HARNESSING THE POWER OF THE PANDEMIC RESPONSE TO TAKE IMMUNIZATION INTO A NEW ERA

Webinar Transcript

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Hello and welcome to this webinar from MOMENTUM Routine Immunization Transformation and Equity. We'll be starting in just another moment or two.

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Good morning. We'll be starting in just another moment or two. We have about 65 people with us so far. We're just going to wait another minute or two before we get going.

00:01:59,663 --> 00:06:07,539
Good morning, good afternoon, and good evening. My name is Rebecca Fields and I'm pleased to introduce today's webinar, Harnessing the Power of the Pandemic Response to Take Immunization into a New Era. I serve as the Technical Lead, for the MOMENTUM Routine Immunization Transformation and Equity Project. We are a USAID-funded project that works towards a world in which all people eligible for immunization, and particularly underserved, marginalized, and vulnerable populations are regularly reached with high-quality vaccination services to protect their children and themselves against vaccine-preventable diseases. Before we begin, I just want to do a little bit of quick housekeeping and review the Zoom environment for today's webinar. So for starters,with regard to language, we are offering simultaneous translation services in French for this webinar, and you can access the French-speaking channel by clicking on the interpretation icon at the bottom of your Zoom screen where you can choose your language. You can listen to today's webinar either in English or in French. Second point is, please, we ask that you make use of the Q&A button located on the bottom bar of your Zoom window to ask questions during the presentation, or for any technical help y ou may need. You can use the chat feature to introduce yourself, and we'd really encourage you to do so and also to share your thoughts during the presentation. But please, don't use the chat box to ask questions. The questions you ask using the Q&A button, are only visible to you, to our presenters, and to technical support If you're experiencing difficulties, our technical support will respond to your question privately, and we'll collect your questions for our speakers and we'll save them for the discussion period following the presentations. Today's webinar is being recorded. And following this event, you'll receive an email with a link for the recording. Also, if there are questions that don't get answered during the Q&A session, we will forward them to the presenters and share responses by email to all participants. We're happy today to have three excellent speakers and I'll be introducing them just before their presentations. We've also planned about 15 minutes at the end of the webinar to answer any of your questions, and we'll have a moderated session for that. Two of our speakers have been able to join the webinar in person today. But we have recorded all three presentations just in case there were any technology problems. So what you are going to hear are pre-recorded presentations, but our speakers will beavailable during the Q&A, so please be sure to share your questions, again, in that Q&A box. For our first speaker, I am very

pleased to introduce Dr. Folake Olayinka who will also be moderating the discussion session, the Q&A, at the end of the webinar. Dr. Olayinka serves as the Immunization Technical Lead in the Global Health Bureau at USAID in Washington DC where she oversees a multidisciplinary team and portfolio. Dr. Olayinka is a medical doctor with over 25 years' experience in clinical practice and public health, spanning senior technical, management and global leadership roles. Between January 2021 and September 2022, she concurrently served as the Technical and Strategy Lead for USAID's COVID-19 Vaccine Access and Delivery Initiative, as well as its Global Vaccination Initiative. Dr. Olayinka is a globally recognized immunization expert and a member of both the WHO Strategic Advisory Group of Experts, the Sage, and its COVID-19 vaccine working group, as well as serving on several other immunization advisory groups. So, Dr. Olayinka, over to you, please. Thank you.

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It is with great pleasure that I welcome you to the webinar today, focused on Harnessing the Power of the Pandemic Response to take Immunization into a New Era. The COVID-19 pandemic has resulted in the largest backsliding in the history of childhood immunizations with an increase in the number of never-immunized children from 13 million to 18 million between 2019 and 2021. As such, the theme of the world immunization week is quite appropriate, the big catch-up, which is a call to intensify efforts to catch up those who have missed out on vaccinations during the past few years. The State of the World's Children Report that was issued last week highlighted that 67 million children have either missed out partially or completely on vaccinations between 2019 and 2021, while even before the COVID-19 pandemic, immunization coverage rateshave stagnated for over a decade. The pandemic worsened that situation. The number of vaccine-preventable disease outbreaks have increased. Over 25 large and disruptive measles outbreaks have occurred in the past year pointing to increased immunity gaps. In addition, there have also been outbreaks of mpox, cholera, amongst others, contributing to multiple crises and further strains on the health systems and human resources around the globe. A few countries, however, were able to maintain pre-pandemic coverage levels, while a few even saw improvements. We can learn from these countries and how they leveraged the pandemic response to achieve these improvements. At the same time, immunization programs have worked with many cross sector stakeholders to provide over 13 billion doses of COVID-19 vaccinations around the globe, reaching high-risk populations including the elderly, immunocompromised, those with comorbidities, pregnant women, and all of these have required major program investments and innovations. USAID has played a major role in global vaccine equity and access to COVID-19 vaccines through our contributions to COVAX, working closely with other partners, and in partnership with over a hundred countries to strengthen their country readiness and delivery, including providing technical assistance in multiple areas such as digital information systems, demand and social behavioral change, supply chain and logistics, to mention a few. USAID is supporting partner countries in the integration of COVID-19 into immunization systems, primary healthcare, and routine programs. The pandemic responsehas come with many opportunities to strengthen immunization and primary healthcare and cross-sector coordination for life course vaccination. As we move into a new era in immunization, supporting countries to catch up on missed vaccinations while not losing sight of reaching beyond the pre-COVID levels, we want to highlight what we have learned through COVID and how it can be applied to routine immunization and use forward-looking solutions to make immunization systems more resilient and better prepared for and respond to future pandemics. Today, we will hear firsthand from partner countries and from MOMENTUM Routine Immunization Transformation and Equity projects and how they have worked with partners, local organizations, to promote equity in immunization and strengthening of health systems. We will learn more about how they're reaching those hard-to-reach populations using innovative approaches to community engagement, working through local NGOswith deep community networks, and how the

power of the pandemic response can take immunization into a new era. With that, I would like to turn over to Rebecca to introduce the first speaker.

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Thank you so much, Folake. You set the stage very clearly for us, indicating that really, we're looking to not just go back to where we were before the pandemic, but to take us forward to getting even stronger with immunization and improving equity and coverage, and protection. Just a reminder, please be sureto type any questions you have for the speakers into the Q&A box. Thank you. Now I'm happy to introduce our next speaker. Dr. Santosh Shukla is the Director of Immunization at the National Health Mission, Madhya Pradesh in India. He will discuss bringing equitable COVID-19 vaccination to vulnerable and hard-to-reach populations with a particular emphasis on using community engagement and working through local non-governmental organizations that have deep community networks. Dr. Shukla will also talk about leveraging those learnings from COVID-19 vaccination and turning them into promising approachesto be applied for strengthening routine immunization. Dr. Shukla has a long history of achievements, including recently being awarded as Best State Immunization Officer in 2023 by the Ministry of Health and FamilyWelfare of the Government of India. He is the senior-most immunologist in the country and has been working in immunization since 1985. He has proactively participated in polio eradication in eight states of India and in maternal and neonatal tetanus elimination. He represented the Ministry of Health of the government of India twice at the WHO Southeast Asia Regional Office.He's also well known in India for coining the words, two drops of life for polio eradication. He was named as a national topper in 2018 for the Intensified Mission Indradhanush and also named as a national topper for the Measles and Rubella Campaign in 2019 and the COVID-19 Vaccination Campaign in 2021. He's been recognized by the Bill and Melinda Gates Foundation as the national best innovator in the field of immunization in India in 2019 and has been a national trainer for the Universal Immunization Program in India, EPI Leadership and Management program at the Global Health University in Rwanda. He's been a trainer for WHO's National Polio Surveillance Project,as well as for UNICEF, UNDP, JSI, and CHAI. So we're delighted to have him with us today. Dr. Shukla, over to you now. Thank you.

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Hello for all. I am Dr. Santosh Shukla, Director-Immunization National Health Mission, Madhya Pradesh, India. It's my privilege to represent Great Nation India in this August gathering of galaxies participating in the COVID-19 vaccination conclave. The journey of COVID-19 vaccination in India so far has been amazing, astonishing, extraordinary, unmatched, unforgettable, unimaginable, and most challenging. Before I go on to elaborating about the journey of COVID-19 vaccination in India it’s high time I should give you feedback on how we started working on COVID-19 vaccination preparation. It was in November 2020 when an emergency vaccine was given to us by the Prime Minister of India. When he announced that, we started our preparedness in the shape of a storage system, transport system, and distribution system. We enhanced our capacity of vaccinators, verifiers, and mobilizers, and we started training all our frontline workers who are supposed to be the team members and also the medical officers who are supposed to supervise and monitor. On the 16th of January when the vaccine was launched, I want to bring to your kind notice that I have completed 38 long years in the immunization program in India. I had gone through almost 6-7 launching a vaccine, but never ever had I sawa non-living object like a vaccine being given the status of a celebrity by the media persons when they were there at the airport. This was amazing for me actually, and we prioritized starting vaccination for healthcare workers as they were the most vulnerable to that infection. On the 2nd of February, 2021, our frontline workers who were supposed to be the service delivery system persons like police, revenue persons, and our corporation persons, were also given this vaccine as a priority. On May 1st, 2021, the big launch

of the 18+ age population, India has the highest population now in the world,
and we wanted that maximum should be immunized as early as possible and we did that. On the 16th of March 2022, the 12+ age group population was taken up and it was again a very good scene seeing the young children getting vaccinations with a smile. On 10th of April 2022, precaution dose came into the picture. I want to elaborate that MOMENTUM Routine Immunization Transformation and Equity activities were a great help in the country to push this vaccination, and it was initiated in August 2021. On October 21st a mammoth landmark was achieved by the country, 1 billion vaccination doses were completed on that day. On July 17th, 2022, 2 billion vaccination doses were achieved, and that was a marvelous achievement indeed. Reaching to the unreached: As you can see from the slides, hard-to-reach areas were picked up in all parts of the country, requiring extraordinary efforts day in and day out. Our frontline workers and team members were using all their energies so that not a single person was left unimmunized. Late nights also, the vaccinations were done. The vaccinations were done for the elderly population and for the handicapped. We also used boat clinics for vaccinations in drowned areas, during the rainy seasons. Drones were used for the transportation of vaccines in hilly areas. We used one innovative idea of knocking on the door during the campaign so that we can socially mobilize them to the vaccination centers. Vaccination at the workplace again gave us a tremendous push as all the workers were allowed to be there in the workplace, and our teams were going to vaccinate them. You can see the smiling face of this girl. This was all happeningduring the school-based vaccination. They accepted our vaccine very well. Cascade training of health workerswas done in a planned manner. The innovative approachesin our state. You can see on the top left that car vaccination; drive-in vaccination was started. That was the first time in the country it happened, and it was all over the country and we could vaccinate lots of beneficiaries who are elderly, who are handicapped, and were not able to be there in the long queues. Awareness activity was even done on different transportation systems, as you see in the boats. Partnership with private and government officials was excellent and reaching out to the unreached area, in the drowned areas, in the muddy areas. And the mobilization efforts was marvelous, 2 million from RBSK and self-help groups as vaccine messengers. The timely and transparent communication to the masses was a great success. It was done through the Government of India handbook on COVID-19 Vaccination for Pregnant Women. They were very apprehensive, but after utilizing this information, the coverage was too high. Toolkit for Youth Campaign on Vaccination Drive and COVID Appropriate Behavior and Psychological Wellbeing was again a great success as young people became ambassadors and they started actively participating in the campaign. Regular press conferences for sharing updates with the general public were done so there was transparent feedback and communication and all the media persons were asking from the public side different question. It was answered on a daily basis by the national team and the state also. We engaged faith-based leaders and community influencers as they have got a big say in our society. Approaching and engaging religious leaders from a different faith to spread positive messaging and community mobilization, and it clicked very well. Ramping COVID-19 vaccination. The focus of the M-RITE project was to move towards strengthening COVID-19 vaccination by increasing demand, distribution, and uptake of vaccination and providing technical assistance to the Government of India to accelerate COVID-19 vaccination among the vulnerable and marginalized population across 18 states of the country. They helped in reaching 55 million beneficiaries with messages and supported the delivery of 15 million doses by working through 26 local NGOs. The priority groups which were attended were older people, tribal groups, migrants, laborers, persons with disabilities, and pregnant and lactating women. In Madhya Pradesh, 26 districts were supported by them. Working with local NGOs and CSOs with deep community networks. This helped us in designing and implementing approaches to engage traditionally unreached subgroups, support district micro-planning and strengthening the reporting mechanism, and address misinformation or misconception associated with vaccines. We differently categorized the selection of NGOs based on expertise for ensuring equitable delivery COVID vaccine geographies like riverine areas, hilly areas, deserts, border areas, hard to reach, and urban slums. Populations like tribal, mobile, elderly, leprosy patients, persons with disabilities, farmers and school goers. Partnership was faith

based leaders, brick link, state government, local corporate partner, influencers, and Tea Garden Association. The learnings from COVID-19 vaccination were: high-level political commitment through regular review meetings, fastrack approval process for vaccines through the use of indigenous vaccines, phase-wise vaccine rollout by prioritizing vaccinationby prioritizing cohorts, inter-ministerial coordination, cold chain expansion to accommodate the increased demand, rollout of operations and communication strategies through media briefings and digital campaigns. I want to highlight that COVID digital platform was used in COVID vaccination. It was offline-online registration. It was capturing SMS messaging to the beneficiary. We were getting the certificate out of it, and it helped us to manage the crowds as well. Reaching the last mile through partnership and community engagement through CBOs and FBOs. How India has resumed RI services during the post-COVID-19 vaccination. The service delivery; Ministry of Health issued guidelines stating immunization as an essential health service. States advised continuing immunization services, conducted a special immunization campaign that is called Intensified Mission Indradhanush, ensuring last-mile vaccine delivery. Demand Generation was focused use of hyper-local demand generation activities in areas having high dropout and left out areas. Tailor-made strategies were made targeting hesitancy and media briefings were done regularly. Governance and accountability was set up, regular review meetings at all levels along with COVID-19 vaccination meetings. Review with the states, which are high dropouts and left out. The data management was the use of digital platforms for building vaccine confidence. Daily tracking and analysis of data was done. Leveraging learnings of COVID-19 vaccination for routine immunization, planning, and governance. High level of political commitment with robust review mechanism, inter-ministerial coordination, and capacity building of healthcare workers. Use of digital platforms by digital applications to track immunization schedules and send reminders. Community mobilization and CSO engagement, digital and on-ground campaigns on special days. Those special days were massive campaign days. We used to vaccinate 40 lakh in a day. Engagement of religious leaders, PRIs, and other key opinion leaders at the grassroots. Engagement of civil society organization and dissemination of customized messaging by health workers, and leveraging local cultural art forms. Supply chain management; expanded cold chain system, reaching the last mile through the alternate vaccine delivery mechanism. I want to highlight the transportation of vaccines like the Relay Race we were using during the massive vaccine campaign. Overnight, we used to run the vaccine to vaccinate. Our vaccination time was 9:00 AM to 5:00 PM. This is all from my side. Thank you very much.

00:26:58,840 --> 00:29:28,060

Thank you so much, Dr. Shukla. You really brought to life the unprecedented experience in India and the amazing accomplishments, as well as some of the measures taken to prevent a drop in routine immunization coverage and actions that could be taken and applied from the COVID vaccination experience to strengthen coverage and equity for routine immunization. Again, if you have questions, please do add them to the Q&A box at the bottom. Before we go on to our final speaker, we'd like to get some feedback from all of you, our participants, about your own experience that you have had with COVID vaccination. Again, coming back to the theme of this particular webinar about how do we harness that experience of the pandemic response for vaccination to try to move immunization into a new era. We're asking you here to answer this multiple-choice question. Please just indicate one single choice.In your view, what was the most useful new strategy or new tool introduced during the pandemic that should be continued into the future to strengthen immunization?You can see the possible responses here. We've given a number of themto make this rapid. But if you have other responses that you'd like to share, please write them in the chat box and we'll give you about 30 seconds to a minute to respond to this. Thank you. Katie Cooke, maybe you can just give us an update on the responses that we're getting. So we're going to end the poll now, and I'm wondering, Katie, can everybody seethe poll responses?

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Yes.

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Great. So what we see here is that the option that got the most responses was better methods for social and behavior changewith 31% of respondents indicating that. We had 77 responses overall. This was followed by innovative vaccine service delivery strategies.For example, new sites, new hours to improve access, and closely followedby new approaches to vaccinate new and differentpriority groups. For example, taking into account new partnerships or new settings for reaching them. So thanks very much for that.I'm also going to look into the chat box in just a second here to see what else people wrote in. There were just two other responses. I don't want to overlook the other responses that people provided about different approaches for managing data and new approaches to strengthen vaccine supply chain and management. All of these have been important developments over the past year and a half or so that bear examination for their application in the future. So with that, I'm just looking to see what the other responses are. From Florent Lamar, behavior change and innovative vaccination. Thank you for that. We're going to move on then from the poll question. Thank you very much for that. This gives us some food for thought for the question and answer session as well. We're going to move on now to our final speaker, Dr. Lucy Mecca from Kenya. Dr. Mecca is a Pharmacist and Public Health Specialist working with the Ministry of Health in Kenya.She has worked in various capacities over the years, gaining vast experience throughout the Kenya health sector. Currently, she is the Head of the National Vaccines and Immunization Program in the Ministry of Health. Dr. Mecca has a keen interest in assuring access to vaccines and other essential medicines, and she's currently focusing on ensuring equitable access by the Kenyan population to priority vaccines. She is particularly committed to seeing that Kenya sustains the gains that it has made over the years in the immunization program, even as the country graduates from being able to receive direct support from Gavi, The Vaccine Alliance. I just want to give one more reminder to please be sure to type any questions you may have for our speakers into the Q&A box. So with that, over to you, Dr. Mecca. Thank you.

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This is the outline of my presentation. I will discuss about the timelines for COVID-19, particularly the first few months, and then mitigation strategies that we used to keep routine immunization going during those months, how our performance was, and any recovery efforts in response to the performance, and any lessons that we have learned. Alongside that, also, the promising practices, particularly for the life course immunization approach. If we look at the timeline for COVID-19 in Kenya, the first case was reported on 13th of March, 2020. By 16th March, we had had 30,120 cases that had been reported, out of which 15,000 had recovered, and 470 had lost their lives. The others were still in recovery. What happened in March when the first cases were announced, there was a lockdown. First, the passenger flights banned in March. Then in April, the bans for travel were local in Nairobi and Mombasa, those are the two major cities. So travel in and out of those two cities was banned, and in May, another county was also added, that is Mandera.Then in July, all the travel bans were listed and the airspace was reopened in August. When we look generally at immunization, what happened with immunization, we see that there was a decline in April and May, but there was a recovery after that. But what didn't recover well was the HPV vaccine coverage, which was highly hit because the schools were closed for most of 2020until around 2021, much later in the year. That's when the schools reopened and we were using a school-based mode to do the HPV vaccinations. So some of the mitigations that the country undertook were that a guideline on continuity of immunization services was issued to guide people on how to safely conduct immunization services. Also, a rapid survey was conducted to understand how the

immunization services were affected by the pandemic. Also, we planned for an RRI, that is the periodic intensification of routine immunization through forecasting of vaccines for those who missed the routine vaccines during this period. If we look at the performance, for the antigens, like the pentavalent 3, that is the DPT-containing vaccine, andpentavalent 1, you can see in April, most of our antigens had a dip, actually all of them. The number of doses administered between March and April dropped quite significantly. In March, we were at least by 10,000 doses, which are quite big because it reclines almost close to 20%. You can see that HPV, which is the blue, and down here, was the one that was most affected. It didn't recover like the rest of the antigens. The rest of the antigens recovered over time. In fact, even just after May, in June we had a higher coverage compared to the previous months of April and May. But for HPV, we didn't recover so quickly. You can see that this is the trend over the years. You can see that there's a slight dip, but in 2020, the gradient of the dip was a bit steeper than in the other years. We can say for routine immunization the effect was not so much on the antigens that are given below one year of age. But HPV, you can see the effect was quite huge. After the lockdown, we saw a dip in the number of vaccinations that were being done. This is our coverage for routine immunization in 2020. You can see most of the antigens were above 80%, which is usually the norm, and our MR2 was around 50% which is also the norm or the trend that we have had over the years. HPV 2 was around 30% at that point. But still, HPV was a new vaccine, we had just introduced it in 2019, so we didn't really have a comparison of many years. How did we recover the routine immunization? There was guidance on maintaining routine immunization as an essential service, which was provided in the form of a letter, a circular from the director general. In addition, the cargo flights resumed. Because vaccines would be still passenger flights. So when the passenger flights were banned, we managed to get the vaccines through cargo flights. There was a slight delay for one or two consignments, but after that, it became okay. We did a national periodic intensification of routine immunization exercise that was conducted between October 2021 and February 2022 and it covered children who had been missed from 2019, and also covered HPV for girls who are aged between 10 to 14 years. We continued to communicate through the media and community structures and screening at various service points and also supportive supervision to see what was happening. I think some of the lessons that we have learned is that leadership is critical during the pandemic because without clear direction or clear leadership to rally routines everybody would have stayed home without coming for vaccination. Also that we needed to employ quite a range of strategies to mitigate the disruptions in routine immunization to reassure communities, to ensure that the commodities are available. So all those strategies needed to be used, and of course, continuous community engagement so that they continue to see immunization as necessary despite the risk that was out there, COVID-19. Of course, supportive supervision was very important to ensure that people were adhering to the guidance that was there, and also the need to adapt our policy and delivery strategies looking at epidemic control. So those are some of the lessons that we learned. Some of the promising practices that we can use as we face a life course for vaccination reducing the non-traditional actors. We had new players coming in who previously were not in the immunization space and they had strengths that we didn't have, people who knew how to design messages well. So that partnership really helped us. Then planning immunization sessions with those who are beneficiaries. For example now you don't detect the time for vaccination, you ask when it is convenient so that you can schedule that vaccination and the time when it is convenient for the beneficiary, rather than when it is convenient for the health worker. In addition, screening at various service points to find out whether people are vaccinated and referral. Then we also realized the use of electronic records, which was very useful for COVID-19 because we had real-time monitoring. Actually, you could monitor through almostto the minute people were being vaccinated. It would show up. Client reminders through SMS. Then people would also be able to download their certificates, which was really making the clients very excited, what they were able to do to find the portal. So that was a good thing. I can say that is what we learned and what we foresee for the future for us in Kenya. Thank you.

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Thank you so much, Dr. Mecca, and thanks for sharing with us the breadth of new innovations and promising practices that were introduced and the potential for carrying them forward. So I want to thank all of our speakers for their excellent presentations, really highlighting those lessons learned from the incredibly intensive experience of COVID-19 vaccination and the response to the pandemic, things that can help us to move forward with strengthening routine immunization and really advance towards the global goals for immunization. Not just going back to where we were, but taking us forward. Now, I'd like to go ahead and turn it over to Dr. Folake Olayinka to moderate our discussion and Q&A session. I see there are a number of questions in the Q&A box. I think one or two have already been answered. Unfortunately, Dr. Mecca was actually called away to other activities for World Immunization Week in Kenya. But we're very, very happy to have with us Dr. Isaac Mugoya, who is the MOMENTUM Routine Immunization and Transformation Equity Project in Kenya Team Lead. He's been working very closely with Dr. Mecca and the National Immunization Program. So he'll be stepping in to take part in the Q&A on her behalf. So Folake, over to you, please.

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Rebecca, thank you very much. A huge appreciation to our two presenters today, Dr. Shukla, as well as Dr. Mecca. Really exciting presentations on the experiences in two different contexts, India and Kenya, and the different approaches that they used to really ensure that the routine immunization was able to recover or maintain pre-pandemic coverage levels. Let me pose a question to both Dr. Shukla and Isaac at this time. So given the experiences that you've had, what do you think are the critical elements that you would take away that were really effective in addressing and improving and recovering immunization programs, that you took away from the COVID-19 vaccination experience innovations. You described working with local organizations, what amongst these experiences would you say are really going to be beneficial for strengtheningthe routine immunization going forward? Let me invite Dr. Shukla to respond and then Isaac, you come in after that. Dr. Shukla.

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Thanks for calling me. This was the first health vaccination done in emission mode in the country, and community participation was promoted and the response was very encouraging. New models of vaccine delivery systems were utilized and for building confidence in vaccines, dissemination of correct information, and clarifying myths and rumors, the CSOs were an effective median and their engagement contributed significantly. This experience we're going to have in our RI vaccination also. And we have increased 6.6% actually coverage this year in RI. And recent reports of UNICEF 2023 suggests that India is one of the three leading countries which has emerged as the best RI coverage country in the world post-COVID vaccination.

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Thank you very much, Dr. Shukla. So really drawing on those expanded community networks to use them for continuing to strengthen immunization. Fantastic. Isaac.

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Thank you very much, Folake.I think I want to mention three things. One of them is on leadership and political goodwill to support the program and to be able to resource the program to be able to adapt to changes. That will be coming very handy, especially in times of uncertainty like epidemics. The second one becomes the resilience and adaptability of the program. We must be willing to learn about new strategies, new ways of doing things, and be willing to compromise where possible with other areas so that we can be ableto achieve results. The third one is the issue of partnership, especially with non-traditional partners. When you start getting into new areas that we've not been, I think it is important for the EPI to be able to understand the value of partners who will do other things, not just immunizations, but they're able to engage with communities and they're able to link with communitiesin a way that is able to give us results. Those are my three things that I took from that experience. Over to you.

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Isaac, thank you very much for that. I have a quick follow-up question for you. So when you talk about new partners in the experience of Kenya, what are some of these new partners that you see playing critical roles in strengthening and recovering immunization programs? I'll give you 30 seconds on that one.

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I think the new partners we talk about are partners who are probably involved in some of the areas. Not service delivery partners, we talk about partners who are involved in logistics and transportation of commodities, people who have experience in monitoring and mobilizing populations. Because these are the key areas that we would need. And I'm talking about people who are able, who have the capacity to reach vulnerable populations that are not easily reachedby routine immunizations. We can talk about populations like those who deal with veterinary services, partners who deal with nutritional services, and also those addressing humanitarian issues. Thank you.

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Great. Thank you very much. I'm going to take a question that we have here. And thank you very much for submitting this question. This is coming from James Mowanda. Thank you very much for that. You refer to the concerns around inadequate vaccine supplies and then seeing the declines overall in global immunization in 2021. What is your view in terms of being able to overcome supply, I would say particularly at the last mile in your country? Dr. Shukla, you talked about some innovative waysof getting vaccines to the front lines and we'd love to hear from you. What are some of those experiences that you would continue to draw on in terms of last-mile supply chain?

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Actually, effective vaccine management is the backbone. And what we did, because of the long association with the program, we had N number of experiences like how to combat the crisis when the vaccine is coming overnight and you have to deliver on the next day within 12 hours across a state which has got a district 1000 kilometers away. So we had to develop a Relay Race system. We accumulated all the vaccines we had in our state and we could make a relay race of it. And overnight, a 40,000-kilometer run of the vaccine on wheels was seen that it clicked very well, and we could help 20 lakh coverage by the next day morning.So this was the first time we could make our knowledge and experience into practice. So this was amazing. Second was crises. When the vaccination program started in India, there was a scarcity of vaccines. That flow of vaccines was not that much. So we now are very good managers. We know how to utilize the vaccine, push and pull method, wherever the vaccine was utilized best, we were pushing

there. And where the vaccination was slow, we were just pushing a very slow vaccine. So that push and pull mechanism, we adopted. So these are the two good interventions that came out of COVID vaccination management.

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Thank you very much. I'm going to come over to Isaac and we have a question here, which is, Kenya, how do you use the same electronic platform that was used for COVID vaccination? How do you use that for routine immunization? The digital health systems that were put in place, how do you see that being leveraged for broader routine immunization programs in Kenya?

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Thank you. That's a very good question. As a country, we are looking at adopting some of these mechanisms and some of these best practices that came from COVID-19. And on top of the list is actually the digital records. We haven't started using it, but we are in the process of trying to figure out how that fits within the routine immunizations. We must remember that routine immunizations have a bigger target in terms of number and also a different kind of target. So I need to say that within the National Health Information System at the DHIS, there is a dashboard that is actually from that COVID-19 electronic database. So there are processes of trying to make sure that how do we interlink the data from COVID-19 and DHIS. We are still in the process of figuring out the best way of how to be able to include routine vaccines within that electronic system. And as part of that, within the next few weeks, we are coming up with integration guidelines where we make COVID-19 a routine vaccine. And I think within the next few months we should be able to know how best to use that. But yeah, it's true, that's something we are planning to adopt.

00:54:28,120 --> 00:55:09,138

Thank you very much for that, Isaac. I'm going to ask both of you this question. Were there gender-related barriers from the COVID vaccination rollout? How do you see those barriers being overcome, particularly as it relates to broader immunization? I'm going to turn firstto Dr. Shukla. How do we achieve gender equity in immunization given the lessons and experiences from COVID and putting that to the broader immunization programs?

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The barriers were too many during the COVID vaccination. All types of challenges we faced. It was a new experience dealing with vaccinating pregnant women, first of all. During vaccination, TD was given, but new vaccines, we never tried, that too was in the initialemergency period. It was very challenging how to communicate and the apprehension was too high. So we developed a frequently asked question-answer specifically dealing with the pregnant population, and we utilized allthe celebrities or gynecologists, using their appeals to pregnant women and that actually clicked very well. The next challenge to us was the younger population. We had to utilize all the platforms of school and college education, teachers, and the students also. We could sensitize them through YouTube that vaccines are safe, effective and one of the volunteer groups is Satya in our state and the country.They are actually supporting different health sector schemes. So we trained them and we motivated them in those populations. They belong to tribal populations and their fathers, mothers and brothers, they were not taking the vaccine at all. So we asked them if you should take your vaccine first, after that the confidence level will be high among your parents. That clicked very well. In India, the first villagewith a tribal population, two doses were given, 100% vaccination was done through this type of strategy. And last but not least, utilization of self-help groups. In our state, 40 lakh women are registered across

44,000 villages in the state. We could bring down through them the message that vaccine is safe, effective. First time we vaccinated them, we were monitoring through Google Forms, they were 100% vaccinated with the first dose, and that platform the message seeped to the family. 1:5 to 1.85 crore vaccination in the state out of 5.4 was done using this type of channel. So different channels were utilized and we are thankfulthose strategies clicked very well. And we were the top-most-running state in the country. And as far as the world also, after Norway, we were the first to complete 98. 4% second dose in the reports you are seeing across the global vaccination program.

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Thank you very much, Dr. Shukla. These are really extraordinary experiences that you are sharing from COVID in terms of gender-related issues and how you've overcome them, building trust with family members, community networks, using social media. Would you deploy any of these for broader immunization programs in terms of overcoming gender barriers for your routine immunization programs?

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Our partners who are supporting the program like MRT, they were actually using their ambulances and addressing the unreached population. So that was one strategy, taking the support of all the NGOs and the partners who came forward actively and supported the state. Our state is surrounded by five different states in the country. It's at the heart of the country. So that broader strategy you are talking about, yes, it is a big challenge for us. And we proved ourselves. What we did was we located our COVID vaccination center across the border and we could vaccinate all those migrated populations there itself.

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Dr. Shukla, thank you very much, and we will end on that note. Taking these lessons to reach the heart to reach populations as you have mentioned, and the different technology, building trust to overcome gender barriers in immunization. With that, let me hand it back to Rebecca.

00:59:53,600 --> 01:00:43,130

Thank you so much, Folake. A very big thank you to all the speakers for giving their time and sharing their expertise today. And thanks to all participants for your engagement. We'll follow up with the questions that we didn't have the time to answer in our limited time. We'll follow up by email. We'd also just like to ask two minutes of your time now to provide some feedback on our webinar. You can click on the link in the chat or you can use the QR code on the screen. This will direct you to a short survey. It just takes two minutes. It's very valuable to us. And again, in the next few days, you'll receive an email with the link to today's recording and slides. Thank you all very, very much for your participation and especially to our speakers, and especially to Dr. Folake Olayinka for moderating today. Have a wonderful rest of your day. Thank you.