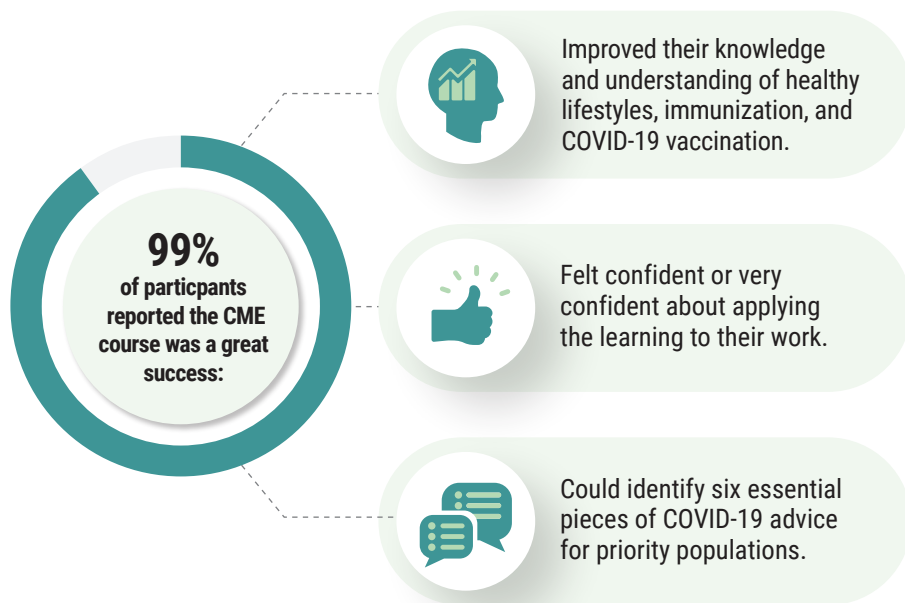
In Moldova, the project worked with the National Agency for Public Health to include **influenza vaccine guidance and a module on measles in the CME course**, as the timing coincided with influenza and measles outbreaks.

To build a sustainable training infrastructure, the project trained senior IPH personnel to conduct the CME course with health care professionals in their districts and municipalities. In Serbia, the project worked with local partner the National Alliance for Local Economic Development to organize CME TOTs. In North Macedonia and Moldova, local NGO partners Emancipation, Solidarity, and Equality of Women (ESE), and the Center for Health Policies and Studies (PAS Center) respectively, worked with project staff to conduct similar TOTs.





In total, the project held **87 CME sessions involving 2,096 health professionals**. Because the course has been accredited in Serbia and North Macedonia and is available in an eLearning format in English and Serbian, it can **continue to be offered to health professionals and to improve vaccination status and recognition as part of an overall healthy lifestyle**.



Also, in conjunction with local partners and TOT participants, the project introduced and facilitated the CME course for doctors and nurses in areas with low COVID-19 vaccination coverage. In Serbia and North Macedonia, where vaccines are available in pharmacies and administered by pharmacists, the project adapted and conducted the course for pharmacists. Pharmacists in Moldova cannot administer vaccines, so were not included in the course. Course methodology included a variety of participatory

learning methods such as case studies, role-plays, and self-assessments. As the CME courses were conducted in each country, they were adjusted based on feedback from participants and trainers. This included development of a frequently asked questions document for trainers, and a shortened version of the curriculum with optional activities based on time availability.

In this region, where didactic learning is common, participants appreciated that the course used participatory approaches and enabled discussion and exchange of experiences among health care professionals. As training progressed in North Macedonia, participants found it helpful to hear the perspectives of other health professionals. For this reason, the project included mixed cohorts of doctors, nurses, and pharmacists. In Serbia, participants preferred training as separate cohorts and in Moldova, training sessions included doctors and nurses.

Potential Patient Reach*



*The provider reach assumption is being applied for nurses, doctors, and pharmacists.

¹² Official Gazette of the Republic of Serbia. (February 2023). Rule Book. Detailed conditions for performing healthcare activities in healthcare institutions and other forms of healthcare services. https://www.paragraf.rs/propi-si/pravilnik_o_blizim_uslovima_za_obavljanje_zdravstvene_delatnosti_u_zdravstvenim_ustanovama_i_drugim_oblicima_zdravstvene_sluzbe.html

¹³ (January 2018). Report on the attitudes and opinions of citizens for quality of services in public health. https://cup.org.mk/publications/Zdravstvena-zastita_f.pdf

¹⁴ Republic of Moldova. (2018, Oct 19). Decision No. 988. https://www.legis.md/cautare/getResults?doc_id=109177&lang=ro

¹⁵ Order of Ministry of Health (2008, March 10). Nr. 100. https://www.ms.gov.md/sites/default/files/legislatie/ordin_nr_100_din_10.03.2008.pdf

Reaching Underserved and Priority Populations

Community engagement

While building capacity of health care providers to convey accurate information to patients, the project simultaneously sought to increase COVID-19 vaccine demand and uptake among priority populations through a behavior-led strategy. In Moldova, North Macedonia, and Serbia, the priority population was people with chronic disease 45 years and older; in Serbia and Moldova, pregnant women were also included. In North Macedonia, pregnant women were not included because they were approved to receive COVID-19 vaccines after the project began.¹⁶

In each country, the project worked with a local nongovernmental organization (NGO) using CE, a participatory learning approach that facilitates multiple interactions among participants and mutual exchange of ideas and knowledge. Using this approach, the NGOs held CE workshops in their respective countries (42 workshops in Moldova, 71 in North Macedonia, and 154 in Serbia), for which the project developed educational materials on eating healthy, exercising regularly, and keeping up to date with life-course vaccinations including COVID-19. The project trained the local NGO partners *Associjacija Duga* [Association Rainbow] in Serbia; ESE in North Macedonia; and PAS Center in Moldova) to use the materials. The NGOs pretested the materials with priority populations to ensure they were relatable.

During the workshops, priority populations learned about healthy lifestyle behaviors and the importance of COVID-19 vaccination through mini-posters and stickers, puzzles, role-play, and case studies. At the end of the workshops, participants made a commitment to take a step toward COVID-19 vaccination, like talking about it with a partner, making an appointment with their doctor to discuss vaccination, scheduling a COVID-19 vaccination appointment, and getting vaccinated.

Three weeks after each workshop in Moldova, North Macedonia, and Serbia, the project called all participants to ask about progress on these commitments. Among 89 percent of CE participants who responded to the first call, seven percent reported



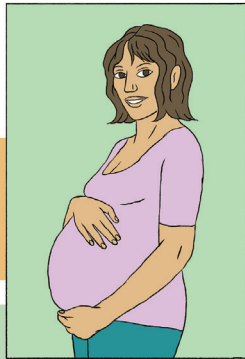
¹⁶ COMIT. (December 2022). COVID-19 vaccine policies for pregnant and lactating people worldwide. North Macedonia. <https://www.comitglobal.org/country/mk>

Poster: Flyer on practicing a healthy lifestyle

PRESERVE OUR HEALTH

Practice a healthy lifestyle

As an expectant mother, you want the very best for your unborn child. Preserving your health will preserve the health of your unborn child.



Eat healthy—Eat lots of fruits, vegetables, lean meat, and healthy fats

Quit smoking—Take slow sips of water to help clean out your system. Take deep breaths to distract and delay your cravings. Get some exercise to distract yourself. Set yourself a “quit date.”

Get healthy sleep—Sleep at the same time every day, get at least seven hours of sleep, relax before going to sleep, and limit exposure to bright lights and electronics before bedtime.

Complete regular screening—Check your blood pressure, cholesterol, and diabetes. Have the following screenings based on age, gender, and lifestyle. Women 20+: pap smear cervical cancer screening. Women 40+: mammogram.

Exercise regularly if you have been exercising, or do light exercise (walking, etc.).

Moderate intensity aerobic activity—anything that gets your heart beating faster—150 minutes per week—walk, dance, or swim. Muscle-strengthening activity—any activities that make your muscles work harder than usual—two days a week—weights and core.

Vaccinate—Get those vaccines that protect you and your unborn child at this crucial time—COVID-19, TT, and TDAP. Your doctor may recommend vaccines for hepatitis A and B, meningitis, or pneumonia.

Reduce stress—Practice relaxation techniques, visit a therapist, and set goals.



TODAY IS A GOOD DAY TO START.



After participating in a CE workshop, **45 percent of participants** reported during the first follow-up call that they had set up an appointment with their doctor to **confirm they could safely get the COVID-19 vaccine.**

that they received the COVID-19 vaccine after the CE workshop. This level of uptake was attributed to the shortage of vaccines across the region and other health system barriers. In addition to the follow-up calls, NGOs sent follow-up SMS messages to CE participants with key reminders and messages about COVID-19 vaccination and healthy lifestyle behaviors. The project’s work helped participants who remained unvaccinated reconsider vaccination, rebuild trust in the health system, and increase their interest in immunization and protecting their health.

“It makes us think once more about healthy living and take action. I really liked the way information is transmitted, the games, and the interesting, real scenarios.”

- Participant from a workshop in Moldova

As part of the project’s approach to continuous and adaptive learning, it made several adaptations to the CE workshops based on participant and facilitator feedback. In Serbia for example, participants said that vaccination is often a family decision, not an individual one, so the project organized workshops in a home setting and included families. Another adaptation was implemented in North Macedonia and Serbia, where the project included information on chronic disease prevention and treatment based on workshop facilitator suggestions. Additionally, CE workshops were often conducted in central health centers, which were hard for people in rural communities to reach. To address this challenge in Serbia, the project and Association Rainbow connected with municipal primary health centers and local governments in more rural areas to train staff to conduct CE workshops with their communities, creating a robust network for sustained project impact.

Communicating in a Crisis



Correcting mis- and disinformation through media relations

Media was critical during the COVID-19 pandemic. TV and radio stations informed people about disease spread, shutdowns, and precautionary measures. However, mis- and disinformation also spread rapidly through social and traditional media.

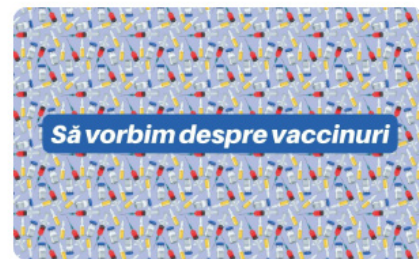
In the region, as the project's situational analysis found, widespread misinformation negatively impacted vaccine uptake. The project worked with Internews, who supported media-focused activities on the project, the Serbian Association of Journalists, the Media Center (Bosnia and Herzegovina), the Independent Journalism Centre (Moldova), and the Macedonian Institute of Media to give journalists accurate information about immunization, specifically the COVID-19 vaccine, and referrals to trusted experts who could be called on to give evidence-based information. The project provided "[Let's Talk](#)

[Vaccines](#)", an online course developed by Internews, to offer journalists knowledge and skills to report vaccine science, access, rollout, confidence, and resources to tell evidence-based stories. The project translated the course, which remains publicly available on the Internews website, into Bosnian, Romanian, Russian, and Serbian.

During World Immunization Week in 2023, the project held a regional media dialog titled "Journalism in an Era of Epidemics: Reporting on Life Course Immunization," which featured leading immunization experts, communicators, and health journalists from project countries. Recordings of the event were displayed on over 35,700 people's social media feeds; users liked, shared, or commented on the post 497 times; and 1,267 people clicked on the link to watch the content.

The project engaged local media and journalists in dialogs featuring public health professionals from each country:

- 1 "The Impact of Media Narratives on Health Behaviors" - Serbia
- 2 "Life-savers for Aging Populations: How to Report on Vaccines for Older People" - North Macedonia
- 3 "Vaccines are for Healthy Living. Reporting on the Role of Immunization in Reducing Risk of Disease" - Moldova



Să vorbim despre vaccinuri (Romanian)

Un curs gratuit pentru a ajuta jurnaliștii să aprecieze că povestea cu vaccinul are multe fațete care pot fi transformate în povești umane convingătoare.

Let's Talk Vaccines (Romanian)

A free course to help journalists appreciate that the vaccine story has many facets that can be turned into compelling human stories.

The dialogs helped the media identify key public health figures to provide evidence-based information for stories about immunization. They were also a way for journalists to share accurate information with each other and ask questions. The dialogs were posted on social media channels after they aired, and over the course of the project were displayed on 192,535 people's social media feeds and users liked, shared, or commented on posts 438 times. Since all project materials framed COVID-19 vaccination within a broader healthy lifestyles approach, journalists can continue using these tools and resources to report accurate vaccination information.

Strengthening Systems through Regional Learning






Learning networks

Working in a regional setting facilitated learning and sharing best practices among countries. During conversations with key immunization stakeholders, the project recognized the need to create fora for IPH, national immunization technical advisory groups, regional health professionals, and project implementers to discuss technical issues and exchange information related to COVID-19 vaccination. To respond to this need, the project established a regional learning network, in-country learning exchanges, and peer learning networks (Figure 1).

The project launched a cross regional learning network in March 2023. The network held learning exchanges focused on topics such as integration of COVID-19 into routine immunization and broader primary health care, and using behavior-led strategies to increase vaccine confidence. After each regional learning exchange, the project surveyed participants on what they wanted to learn more about and which aspects were helpful and/or should be changed. From the surveys, the project learned that participants were interested in program/policy implementation experiences and the effectiveness of various vaccination-related strategies. They wanted to share evidence from policies and programs and build communication skills with patients. Participants preferred participating in cross-country technical working groups that were issue-focused, a useful learning for developing future learning networks.

The project created an eLearning platform (based on Moodle) for immunization practitioners across the region to access CME and CE resources, receive updates, share resources and technical programming related to immunization, and engage in online discussions. The project translated the Moodle site into Macedonian, Romanian, Russian, and Serbian.

Figure 1: Learning networks

 Platform	 Participants	 Objectives
A Cross-Regional Learning Network		
Zoom.	IPH, academics, public health professionals from Bosnia and Herzegovina, Moldova, North Macedonia, and Serbia.	Discuss immunization topics of interest among regional stakeholders; and share best practices and lessons in designing, implementing, and monitoring vaccination programs, including learnings from CME and CE activities.
Peer-to-Peer Learning Networks		
In-person, online learning platform, and Viber (a text messaging platform).	CME and CE facilitators, and CME course participants.	Share experiences with the CME course and CE activities.
In-Country Learning Exchange		
In-person events and Moodle site.	IPH, health professionals, academics, and journalists.	Discuss immunization topics of interest among country stakeholders, including learning from CME and CE activities.

The project also held country-specific adaptive learning workshops on how CME and CE activities could better meet participant and community needs. These workshops offered CME trainers and CE facilitators the chance to provide feedback based on their experience and brainstorm adaptations to strengthen activities. During these meetings, the project also reviewed qualitative feedback gathered through interviews with CME and CE participants and quantitative programmatic data to reflect on what worked, what did not, and why. Based on some of this feedback, the project adapted the CME course in Serbia to be more interactive; adjusted in-course tests to be done in pairs; and adapted the content for health cadres like pharmacists and nurses.

In late 2023 and early 2024, all project countries convened to discuss additional adaptations to CME and CE activities. These included making content more interactive; reducing the number of SMS messages participants receive; recommending required versus optional CME modules; developing a frequently asked questions document for CME trainers; and posting immunization and healthy lifestyle resources on Moodle regularly. The project implemented each of these adaptations in early 2024. Throughout all learning engagements and exchanges, participants noted how the project's behavior integration approach could be adapted to other public health issues. This, in addition to framing COVID-19 vaccination as part of a broader healthy lifestyle approach, contributes to the potential for long-lasting impact.



Lessons Learned



Tailoring approaches promotes desired behaviors among different groups.

A pivotal project lesson was the importance of customizing engagement approaches to reflect comprehensive behavior integration findings. Recognizing the particular concerns and informational requirements of priority populations was indispensable for drafting effective messages and behavior change interventions.



Engaging stakeholders early and consistently makes materials relevant.

The project included government stakeholders, community-based NGOs, health professionals, and priority populations in developing, designing, and pretesting materials and activities. Stakeholders were also included in adaptive learning discussions throughout the project to continually improve activities. This early and sustained engagement ensured that materials and activities were relevant to and included the people the project wanted to reach.



Collecting feedback and adapting interventions contributes to learning and the effectiveness of the intervention.

Priority populations who participated in CE workshops were able to continually provide feedback on how to adjust communication strategies and materials and modify events to fit each context. The project made adaptations based on recommendations from people participating in each activity. This strengthened and deepened people's investment in activities and increased the efficacy of the project's outreach efforts.



A multi-modal approach to peer learning allowed different stakeholders to engage and connect within and across countries.

The regional nature of the project allowed countries to share COVID-19-related approaches and best practices. The multiple in-person and virtual learning modalities that the project employed facilitated a mix of learning among colleagues and strengthened immunization and behavioral integration capacities.



Framing COVID-19 as part of a healthy lifestyle contributes to sustainable programming.

By using a behavior integration approach and framing COVID-19 as part of a healthy lifestyle; developing an accredited CME course; promoting patient-centered care; and using existing health providers as trainers - the project's work in the region can continue. While this approach was originally used in an effort to build interest in COVID-19 vaccination, other projects and NGOs can use it to promote sustainability and appeal to a broader demographic.

A Way Forward

When the project began its work in the region, there was widespread misinformation about COVID-19. Widespread fatigue in COVID-19 vaccination would soon follow. The project's work to reframe COVID-19 as part of a healthy lifestyle through educating and engaging journalists, health worker training, and direct community engagement increased trust, understanding, and knowledge about health among all involved. Providers now have more tools to help them talk to patients about specific vaccination concerns - not just for COVID-19 - and journalists are better equipped to report accurate health information and interact with medical providers. The project used the healthy lifestyle approach to update information about COVID-19 and other vaccinations, and engaged specialists as a key group to reach priority populations.

The CME and CE materials are easily adaptable to other diseases and vaccines, and health workers in the region are already adapting content for other vaccines such as, influenza, human papillomavirus, respiratory syncytial virus, and pneumococcal. As part of its sustainability efforts, the project mapped civil society and community-based organizations working in health and with the project's priority population in each country. The project invited these organizations to a CE workshop in March 2024, and has supported them to engage stakeholders (e.g., IPH and ministries of health) so that they can continue to utilize the project's approaches to increase vaccination acceptance and uptake. The use of the behavioral integration approach to develop programming has and will hopefully continue to improve health services and vaccination rates in the region.





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