



USAID IMMUNIZATION PARTNERS' MEETING

Immunization Horizons: Learn, Collaborate, Innovate, Strategize

March 18–19, 2024



MOMENTUM works alongside governments, local and international private and civil society organizations, and other stakeholders to accelerate improvements in maternal, newborn, and child health services. Building on existing evidence and experience implementing global health programs and interventions, we help foster new ideas, partnerships, and approaches and strengthen the resiliency of health systems.

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ABBREVIATIONS

CHW	community health worker
CSO	civil society organization
DRC	Democratic Republic of Congo
EPI	Expanded/Essential Program on Immunization
HCD	human-centered design
HPV	human papillomavirus
NGO	nongovernmental organization
PHC	primary health care
RI	routine immunization
VPD	vaccine-preventable disease
USAID	United States Agency for International Development

FOREWORD

We at [the United States Agency for International Development \(USAID\)](#) are deepening our technical exchange, internally and with key global immunization partners, on ongoing and emerging challenges, and exploring solutions and shifts to transform immunization coverage, equity, and quality in the context of integrated primary health care (PHC). The COVID-19 pandemic hampered progress in Sustainable Development and Immunization Agenda 2030 Goal achievement. In pursuit of these, we hosted the first-ever USAID immunization partner’s meeting in March 2024 with the theme of **Immunization Horizons: learn, collaborate, innovate, strategize**. The meeting convened Missions from 26 countries, implementing and technical partners, civil societies, funders, multilateral institutions, and global experts at a time of increased complexities including financial constraints, climate change, and multiple disease outbreaks.



Dr. Folake Olayinka
Immunization Technical Lead
USAID

Participants shared best practices and lessons learned from immunization programming successes, innovations, and challenges, aligning ourselves on future activities, improving our knowledge base and skills across critical immunization issues, and deepening our technical exchange on ongoing and emerging challenges in the immunization field. Participants also shared innovations, learning, and ideas, captured in [USAID Immunization Partners’ Meeting: Implementing Partners’ Marketplace: Abstracts](#).

Vaccines and vaccinations have always been an important part of USAID’s work to save lives and protect people most vulnerable to disease. For more than 60 years, we have invested in technology and science to develop new vaccines, strengthened supply chain systems to deliver vaccines to where they are needed most, and built confidence in vaccination and delivery systems that helped provide safe immunization for people all over the world.

USAID has provided long-standing technical assistance for immunization programs and systems strengthening, working closely with country, global, and implementing partners. USAID provides multilateral and bilateral technical assistance as part of the [Preventing Child and Maternal Deaths: A Framework for Action in a Changing World](#) in essential immunization systems strengthening to ensure timely and complete vaccinations through policy, planning, data use and health information systems, digital tools, supply chain, vaccine demand and trust generation, service delivery, introducing and scaling new vaccines, and learning. USAID has partnered with Gavi, the Vaccine Alliance since 2001 to reach children including zero-dose and under-immunized in low- and middle-income countries equitably, contributing to the vaccination of over one billion children.

USAID’s immunization support also spans decades of support for polio eradication. We have helped build surveillance systems that are critical for vaccine-preventable disease detection and pandemic preparedness and response. Data from surveillance systems measure the effectiveness of immunization efforts and inform countries about gaps and outbreak risks. USAID is also a strong supporter of high-quality polio immunization campaigns, effective communication about vaccine safety, and community and civil society engagement.

USAID, as part of the global COVID-19 response providing technical assistance and support to 117 countries, had a leadership role in the largest vaccination effort in history. The pandemic created several opportunities to build more resilient immunization systems within the context of PHC that are now better prepared to respond to future pandemics. Several lessons from the COVID-19 pandemic and response efforts can be leveraged to build immunization program resiliency. The pandemic revealed that gains are fragile and highlighted the importance of resilient immunization programs and health systems in every region, including high-income countries. Political will

and leadership are key to rapid response and results. We know that the world’s immunization challenges are vast and complex, but they are also inherently local. The same is true of the many opportunities to overcome them. Experience has shown that local leadership over where, how, and why we collaborate is the route to greater equity, effectiveness, and sustainability. Our work on immunization will greatly benefit from co-creation and local problem solving. USAID is undertaking a set of internal reforms, actions, and behavior changes to ensure we put local actors in the lead, strengthen local systems, and respond to communities. Informed by over 10 years of experience, we are undertaking four lines of effort:

1. Adapting our policies and programs to foster [locally led development](#).
2. Shifting power to local actors with an [inclusive development](#) lens.
3. Channeling a larger portion of funding directly to local partners.
4. Serving as a global advocate and thought leader, using our convening power, partnerships, voice, and other tools to catalyze a broader shift toward locally led development.

There is much to celebrate with the [Expanded Program on Immunization \(EPI\) @50](#) and the estimated 154 million lives saved, with new vaccines against more than 20 diseases across the life course now, compared to six in 1974. The success of the past is significant, mainly due to targeted and minimally complex programs, strong political and social will, and champions. There are many challenges ahead, such as introducing an increasing number of vaccines, loss of social will, fiscal constraints, and increasing complexity of the EPI program—including operating in conflict and fragile settings—bringing the need for updated service delivery models that are “fit for purpose.” As a community of practice, we need to promote innovation, problem solving, and greater partner alignment and coordination, and incorporate global health security in planning. We need to promote demand continuously, and build trust in vaccines and health systems in new ways including by using behavioral insights. We need systems that can produce timely data. We need to use digital tools and artificial intelligence routinely to improve efficiency and decision making. Reaching zero-dose children is a top equity priority, but we must ensure they also benefit from complete and timely vaccinations. Embedding immunization more firmly within PHC; expanding approaches for domestic financing; building resilient and shock-responsive programs; and ensuring program flexibility, adaptation, and innovation for different contexts are critical for the future. We need to explore roles for community health workers in vaccination and build capacity to manage the human resource pipeline, quality, distribution, and retention. Our future will require partnerships with the private sector and non-traditional partners, strengthening investments in immunization, working with young people in new ways, removing gender barriers and integrating gender equity in our work at all levels, and proactively reducing and responding to climate change.

Immunization program success requires us to learn from what worked and what has not and innovate and redesign to ensure fit-for-purpose programs. It will certainly require new and stronger partnerships with countries; communities; development, humanitarian, and finance partners; academia; civil society; and many others. Collectively, we can and must learn, collaborate, innovate, and strategize for global good in a changing world.

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The contents of this report represent the views and opinions of the authors and do not necessarily reflect the views and opinions of the U.S. Agency for International Development (USAID) or the United States Government.



127+

in-person attendees

including staff from

26

USAID Missions

9

Implementing partners

16

Global immunization partners



43

presenters in plenary sessions and breakout groups



20

abstracts at the Innovation and Learning Marketplace

INTRODUCTION

In alignment with the [Immunization Agenda 2030](#), reducing numbers of zero-dose children, reaching and sustaining high immunization uptake, and routine immunization (RI) catch-up and recovery efforts at global, regional, and country levels, USAID remains committed to advancing equitable immunization to save lives and protect children and communities from outbreaks of vaccine-preventable diseases (VPDs) through a variety of approaches and projects. In March 2024, USAID held a meeting with support from a technical working group composed of USAID and multiple implementing partners that developed the agenda and plan. USAID's MOMENTUM Country and Global Leadership project provided additional logistical support. This first-of-its-kind meeting convened USAID Missions, implementing partners, and external stakeholders in Washington, D.C., to harness the power of collective thinking in overcoming vaccination barriers at a critical moment for the global immunization community.

The aim of the implementing partners' meeting was to discuss how we can recover from declines in immunization as a result of COVID-19; collaboratively build for the future; and contribute to global, regional, and country goals for improving immunization coverage, equity, and quality in the context of integrated PHC by:

- **Sharing best practices and lessons learned** from immunization programming successes, innovations, and challenges, and aligning ourselves on future activities.
- **Improving immunization partners' knowledge base and skills** across critical issues, and understanding USAID's contributions to immunization.
- **Deepening technical exchange** on ongoing and emerging challenges in immunization, and solutions and shifts needed to enhance immunization coverage, equity, and quality in the context of integrated primary health care (PHC).
- **Strengthening collaboration and fostering new partnerships** among immunization stakeholders.

Nearly 130 people convened in person (Figure 1), including colleagues from the World Health Organization, UNICEF, United States Centers for Disease Control and Prevention, Gavi, the Vaccine Alliance, the Gates Foundation, World Bank, Center for Strategic and International Studies, Pan American Health Organization, Clinton Health Access Initiative, International Rescue Committee, Communication Initiative, Johns Hopkins Bloomberg School of Public Health, Sabin Institute, JSI, VillageReach, Kid Risk, Inc., and USAID Missions (Figure 2). USAID projects in attendance included MOMENTUM Country and Global Leadership; MOMENTUM Routine Immunization Transformation and Equity; MOMENTUM Integrated Health Resilience; MOMENTUM Knowledge Accelerator; MOMENTUM Private Healthcare Delivery; CORE Group; Health System Strengthening Accelerator; Breakthrough Action; and Fighting COVID-19 under Reaching Impact, Saturation and Epidemic Control. Over 80 attendees from around the world joined the plenary sessions virtually. See Annex A for the full agenda and list of speakers. See Annex B for a detailed summary of the responses from a group mural activity on immunization questions, challenges, and best practices.

FIGURE 1. IMMUNIZATION PARTNERS' MEETING ATTENDEE BREAKDOWN

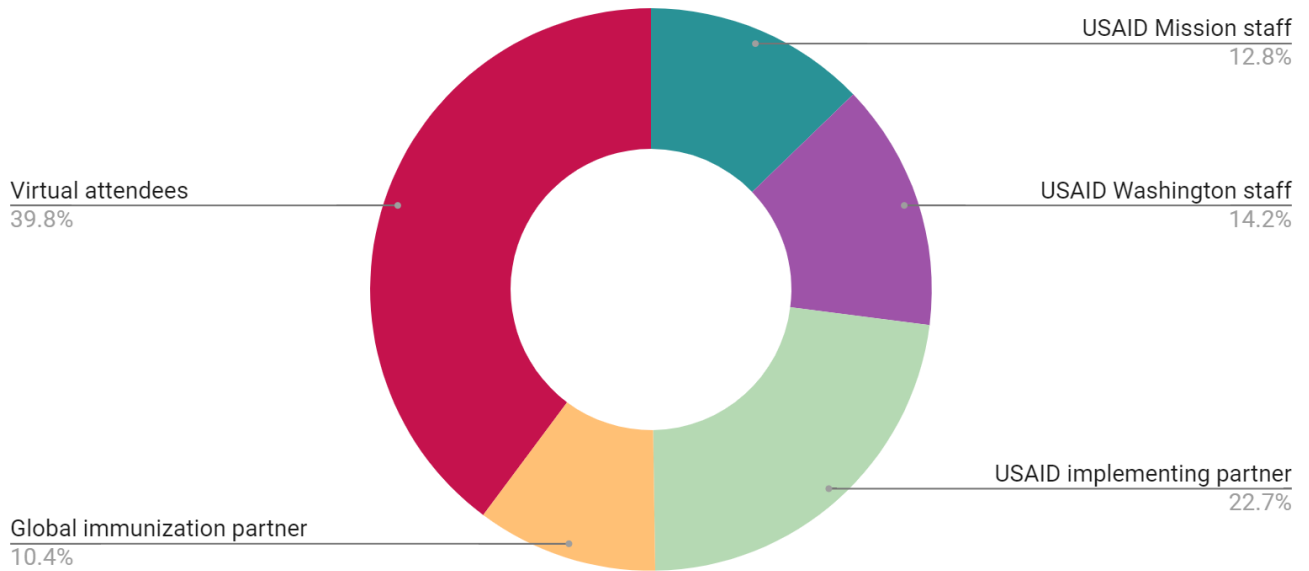
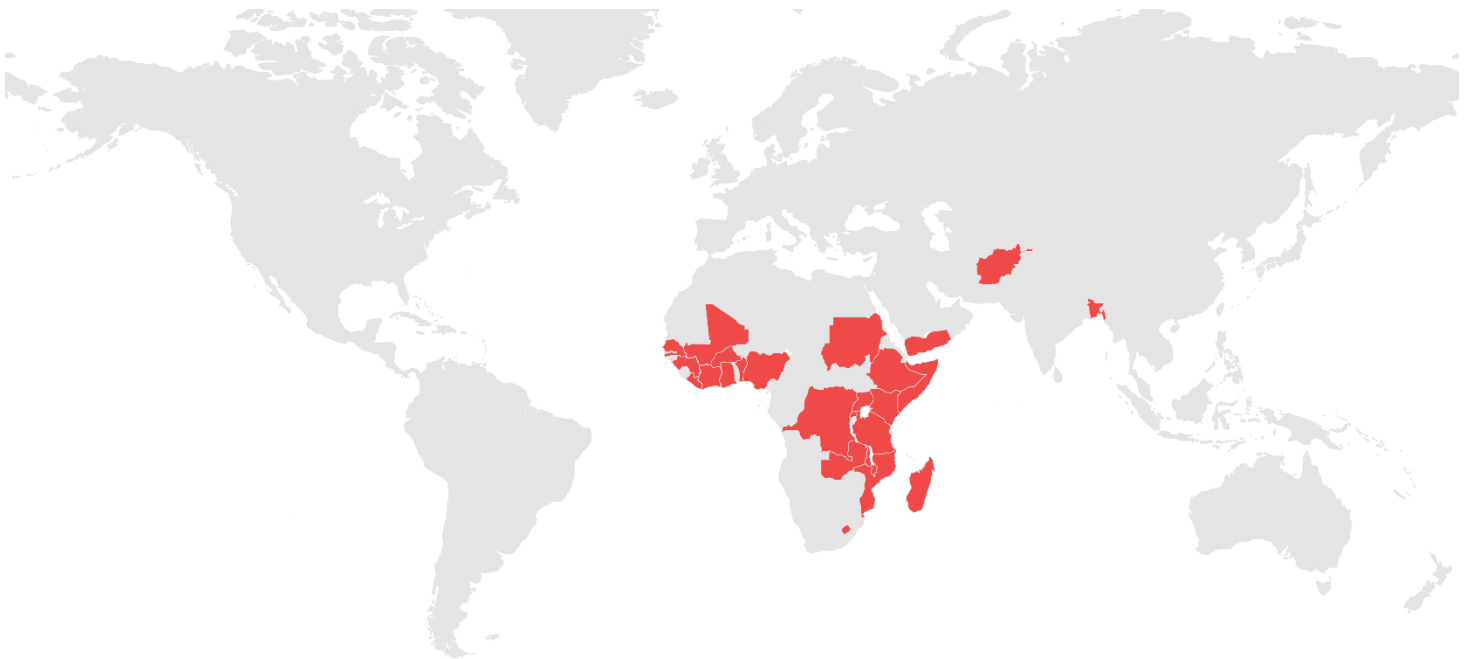


FIGURE 2. USAID MISSIONS IN ATTENDANCE





PLENARY: CATCH UP AND RECOVERY TO BUILD SYSTEMS FOR A NEW ERA THAT CONSISTENTLY REACH ZERO-DOSE AND UNDERIMMUNIZED CHILDREN

In the opening plenary session, speakers considered the urgent issues of catch-up and recovery to respond to the largest backsliding of immunization coverage in 30 years as a result of the COVID-19 pandemic. We learned about Bangladesh's multi-sectoral, multi-pronged approach, with policy changes to allow vaccination up to age three and accompanying operational guidelines; use of opportunities such as World Immunization Week to identify unvaccinated children; and increased community engagement and work to dispel rumors. All of this was led by the government, which had a strong commitment to reducing zero-dose and under-immunized children.

In Liberia, challenges to improving immunization backsliding were co-financing commitment for vaccines; reduced demand for immunization services (due to lack of trust); and supply chain stockouts. Political will at high levels, reprogramming funding to meet needs, and improvements to the health workforce and community health program (e.g., training program for female vaccinators and task shifting for community health worker [CHWs] to identify unvaccinated and incompletely vaccinated children and mobilize communities to vaccinate them) facilitated progress.

The political context in Madagascar has been challenging for the immunization program and affected the general public's motivation to vaccinate. As a result, the country has seen high numbers of zero-dose and under-immunized children in both urban and remote hard-to-reach areas. Strong advocacy conducted through multiple partners for high-level government attention helped make immunization a priority, with initial success evidenced by renewed commitment from the first lady to support immunization.

Mozambique too had large increases in zero-dose and under-immunized children, and vaccine supply was a major cause of this. By triangulating global and local data sources to quantify the problem, revising forecasting estimates and practices to reduce stockouts, and developing a recovery plan to coordinate and mobilize resources and partners, the country has garnered strong commitment and funding to begin implementing catch-up and recovery activities.

In Zambia, health workers used Photovoice to document immunization barriers. The findings (e.g., long distances to facilities, competing priorities for caregivers, distrust of the health system) emphasized that immunization programs must do more to overcome these long-standing barriers.

KEY THEMES:

- Political will and government commitment at the highest levels are critical to success. Joint advocacy can be effective as can national and local champions. Effective partnerships with development partners, civil society organizations (CSOs), and local non-health stakeholders are also a critical catalyzer.
- Health workers are vital to success, and tailored approaches are required to support them as they work to overcome immunization barriers. Health workforce solutions should include exploring the roles of CHWs and private sector providers in identifying and vaccinating zero-dose and under-immunized children.
- Data are critical for developing catch-up and recovery plans and documenting success. Data triangulation informs supply decisions, improves routine data quality, and helps public and private sector providers vaccinate people in hard-to-reach and urban areas.

DEEP DIVE CASE STUDIES: REACHING ZERO-DOSE CHILDREN IN COMPLEX SETTINGS

This session delved into the challenges that complex settings present for immunization. Fragile, conflict-affected, and other highly vulnerable settings are prone to multiple concurrent and recurrent shocks and stresses (e.g., intercommunal conflicts, health worker strikes, natural disasters, VPD outbreaks) that affect the health system, and there are challenges to reaching children in internally displaced and cross-border communities, from working with the government to coordinating with humanitarian and other sector actors.

We learned there are high levels of zero-dose children in mobile (nomadic) and cross-border communities. Using community volunteers to identify and track these children and a One Health approach to provide animal and human health services jointly for pastoralists, and implementing context-specific and integrated programming are ways to reach these populations.

In Burkina Faso, 20 percent of health facilities are either closed or operating at minimal levels. To reach zero-dose children and internally displaced people, task shifting for immunization occurred in which CHWs got 12 days of practical and 30 days of on-the-job training and ongoing supervision afterward. These CHWs supported communication and social mobilization, vaccination, integrated services such as malnutrition screening, and supply and data form drop off and pickup. Challenges included regular supervision and sustainability (e.g., of incentives).

In Mali, 43 percent of 0–11-month-old children live in conflict areas (as of 2022). Recognizing that a functional cold chain and adequate supply of vaccines are critical enablers to reaching zero-dose children, MOMENTUM Integrated Health Resilience purchased and rehabilitated cold chain equipment and supported vaccine and supply transport to areas of need. Key strategies included strong coordination among supply chain/logistics partners, continual reassessment of the security situation to refine contingency plans, and availing every time-limited open window to deliver vaccination services.

The role of humanitarian partners was also discussed. Often, humanitarian actors cannot work through government health systems because they must be neutral and independent. Support for immunization typically focuses on supplementary immunization activities and outbreak response. Major challenges include limited access to vaccines, costly outbreak response, constant displacement of populations of unknown vaccination status, and poor coordination between humanitarian and development actors.

KEY THEMES:

- Reaching zero-dose children with immunization services in complex settings requires navigating constant uncertainty, adapting over time and space, doing no harm, and using digital and other solutions to improve and adjust fluctuating denominators and other data challenges.
- Strong coordination with humanitarian assistance and non-health sector partners is critical to negotiating access with state and non-state actors, collecting real-time data, and mobilizing sufficient financial, human, transportation and other material resources. There is also a need to understand humanitarian assistance principles of impartiality and neutrality to work together effectively and appropriately.
- Mobile and outreach strategies are critical to accessing the hardest to reach children and ensuring continuity of immunization services in complex settings. CHWs and immunization service providers need to be adequately compensated, protected, trained, supervised, and equipped, and must have reliable access to vaccine cold chain/storage, including for mobile services.

IMPLEMENTING PARTNER INNOVATION AND LEARNING MARKETPLACE

This session allowed partners to discuss ongoing and emerging immunization challenges and ways to overcome them. USAID selected 20 of the 24 submitted abstracts from implementing partners to showcase (Table 1) in formats such as posters, webpages, handouts, and interactive displays. Presentations were categorized by the following themes:

- Identifying, reaching, monitoring, measuring, and advocating for zero-dose, birth-dose, and under-immunized children across contexts (i.e., rural, urban, peri-urban, conflict or fragile, cross-border settings).
- Integrating immunization across the life course (i.e., beyond infancy) with PHC and non-health interventions (i.e., early childhood development, nutrition, family planning, water, sanitation, and hygiene, agriculture, food security).
- How lessons learned from COVID-19 vaccination can be leveraged for stronger immunization and health systems and future emergency preparedness.
- Immunization service experience for clients, caregivers, and the health workforce, and quality of care.
- Gender and other social determinants of equitable immunization and how programs address them.
- Broadening the base of support for immunization program operations.
- Building vaccine confidence, demand, and trust in health systems.
- Digital health advances (e.g., immunization records, defaulter tracking/reminders, hotlines, use of direct deposit and mobile money).
- Localization.
- Other.

TABLE 1. ABSTRACTS SHOWCASED AT THE IMPLEMENTING PARTNER INNOVATION AND LEARNING MARKETPLACE

Theme	Title	Presenting Organization
Identifying, reaching, monitoring, measuring and advocating for zero dose, birth dose and under-immunized children across different contexts (e.g., rural, urban, peri-urban, conflict or fragile, cross-border settings)	IA2030 Country Profiles: Visualizing Progress Toward Global Targets and Strategic Priorities	MOMENTUM Country and Global Leadership/Johns Hopkins International Vaccine Access Center
	Innovations used to identify, map, and reach zero-dose children in hard-to-reach and pastoralist communities in Ethiopia	CORE Group Partners Project
	Through the eyes of the provider: Using photovoice methodology to explore HWs’ perspectives on the challenges and solutions to identifying and reaching zero-dose children in Zambia	MOMENTUM Country and Global Leadership/Johns Hopkins International Vaccine Access Center
	Vaccination task shifting to CHWs in security compromised areas	MOMENTUM Integrated Health Resilience/JSI
Integration of immunization across the life course (i.e., vaccination beyond infancy) with primary healthcare and other non-health interventions (e.g., early childhood development, nutrition, family planning, WASH, agriculture, food security)	Adaptive learning to advance behavior change to increase the uptake of COVID-19 vaccines in Serbia, North Macedonia, and Moldova	MOMENTUM Routine Immunization Transformation and Equity
	“One-stop shops” integrating service delivery for routine immunization and COVID-19 vaccination in hard-to-reach and conflict-affected areas of South Sudan	Core Group Partners Project
	HPV plus—integrating vaccination with adolescent health	MOMENTUM Country and Global Leadership/Jhpiego
Lessons learned from COVID-19 vaccination and how they can be leveraged for stronger immunization and health systems or to prepare for future emergencies	Applying lessons for the future of COVID-19 vaccination integration and equitably reaching priority populations: Qualitative findings from nine countries	Results for Development/Health Systems Strengthening Accelerator (co-authored by JSI/MOMENTUM Routine Immunization Transformation and Equity project)
	From Pandemic Peril to Public Health Promise: A Case of Madagascar’s Journey from COVID-19 Vaccine Rollout to Full Commitment to Routine Immunization in Private Health Facilities	MOMENTUM Country and Global Leadership/Jhpiego Madagascar
	Building on men’s passion for football to inspire vaccine uptake	Breakthrough ACTION

Gender and other social determinants of equitable immunization and how programs address them	Conducting and utilizing findings from the CGPP gender analysis in Nigeria for programmatic shifts	Core Group Partners Project
Broadening the base of support for immunization program operations	Building community ownership of immunization through innovative partnerships	MOMENTUM Routine Immunization Transformation and Equity/JSI
	Mobilizing domestic resources to improve Guinea's immunization program	Results for Development (Health Systems Strengthening Accelerator)
	Mobilizing Support and Domestic Resources to Achieve High, Equitable Immunization Coverage in Jigawa State, Nigeria using a Co-created Capacity-Building Approach for Health Budgeting and Planning	Results for Development
	Strengthening community health and immunization integration in Guinea	Results for Development (Health Systems Strengthening Accelerator)
Building vaccine confidence, demand, and trust in health systems	Building vaccine confidence, demand, and trust through community action groups in CGPP implementation areas of India	Core Group Polio Project
	Building vaccine confidence in faith communities through innovative promising practices	MOMENTUM Country and Global Leadership/Christian Connections for International Health
Digital health advances (e.g., immunization records, defaulter tracking/reminders, hotlines, use of direct deposit and mobile money)	Preliminary learnings from the development of an AI WhatsApp chatbot to raise understanding, awareness, and access to routine immunization services in India	MOMENTUM Routine Immunization Transformation and Equity
Localization	Localizing COVID-19 vaccination: empowering community partnerships in India	MOMENTUM Routine Immunization Transformation and Equity/JSIPL
Other	When a toolkit is not enough: A review on what is needed to promote the use and uptake of immunization-related resources	MOMENTUM Knowledge Accelerator/Population Reference Bureau

Note: For details on all 24 abstracts submitted, see [USAID Immunization Partners' Meeting: Implementing Partners' Marketplace: Abstracts](#).



GROUP PROBLEM SOLVING: SHIFTING ACTION FOR STRONGER IMMUNIZATION SYSTEMS

The meeting continued with a session on problem solving, during which participants in six break-out groups examined major barriers, opportunities, and solutions to pervasive problems impeding immunization progress by topic. Each discussion is outlined below.

- **Data quality:** Participants noted the lack of good data across countries, particularly in fragile areas. New developments focus on integrating immunization data into digital platforms that link multiple health areas; transitioning toward electronic data systems; and using human-centered design (HCD) strategies to tailor solutions. Participants discussed areas of opportunity such as adaptive learning, which is key to making adjustments as needed throughout implementation. Partners should also work with existing country systems to support sustainable solutions that fit the context.
- **Identifying and reaching zero-dose:** Finding and understanding which and why children are zero-dose was a challenge across immunization partners. Verticalization of maternal and child health programming siloes immunization services, hindering information sharing. Immunization partners can help by integrating programming across polio, malaria, RI, and maternal and child health services in partnership with country governments. Co-creating solutions with the community and local partners is also effective.
- **Digital tools:** Digital tools have the potential to significantly aid immunization services and data management, but challenges including inconsistent internet connectivity, threats to data security, high staff turnover, and limited interoperability or disjointedness causing duplication of efforts hinder their implementation. Immunization partners are exploring developments in low-technology interventions, health worker capacity building through digital supervision, and tools that reduce health worker burden to

meet countries' needs. Participants discussed how they can work with governments to build on existing systems and plan for sustainable use of digital tools.

- **New vaccines:** Integrating new vaccines into existing service delivery models and the vaccine cold chain requires planning and coordination at all levels, especially when the target population is outside the RI norm. In addition, misinformation about new vaccines is increasingly common, posing risks to uptake. Immunization partners can structure support by using equity-based principles in vaccine planning, forecasting, and allocation. They can also form partnerships (e.g., with schools, celebrities) to increase access, acceptance, and uptake.
- **Immunization financing:** Challenges include lack of visibility about Gavi co-financing and transition and operational costs at different levels. Late co-financing or lack of transport costs have led to supply disruptions at national and subnational levels. Participants were concerned about ensuring sufficient funder support in the dynamic immunization landscape. Progress requires advocacy to support budget sustainability and government ownership of immunization financing. Immunization partners should explore different pathways such as revising policy to make vaccines more accessible at private facilities to increase equitable vaccine access.
- **Demand generation, building confidence & trust:** Participants noted that many demand challenges relate to informational and promotional messaging, which rarely includes community and client voices. Participants also noted the various elements that go into designing and disseminating messages so that they are digestible, actionable, available in local languages, and responsive to the intended audience's concerns. HCD approaches and tools can support tailored messaging that address vaccination barriers and enablers. Community involvement is also key to disseminate messages, manage misinformation, and mitigate vaccine hesitancy. Participants need government support to sustain demand generation.

COVID-19 exemplified how complex vaccination demand and uptake is and how multifaceted approaches are required to uncover root causes of challenges and deploy tailored solutions.

Proactive and continuous communication, including online and offline approaches, is needed. Community involvement and voices are critical to understanding challenges and implementing solutions. The interplay between demand generation, vaccine supply, and service delivery should always be considered.

PLENARY: ADDRESSING CHALLENGES, LEVERAGING LESSONS FROM COVID-19, AND INNOVATING FOR MORE RESILIENT IMMUNIZATION SYSTEMS IN A CHANGING WORLD

The pandemic led to historic backsliding in immunization, and while many countries have recovered, many low-income countries have not. Innovations from COVID-19 vaccination include taking vaccines to new populations at scale, digitizing health data, and integrating vaccination with other health services.

Even countries that have achieved high coverage for COVID-19 and RI continue to face challenges in vaccinating all children. In Kenya and elsewhere, zero-dose and under-immunized children are dispersed throughout the country, but tend to be in informal urban settlements, rural remote and nomadic communities, and in conflict and drought-affected areas. Kenya has strong political commitment to strengthening immunization by integrating with PHC, focusing on community engagement and partnership, effectively managing subnational and facility levels, and integrating across the system.

MOMENTUM Routine Immunization Transformation and Equity, USAID's global flagship project for immunization, works with government partners to apply approaches and lessons from COVID-19 vaccination to strengthen the core functions of immunization programs. For example, it is important not only to apply HCD and behavioral strategies to develop communications, but also to work with communities to understand their constraints, engage partners that can provide support, overcome gender barriers, and locate more accessible services. The project also gave an example from Nigeria, which is focused on overcoming funding constraints, particularly at subnational levels, so that health workers at the last mile can deliver services sustainably.

In the post-COVID-19 environment, there are increasing challenges, including fiscal constraints, to revitalizing immunization programs. In this context, the Gates Foundation is supporting country prioritization, particularly as they transition from Gavi, and immunization program efficiency (e.g., targeting resources, leveraging integration).

KEY TAKEAWAYS:

- Efforts to strengthen RI and achieve IA2030 and Big-Catch Up goals should leverage investments and infrastructure built during and lessons from COVID-19 (e.g., digitization, integration, PHC/health systems and health workforce capacity strengthening).
- A variety of localized approaches and innovations, including One Health for nomadic populations in Kenya and local financing in Nigeria, can support immunization goals across partners and institutions and help countries prioritize and strengthen supply chains.
- In the post-COVID-19 world, immunization work must adapt to changing environments (climate crises, new technologies and innovations) and resource constraints to not only “catch-up” to pre-pandemic levels, but to reverse long-standing trends of stagnation in immunization.

PLENARY: DEMAND FOR IMMUNIZATION TODAY AND IN THE FUTURE

The second plenary of Day 2 focused on demand generation and service experience learnings, especially from COVID-19. It is critical to learn from mistakes made during the pandemic. We learned that adages like “if you build it, they will come” are irrelevant, especially to new vaccines. Public health and health care professionals cannot take any audience for granted; they must promote conversations to build trust in vaccines and generate demand. Social media and community-based listening, hotlines, and other infodemic management approaches should be used to anticipate and dispel rumors and misinformation swiftly.

We must improve the immunization service experience to improve trust in, demand for, and quality of services.

The broader factors that contribute to the interaction between a health worker and a client have an important role in sustaining immunization demand. They include the facility environment, community input to services, availability of vaccines and critical supplies, and more.

In India, community-centered demand generation strategies including influencer engagement, leveraging local art forms, and inclusive vaccination were effective. These were enabled by partnerships with government and non-traditional partners such as private sector and local entities. By establishing a national network of grassroots nongovernmental organizations (NGOs), power shifted to local actors, whose capacity to generate vaccination demand was strengthened.

In the Democratic Republic of Congo (DRC) the pandemic called for a change from the perception that vaccines were “only for children” to understanding that people of all ages can benefit from them. Critical to this was the need to for awareness of social processes that affect vaccination decisions. Gender and social dynamics like women needing permission from husbands or in-laws necessitated segmenting audiences within a given household to tailor immunization messages.

The importance of the immunization service experience was also discussed as a way to build trust and demand and improve service quality. Applying a “service experience lens” to programming and using HCD were recognized as key strategies; looking beyond individual person-centered care at the broader factors that contribute to the interaction between a health worker and client can foster development of community-, health facility-, and health system-level interventions.

A cross-cutting theme was the critical importance of data. Demand-related data need to be quick, credible, and actionable. We should encourage going beyond the use of knowledge, attitude, and practice surveys to tools like rapid community assessments to generate actionable insights. Data on the effectiveness of demand-related

interventions is limited in low- and middle-income countries and should be prioritized, as should implementation science to generate data on how well interventions are implemented.

KEY TAKEAWAYS:

- We need better data collection, analysis, and use to improve immunization demand.
- COVID-19 experience showed that to generate and sustain demand from new populations, different and more tailored approaches—supported by partnerships—are possible and required.
- Service experience is important to build trust in, demand for, and quality of immunization services. Consider health worker and caregiver perspectives when designing interventions to foster the provision of high-quality services.

HUMAN LIBRARY: A PLACE WHERE DIFFICULT QUESTIONS ARE EXPECTED, APPRECIATED, AND ANSWERED BY TECHNICAL EXPERTS IN IMMUNIZATION

During this session, people with a range of expertise from several organizations facilitated conversations and answered questions. The takeaways from each “human library” discussion are summarized below.

- **Gavi:** A staff member presented a description of Gavi and its role in immunization in countries in which USAID often works. Participants discussed USAID’s support for collaboration and investments to strengthen national immunization systems. There was a lot of interest in how Gavi is responding to challenges that hinder progress in vaccine coverage and lives saved, and its role in strengthening health systems and convening key immunization stakeholders.
- **Supply chain:** Capacity building is critical to enhance supply chain team skills and leadership potential. Participants noted the need to include additional partners in the vaccine procurement processes for more transparency and expanded support. They also discussed the need to strengthen management information systems to ensure interoperable, integrated, and end-to-end supply chains.
- **Engaging private providers in immunization, evidence, and opportunities:** MOMENTUM Private Healthcare Delivery discussed its literature review on nongovernmental health care service providers, which found that they are motivated by being trained and involved in decisions; access to subsidized vaccines; and integration with government databases. Conversation focused on how private sector service delivery is difficult to implement and depends on several enabling factors. Participants wanted to hear practical ways to improve private sector engagement.

Drawing from the experiences during the pandemic, the immunization community should find opportunities to engage the private sector and other new partners to support its efforts.

There are many opportunities to enhance private sector involvement in immunization, but government coordination and oversight is key to success.

- **Applying HCD in problem-solving:** Participants agreed that HCD is a powerful tool for understanding if and why people seek health services. They discussed how HCD facilitates development of tailored, local actions and solutions to overcome small, community-specific obstacles. HCD is an iterative process, and solutions should be applied and adapted with communities in real time to make them more effective.

Human-centered design is the way to solve immunization program problems.

Through an iterative process, HCD can foster tailored approaches. These can be local service delivery solutions that respond to community needs, or a newly-designed data reporting system that's more convenient for health workers. Immunization programs can benefit from the systematic use of HCD to overcome persistent challenges in the delivery and management of immunization, such as stagnating demand, incomplete data reporting, and health worker motivation.

- **Sustainable financing for immunization:** During this session, representatives from USAID and its MOMENTUM Routine Immunization Transformation and Equity and MOMENTUM Country and Global Leadership projects discussed insufficient funding for vaccination programs and the effect on PHC service quality. They said that supplementary vaccinations should be used to yield the most impact, but sometimes there are equity considerations, too. They discussed generating competition within a country to encourage subnational policymakers to fund and improve immunization coverage.
- **Digital tools:** This session delved into MOMENTUM Routine Immunization Transformation and Equity digital health activities including leaving timely vaccination reminders, developing an artificial intelligence chatbot for patients to authenticate vaccine information, and establishing electronic immunization records. Implementers have found that although the technological advancements necessary for digital information systems and artificial intelligence are readily available, it is challenging to integrate them into existing immunization programs without disruption. Also, digitizing entails more than transferring paper documents into a computer system; it requires understanding immunization processes and identifying enhancement opportunities for all involved.
- **How to strengthen the intersectionality of immunization and the role in disease outbreaks/global health security/pandemic preparedness, prevention, and response:** Immunization is a cornerstone of pandemic preparedness and global health security. In this session, there was discussion of the need to strengthen health facility and community surveillance, lab capacity, service delivery approaches, and trust in the health system and vaccines. Partners should foster collaboration and coordination between immunization and humanitarian sectors at all levels and across global funders to prevent a fragmented and overlapping response. Supporting countries to strengthen outbreak preparedness and emergency response capacity is

critical, as is finding ways to share best practices and lessons on the intersectionality between immunization and pandemic preparedness, including from the community level.

- **Vaccination across the lifecourse - what are we learning and how do we strengthen this using human papillomavirus (HPV) as case study:** MOMENTUM Country and Global Leadership shared materials developed and progress on HPV vaccination expansion in Zanzibar, Tanzania. HPV Plus is a government-endorsed program that integrates adolescent health education, nutrition, and vision screening with HPV vaccination for girls. Boys are included in educational sessions and receive nutrition and vision screening. Program regions have higher HPV vaccine coverage than those that do not implement it. Participants asked questions about how to dispel HPV vaccine misinformation and how to vaccinate older, non-included populations such as women over 30 years of age and men.

BREAKOUT SESSIONS: BRINGING IMMUNIZATION INTO A NEW ERA

During this session, participants chose two topics and joined breakout discussions on each, rotating halfway through. The takeaways from each discussion are summarized below.

Reaching zero-dose and under-immunized children and the Big Catch-up, including in the context of primary and universal health care and complex settings

We learned that reaching zero-dose children in fragile/conflict-affected settings requires innovative, multi-pronged approaches and adaptations, from revising policies and adapting supply chains at the systems level to ensuring ongoing community demand generation. Examples from Ukraine, which had to make several adaptations during the current war and multiple crises over the past 10 years, to continue provision of immunization services and demand-generation activities, were provided.

The session also highlighted strategies from DRC, India, and Nigeria to reach zero-dose children in urban settings. Examples included strengthening leadership and governance structures, geo-spatial mapping to inform service delivery, making services easy and convenient for caregivers, and "meeting people where they are," (i.e., overcoming community-specific sociocultural barriers to immunization). Co-creation, including with non-traditional partners, was highlighted as an important way to begin improving urban immunization services.



We also discussed issues related to immunization catch-up and recovery, as 29 million zero-dose children accumulated from 2019 to 2022 in the Africa region alone. Presenters and participants exchanged perspectives on what is needed, including tailored country planning and implementation (e.g., periodic intensification of RI, house-to-

house registration to identify zero-dose children, efforts in specific sub-national areas); resource mobilization including mapping government and partner support; and policies and practices for long-term system strengthening (e.g., raising/removing upper age limits for vaccination, improving vaccine forecasting estimates).

Building vaccination across the life-course (e.g., birth dose, second year of life, adolescents, and maternal vaccinations)

The concept of life-course vaccination, in which persons are scheduled to receive all recommended vaccine doses from birth to adulthood to protect them from VPDs, was introduced over 60 years ago. But while 95 percent of high-income countries have included life-course vaccination in their RI schedules, only 8 percent of low-income countries have done so. However, with the intensive global rollout of COVID-19 vaccines and recent expanded efforts to introduce HPV and malaria vaccines in low-income countries, the landscape is rapidly changing.

A key priority for life-course vaccination is to make it people-centered. The panelists, who shared global, cross- and multi-country, and subnational perspectives, broadly agreed that life-course vaccination must meet people where they are through integration into regular health system encounters. This has critical implications for updating how vaccination is planned, managed, and delivered, including but not limited to:

- Identifying appropriate points of entry (programs and service delivery platforms) for reaching people with vaccines at different phases of their lives.
- Involving people with technical backgrounds and skill sets in governance and policymaking bodies such as national and regional technical advisory groups for immunization.
- Increasing immunization and other health program coordination on respective responsibilities for supporting life-course vaccination.
- Giving particular attention to how life-course vaccination affects human resource management. This includes clear redistribution of tasks related to immunization and lines of accountability; clarifying the respective competencies needed by different staff; revising training and other capacity-building efforts accordingly; and providing sufficient support for them to fulfill their revised responsibilities.
- Investing in social and behavior change that takes into account the critical communication role of health workers and community engagement to make people aware of who needs which vaccines, why, and when and where to receive them.

Tabletop simulation of a VPD outbreak

Vaccine-preventable disease outbreaks present risks such as health system and RI disruptions, and opportunities such as leveraging the outbreak response to accelerate and catalyze RI and health system strengthening efforts. During this session, participants pretended that a VPD outbreak had just been confirmed in their country and were asked to stand under red, yellow, or green “stoplights” to indicate their country’s response. A red light signified an outbreak that resulted in major disruptions to the health system; a green light signified an outbreak response that was integrated, well-coordinated, and accelerated improvement in health systems and RI; a yellow light signified a response between these extremes.

Participants used guided discussion questions to reflect on where their countries were on the continuum and why. Key themes from the discussion included that investing in health care workers was paramount to ensure the continued functionality of the health system and emergency response. Integration, when it makes sense, is also critical to ensure continuity of RI and health services broadly. A functional emergency operations center and emergency pre-planning were also recognized as important for helping countries respond to VPD outbreaks.

Polio eradication and polio transitioning

In this session, participants discussed eradication of all polio viruses, which requires high-quality campaigns that reach all children multiple times, and overcoming challenges related to conflict, insecurity, trust, and population movement. They also discussed polio transition, which involves repurposing polio program infrastructure, knowledge, and functions to support broader public health functions; this requires time, overlap with eradication, and engagement at the highest political levels, including ministries of finance, planning and health. Participants noted that it would be helpful if polio-affected countries make a public statement in regional fora and/or World Health Assembly about the need for eradication and transition criteria.

Integration was recognized as key to both eradication and sustaining immunity in the future. In areas with hard-to-access populations, combining polio with other health services, commodities, and antigens has multiple benefits. Sustaining herd immunity against all types of polio viruses in the future will rely on a strong routine health system. Maintaining surveillance quality is also critical, even in fragile and insecure areas. Facility and community-based surveillance and other approaches can be implemented. More systematic engagement of trusted CSOs and NGOs into routine and supplemental immunization, surveillance, and other services will improve programs in hard-to-reach areas and facilitate synergy between programs.

It takes many years to plan and achieve transition. Governments start small and must plan for and gradually increase ownership. Staggered in-country transition processes with milestones and benchmarks may be most successful. Special considerations are needed in countries with decentralized health systems, in which states/provinces may be more autonomous in terms of decision-making and funding.

Gender in immunization and social inclusion

In 2019, the Equity Reference Group for Immunization said that while immunization coverage between males and females was equitable, gender-related barriers impede high and equitable vaccination coverage. A lot of progress in supportive global policies, capacity building, and tool development has been made. But as a new and unfamiliar area in immunization, program action to reduce gender and other social barriers to immunization remains limited.

USAID requires all projects to conduct gender analyses, and this session showed the gender continuum in which strategies and activities can be categorized as being unaware of gender issues; accommodating (recognizing but not addressing gender barriers); responsive to such barriers; or transformative (addressing the root causes of gender inequality). USAID Maputo described the range of strategies that it supports, including women's empowerment, male engagement, and improvement of gender-sensitive health services and knowledge about and access to them. MOMENTUM Routine Immunization Transformation and Equity described how findings from its baseline assessment in DRC informed the design of activities to improve women's access to immunization services through gender-sensitive microplanning; increase male awareness and support for immunization; and engage non-traditional partners to improve trust and access to services. CDC noted that gender analyses and barrier identification provide a basis for establishing measures to gauge progress in reducing them. While gender indicators derived from population-based surveys are in development, process indicators that managers can use for monitoring their own progress are also needed.

Participants recognized the importance of increasing male engagement in immunization but noted that such efforts have risks and must be sensitive to the local cultural and social context.

It is critical to recognize and respond to gender-related barriers to service access and uptake.

Through gender-sensitive analyses that seek to understand the key barriers that mothers and female health workers face, we can get at the root causes and design interventions to overcome them.

PLENARY: FUTURE FORWARD: A ROUNDTABLE ON CRITICAL ISSUES, PRIORITIES, OPPORTUNITIES, AND SHIFTS TO GET ON TRACK AND FUTURE-PROOF IMMUNIZATION

The closing plenary began with keynote reflections on EPI since it began in 1974. Remarkable progress has been made, from eradicating smallpox and saving millions of lives to becoming the public health intervention that reaches more people than any other. The world has doubled in population since the beginning of EPI, yet today, more children are protected from more diseases. Part of this success was due to the fact that EPI began as a specific and relatively simple program and had strong political and social will.

Today, there are many new challenges such as global fiscal constraints, decreased social will, and increasing complexity of the program with more vaccines and different target/age groups. The EPI program was originally designed with a set of critical assumptions: it was simple and systematic with microplans assuming a single provider with a clearly defined catchment and stable population; it was for infants under one; and overall performance could be measured through a single indicator, DTP3 coverage. Today, none of these assumptions hold: populations span the life-course and may be mobile, urban, or visiting a mix of public and private providers, requiring tailored strategies and more nuanced metrics to understand overall performance and progress toward both coverage and equity. Our policies and strategies must therefore shift to models that are “fit for purpose” for current and future challenges.



As the world changes, we must adapt policies, systems, vaccines, and service delivery approaches. We also need systems that can produce timely data with accurate denominators to improve immunization program management. Fostering greater trust in immunization and health systems and communicating the value of vaccines to communities and policymakers alike is also critical. All of this must take place within the context of a PHC approach that is resilient and flexible, with expanded models for sustainable domestic financing. It also requires innovative problem solving by an empowered and efficient health workforce, as well as better partnerships. New and non-traditional partnerships are needed to build trust within and outside health systems and garner support and resources for immunization. They should include the private sector, non-health stakeholders, and community, youth, and socially marginalized groups. As a global community, we must foster a shift in mindset and recognize and change what isn't working, while seizing opportunities and expanding on the successes so far. In doing so, we can advance immunization equity and work toward a better future.

ANNEX A. FINAL MEETING AGENDA



USAID Immunization Partners' Meeting

Official Program for In-Person Attendees

Immunization Horizons: Learn, Collaborate, Innovate, Strategize

March 18-19, 2024

1875 I (Eye) Street NW | Washington DC, USA

Logistics Information:

When you arrive through the 1875 entrance, walk straight to the elevator bank on your left. Give the attendant at the elevators your name. If you get lost, find the bar area in the building's center atrium and a staff member with a meeting sign will assist you. If you are driving, underground parking can be found at 1850 K Street and 1825 18th Street NW. Parking rates may vary. There are also many other parking garages available within walking distance. The building is accessible to D.C. Metro's blue, silver, and orange lines from the Farragut West station and the red line from the Farragut North station.

Meeting Objectives:

This meeting will bring together USAID Missions, implementing partners, and external stakeholders at a critical moment for the global immunization community. In 2022, there were encouraging signs of recovery though uneven results with low-income countries still below pre-pandemic levels of immunization coverage. In addition, vaccination efforts in the African region did not keep pace with population growth from 2021 to 2022. We aim to harness the power of collective thinking in overcoming barriers in a more complex year ahead. Together, we will discover and discuss how we can fully recover from declines in immunization as a result of COVID; build for the future collaboratively; and contribute to global, regional, and country goals for improving immunization coverage, equity, and quality in the context of integrated primary health care, including by:

- **Sharing best practices and lessons learned** from immunization programming successes, innovations and challenges, and aligning ourselves on future activities.
- **Improving our knowledge base and skills** across critical immunization issues, and our understanding of USAID's contributions to the immunization space.
- **Deepening our technical exchange** on ongoing and emerging challenges in the immunization field; and the solutions and shifts needed to enhance immunization coverage, equity, and quality in the context of integrated primary health care.
- **Strengthening our collaboration and fostering new partnerships** among immunization stakeholders.

Day I Agenda (March 18, 2024): Collaborative Learning and Problem-Solving in Immunization Programming for USAID Missions and Implementing Partners

Time	Activity	Rooms
8-9:30am	USAID Closed Session	Dupont/Logan
9:30-10:00am	Registration and Light Breakfast	Conf. center lounge
10:00-10:30am	Welcome and Opening Remarks <ul style="list-style-type: none"> • Katharine Bagshaw, Senior Immunization Advisor, USAID (<i>Moderator</i>) • Nancy Lowenthal, Director for the Office of Maternal and Child Health and Nutrition, USAID • Folake Olayinka, Immunization Technical Lead, USAID • Koki Agarwal, Director, MOMENTUM Country and Global Leadership 	Dupont/Logan*
10:30-11:30am	Plenary: Catch up and recovery to build systems for a new era that consistently reach zero-dose and underimmunized children <ul style="list-style-type: none"> • Folake Olayinka, Immunization Technical Lead, USAID (<i>Moderator</i>) • Celina Hanson, Senior Immunization Technical Advisor, USAID (<i>Co-moderator</i>) • Rivo Noelson, Child Health Specialist, USAID/Madagascar (<i>Co-moderator</i>) • Farhana Akhter, Project Management Specialist (Maternal Health), USAID/Bangladesh • Jannie Horace, Community Health Services Specialist, USAID/Liberia • Betuel Sigauque, Country Project Director, MOMENTUM Routine Immunization Transformation and Equity, Mozambique • Chizoba Wonodi, Director of Immunization, MOMENTUM Country and Global Leadership 	Dupont/Logan*
11:30am-12:10pm	Deep Dive Case Studies: Reaching zero-dose children in complex settings <ul style="list-style-type: none"> • Sila John Kimanzi, Health Advisor, USAID/Somalia (<i>Moderator</i>) • Ahmed Arale, Deputy Director, CORE Group Polio Project • Abdoul Karim Guiro, Health Project Management Specialist, USAID/Burkina Faso • Gnourfateon Palenfo, Immunization Lead, MOMENTUM Integrated Health Resilience • Sonia Walia, Senior Health Advisor, USAID/Bureau for Humanitarian Assistance 	Dupont/Logan*
12:10-12:30pm	Group Mural Activity: An interactive space to share questions and challenges on key immunization topics and generate potential solutions	Dupont/Logan
12:30-1:30pm	Lunch	Building atrium
1:30-3:00pm	Implementing Partner Innovation and Learning Marketplace	Start in Dupont/Logan
3:00-3:30pm	Networking Tea Break	Conf. center lounge

3:30-5:00pm	<p>Group Problem Solving: <i>Shifting action for stronger immunization systems</i></p> <ul style="list-style-type: none"> • <i>Data quality</i>: Zunera Gilani, Senior Immunization Advisor, USAID • <i>Identifying & reaching zero dose children</i>: Frederick Rwegerera, Child Health Specialist, USAID/Tanzania • <i>Digital tools</i>: Jimi Michel, Digital Health Technical Advisor, MOMENTUM Routine Immunization Transformation and Equity • <i>New vaccines</i>: Chizoba Wonodi, Director of Immunization, MOMENTUM Country and Global Leadership • <i>Immunization financing</i>: Grace Chee, Project Director, MOMENTUM Routine Immunization Transformation and Equity • <i>Demand generation</i>: Kathy Stamidis, Global Technical Director, MEAL, CoreGroup 	Follow the direction of moderators
5-5:15pm	Closing	Dupont/Logan

Day 2 Agenda (March 19, 2024): Future Forward: Critical issues, priorities, opportunities, and focus to get on track to reach IA2030 goals

Time	Activity	Rooms
8-9:00am	USAID Closed Session	Dupont/Logan
9:00-9:30am	Registration and Light Breakfast	Conf. center lounge
9:30-10:00am	<p>Welcome and Opening Remarks</p> <ul style="list-style-type: none"> • Folake Olayinka, Immunization Technical Lead, USAID (<i>Moderator</i>) • Sangita Patel, Deputy Assistant Administrator of the Bureau for Global Health, USAID • Pavani Ram, Chief, Child Health and Immunization Division, USAID • Fredrick Rwegerera, Child Health and Immunization Specialist, USAID/Tanzania 	Dupont/Logan*
10:00-11:00am	<p>Plenary: <i>Addressing challenges, leveraging lessons from COVID-19, and innovating for more resilient immunization systems in a changing world</i></p> <ul style="list-style-type: none"> • Folake Olayinka, Immunization Technical Lead, USAID (<i>Moderator</i>) • Ann Lindstrand, Unit Head EPI-Essential Programme on Immunization, Deputy Covid Delivery Partnership, World Health Organization (WHO) • Grace Chee, Project Director, MOMENTUM Routine Immunization Transformation and Equity • Adrien de Chaisemartin, Deputy Director for Gavi, Partners and Special Initiatives at the Gates Foundation • Cornelia Ochoa, Program Management Specialist, Pediatric Public Health, USAID/Kenya 	Dupont/Logan*
11:00am-12:00pm	<p>Plenary: <i>Demand for immunization today and in the future</i></p> <ul style="list-style-type: none"> • Masuka Musumali, Family Health Division Chief, USAID/Zambia (<i>Moderator</i>) • Katharine Bagshaw, Senior Immunization Advisor, USAID (<i>Co-moderator</i>) • Tyler Best, Senior Program Officer, Johns Hopkins Center for Communication Programs (CCP) • Janvier Barhobagayana, Project Management Specialist-MCH (Health Office), USAID/DRC • Lisa Oot, Senior Technical Officer, JSI 	Dupont/Logan*

	<ul style="list-style-type: none"> • Dr. Gopal Krishna Soni, Project Director, MOMENTUM Routine Immunization Transformation and Equity, India • Shibani Kulkarni, Health Scientist, Acting Team Lead, Demand for Immunization Team, U.S. Centers of Disease Control and Prevention/Global Immunization Division (CDC/GID) 	
12:00-1:00pm	Lunch	Building atrium
1:00-1:30pm	<p>Human Library: A place where difficult questions are expected, appreciated, and answered by technical experts in immunization</p> <ul style="list-style-type: none"> • Gavi: Chloe Cooney, Director of U.S. Strategy, Gavi • Supply chain: Mariam Zameer, Director of the Health Systems Global Technical Team and Immunization Lead, VillageReach • Engaging private providers in immunization, evidence, and opportunities: Chris Morgan, Immunization Lead, MOMENTUM Private Healthcare Delivery • Applying human-centered design in problem-solving: Dan Ali, Senior Immunization Advisor, MOMENTUM Country and Global Leadership and Elizabeth Ann Mitgang, World Bank • Sustainable financing for immunization: Grace Chee, Project Director, MOMENTUM Routine Immunization Transformation and Equity • Digital tools: Jimi Michel, Digital Health Technical Advisor, MOMENTUM Routine Immunization Transformation and Equity • How do you strengthen the intersectionality of immunization and the role in disease outbreaks/global health security/pandemic preparedness, prevention, and response: Pratima Raghunathan, Accelerated Disease Control Branch Chief, CDC and Ahmed Arale, Deputy Director, CORE Group Polio Project • Vaccination across the lifecourse – what are we learning and how do we strengthen this using HPV as case study: Mary Rose Giattas, Director, MOMENTUM Country and Global Leadership, Tanzania 	Follow the direction of moderators
1:30-3:00pm	<p>Topic Area Breakout Sessions: <i>Bringing immunization into a new era</i> (Participants can choose from the below topic areas)</p> <p>Round 1: 1:30-2:15pm</p> <ul style="list-style-type: none"> • Reaching zero dose and underimmunized children and the big catch up, including in the context of PHC/UHC and complex settings Abdul Wali Ghayur (moderator), Immunization Senior Advisor USAID Ashley Greve, Senior Commodities and Supply Chain Advisor, USAID/Ukraine Vanessa Richart, Director of Country Programs, MOMENTUM Routine Immunization Transformation and Equity Charles Wiysonge, Team Lead, Vaccine-Preventable Diseases, WHO Office for Africa • Building vaccination across the lifecourse (e.g., birth dose, 2YL, adolescents, and maternal vaccinations) Chris Morgan (moderator), Immunization Lead, MOMENTUM Private Healthcare Delivery Alba Vilajeliu, Technical Officer, WHO/Essential Programme on Immunization/EPI/Geneva Imran Mirza, Health Specialist, UNICEF/New York Brooke Farrenkopf, PhD candidate, MOMENTUM Country and Global Leadership Chifundo Kuyeli, Child Health Specialist, USAID/Malawi 	Follow the direction of moderators

- **Tabletop simulation of vaccine preventable disease (VPD) outbreak**
 Angela Wang (moderator), Senior Public Health Advisor, Outbreak Response Team, USAID
 Patty Delaney, Consultant, Outbreak Response Team, USAID

Round 2: 2:15-3:00pm

- **Polio eradication and polio transitioning**
 Fartun Yussuf (moderator), Health Development Officer (Polio & Immunization), USAID
 Cornelia Ochola, Program Management Specialist, USAID/Kenya
 Eilyn Ogden, Worldwide Polio Eradication Coordinator, USAID
 Nabil Alsoufi, Health Office Director, USAID/Yemen
 Birkety Mengistu, Child Health Advisor, USAID/Ethiopia
 Farhana Akhter, Project Management Specialist (Maternal Health), USAID/Bangladesh
- **Gender in immunization and social inclusion**
 Rebecca Fields (moderator), Technical Director, MOMENTUM Routine Immunization Transformation and Equity
 Alexander Smith, Senior Gender Advisor, Offices of Maternal and Child Health and Nutrition and Infectious Diseases, USAID
 Shibani Kulkarni, Health Scientist, Acting Team Lead, Demand for Immunization Team, U.S. Centers of Disease Control and Prevention/Global Immunization Division (CDC/GID)
 Salesio Macuacua, Project Management Specialist (Child Health and Immunization), USAID/Mozambique
 Djeneba Coulibaly, Country Director, MOMENTUM Routine Immunization Transformation and Equity, Democratic Republic of Congo
- **Tabletop simulation of VPD outbreak (repeat session)**

3:00-3:30pm	Networking Tea Break	Conf. center lounge
3:30-4:45pm	<p>Plenary: Future forward: A roundtable on critical issues, priorities, opportunities, and shifts to get on track and future proof immunization</p> <ul style="list-style-type: none"> • Pavani Ram, Chief of Child Health and Immunization Division, USAID (Moderator) • William (Bill) Moss, Executive Director, International Vaccine Access Center; Deputy Director, Johns Hopkins Malaria Research Institute (Keynote Speaker) • Samir Sodha, Deputy Director for Science/GID, CDC • Violaine Mitchell, Director, Immunization Program Strategy Team, Gates Foundation • Belinda Nimako, COVID-19 Response Technical Advisor, USAID/Ghana • Ann Lindstrand, Unit Head EPI-Essential Programme on Immunization, Deputy Covid Delivery Partnership, WHO • Viorica Berdaga, Senior Health Advisor, Deputy Chief Immunization, UNICEF HQ • Chloe Cooney, Director of U.S. Strategy, Gavi 	Dupont/Logan*
4:50-5:20pm	<p>Closing</p> <ul style="list-style-type: none"> • Sara Zizzo, Senior Child Health and Immunization Advisor, USAID Bureau for Africa • Folake Olayinka, Immunization Technical Lead, USAID 	Dupont/Logan
5:30-6:30pm	Optional Happy Hour	Building atrium

*This session has an option for virtual participation and will be recorded.

ANNEX B. GROUP MURAL ACTIVITY

During the group mural activity, participants asked immunization questions and discussed common challenges and possible solutions. This table summarizes the contributions that participants added to sticky notes throughout the two-day event.

GROUP MURAL ACTIVITY RESPONSES

Reaching Zero-Dose Children	
<p>Questions</p> <ul style="list-style-type: none"> • What are best practices for reaching zero-dose children? • How effective is the One Health platform for reaching remote/nomadic populations? • For Missions - if there were two investments to overcome immunization challenges in your countries, what would they be? <p>Challenges</p> <ul style="list-style-type: none"> • Migratory populations in urban settings. • Hard to reach populations. • Vaccine hesitancy. • Lack of sustainable strategy. • Migration. 	<p>Best practices</p> <ul style="list-style-type: none"> • Engage CSOs for mobilization. • Build health worker capacity. • Use community platforms to increase vaccine uptake in places with limited access to health services.
Catch-Up and Recovery	
<p>Question</p> <ul style="list-style-type: none"> • How can we close urban immunization gaps? <p>Challenges</p> <ul style="list-style-type: none"> • More work is needed to monitor and evaluate catch-up efforts. Harder than it seems. • Vaccine stockouts. • Inadequate funding. • Community engagement. 	<p>Best practices</p> <ul style="list-style-type: none"> • Determine catch-up audience. • Use non-smart phone calendar reminders for next vaccination in Kinshasa, DRC.
Data Quality and Use	
<p>Question</p> <ul style="list-style-type: none"> • Monitoring catch-up vaccination may overlap with monitoring RI. How to avoid double counting and inaccurate reporting? <p>Challenges</p> <ul style="list-style-type: none"> • Denominator issue. • Lack of trained health workers in data quality and use. 	<p>Best practices</p> <ul style="list-style-type: none"> • Digitize health. • Use data at all levels.
Accountability and Political Will	

<p>Questions</p> <ul style="list-style-type: none"> ● Given peer-reviewed evidence and guidance on using CHWs as vaccinators, why haven't more countries adopted this? What are the main constraints? ● How are countries monitoring catch up activity given that it includes over 1-year-olds? ● Any experience involving non-traditional partners for RI? ● What has been key to success in setting urban-specific RI funding? ● Please share examples of accountability frameworks that have worked well. 	<p>Best practices</p> <ul style="list-style-type: none"> ● Establish local committees to manage immunization funds for outreach based on monthly contributions from private leaders and businesses (Guinea). ● Adapt microplanning to local context and meet operational needs to implement (Mozambique learning).
Life-course and Integration	
<p>Challenge</p> <ul style="list-style-type: none"> ● Lack of adult vaccination delivery platform. 	<p>Best practices</p> <ul style="list-style-type: none"> ● Apply co-creation methods at district/facility levels to develop or refine feasible models for service delivery and management. ● Create adult vaccination models. ● Increase life-course vaccination awareness and capacity.
Engagement and Coordination with Key Stakeholders	
<p>Questions</p> <ul style="list-style-type: none"> ● How to strengthen the health system for a good background for immunizations? ● Given the new malaria vaccines, how can we ensure good collaboration between EPI and national malaria programs? 	<p>Best practices</p> <ul style="list-style-type: none"> ● Strengthen human resources management. ● Build capacity for local partners to expand support and increase accountability for RI and other services. ● Institute coordination committee between EPI and National Community Health Directorate (Guinea). ● Engage local elected officials and CSOs to promote RI (Guinea). ● Engage women-led CSOs in social mobilization, joining EPI supervision and identification of zero-dose kids (Mauritania). ● Use RI as a platform for COVID-19 vaccination, given waning demand for the latter. ● Mobilize CSOs to advocate for sustainable domestic financing and recruitment payments of CHWs, contributing to new law passed for CHW payment (Guinea). ● Coordinate and collaborate with other partners and government services.