

Comprehensive training

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HOSTED BY GAVI, WHO, UNICEF & US CDC



Improving equity in immunisation

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Definitions



Zero-dose children are those who have not received any routine vaccines. For operational purposes, Gavi defines zero-dose children as those missing a first dose of diphtheria-tetanus-pertussis containing vaccine*.



Under-immunised children are those who have not received a full course of routine vaccines. For operational purposes, Gavi defines under-immunised children as those missing a third dose of diphtheria-tetanus-pertussis containing vaccine.



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

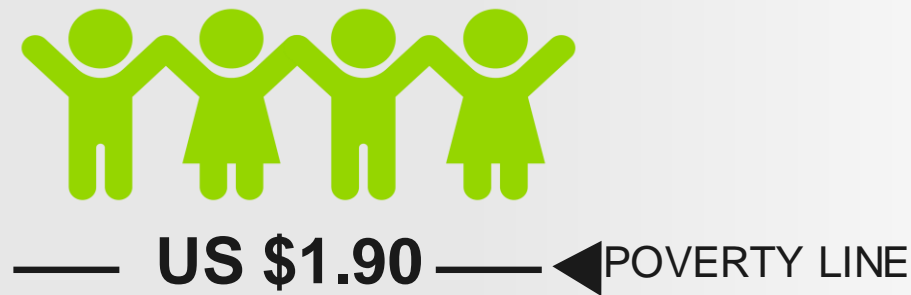


Equity: The organising principle of the Alliance's 2021-2025 strategy, whose vision is *Leaving no-one behind with Immunisation*. This entails a laser focus on using all Gavi levers to reach missed communities and zero-dose children with immunisation



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

POVERTY



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

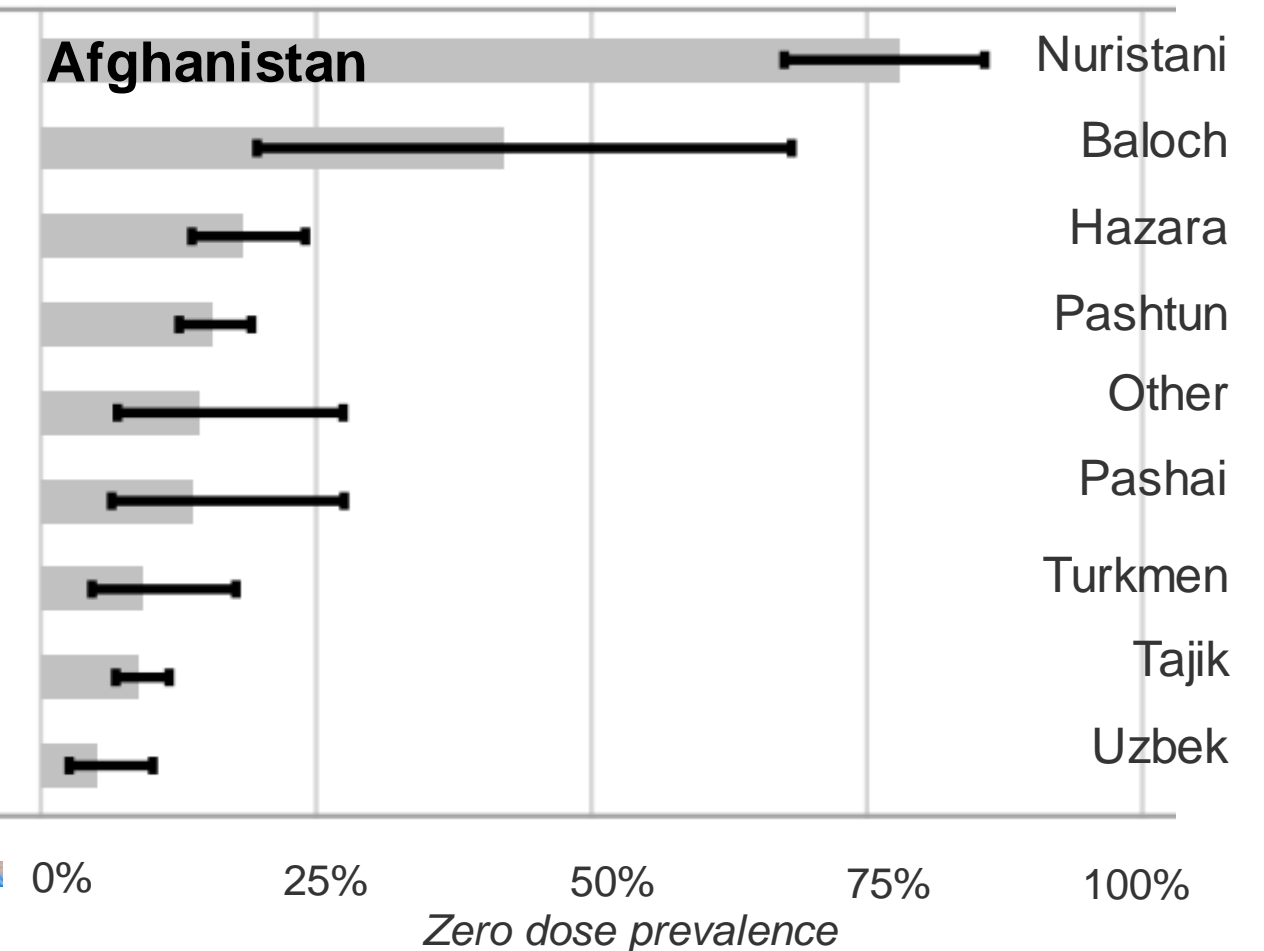
1 in 8 children in Gavi-supported countries are Zero dose, and yet they account for **nearly half of all children dying from vaccine preventable diseases.**

GENDER



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

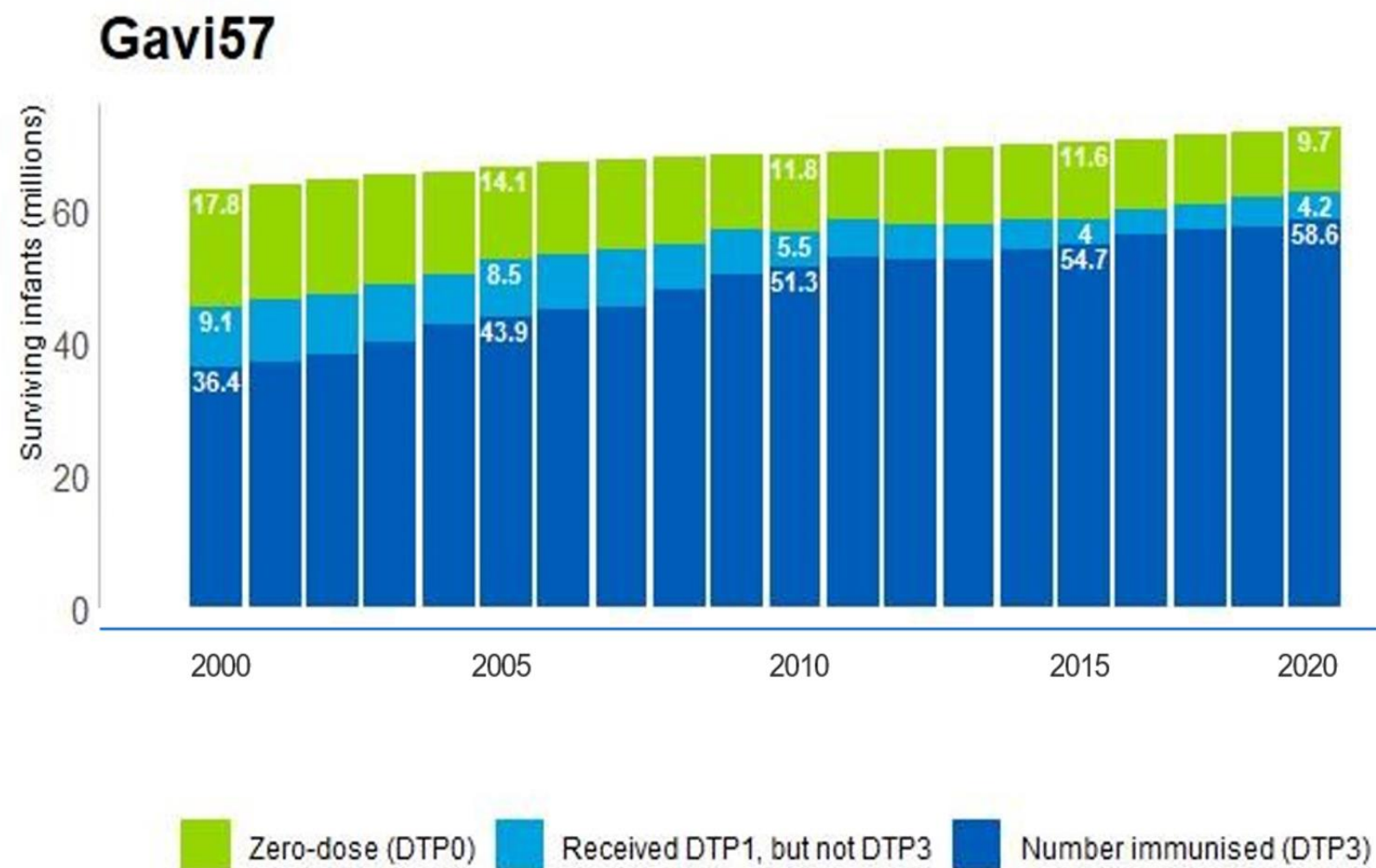
ETHNICITY



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

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

9.7 million infants lack access to vaccination services, 4.2 million drop out before receiving a third dose of a DTP containing vaccine



Of the 13.9 million infants that are not fully vaccinated with DTP3, 9.7 million did not receive an initial dose, pointing to a lack of access to immunisation services.

A further 4.2 million were partially vaccinated without completing the required 3 dose schedule in the first year of life.

- Every year approximately 13.9 million of the 72.5 million children targeted with Gavi support do not receive their third dose of DTP-containing vaccine.
- 70% of these children, 9.7 million in total, do not receive a single dose of DTP-containing vaccines and are defined as “zero-dose”.
- Reduction in number of zero-dose has plateaued over last decade pointing to persistent inequities



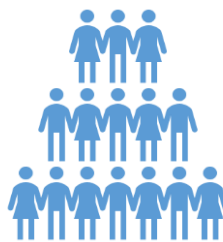
Why should we invest in reaching zero-dose children and missed communities?



Sustainable Development Goals: Reaching every child with immunisation is a first, realistic step to *leaving no one behind* and universal health coverage



Value for money: Immunisation most cost-effective health intervention – countries will need to prioritise health spending as they recover from COVID



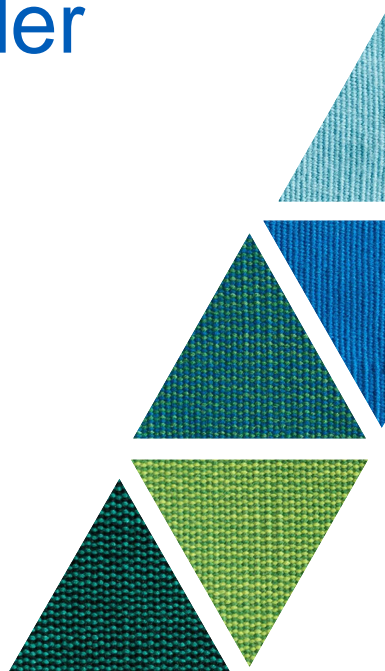
Greatest impact: Zero-dose children often live in missed communities suffering multiple deprivations, who are least resilient to VPDs



Foundation for Primary Health Care: Immunisation services can be a pathfinder for reaching missed communities with essential PHC services



Health security: Missed communities' potential source of VPD outbreaks



Identifying zero dose children and missed communities is the first step – 50% in urban/remote rural and conflict regions



Urban poor



Remote communities & nomadic groups



Populations in conflict settings

Initial Analysis

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

What is the impact of COVID on the zero-dose agenda?

Equity agenda more relevant than ever

Will exacerbate challenge of reaching zero-dose

Also presents opportunities

- Many more children will be zero-dose
- Exacerbated inequities, highlighted vulnerability of missed populations (e.g., urban poor)
- Reduced fiscal space (may not mean reduced health expenditure)
- Population movement – will stretch services and conflate data
- Diverted health system capacity for COVID response
- Impact on trust and demand
- Highlights threat of infectious disease outbreaks
- Exposes weaknesses in health systems
- Catalyses efforts to increase integration within immunisation
- Catch-up efforts are an opportunity to reach previously missed communities

How can we address these challenges and capture the opportunities?



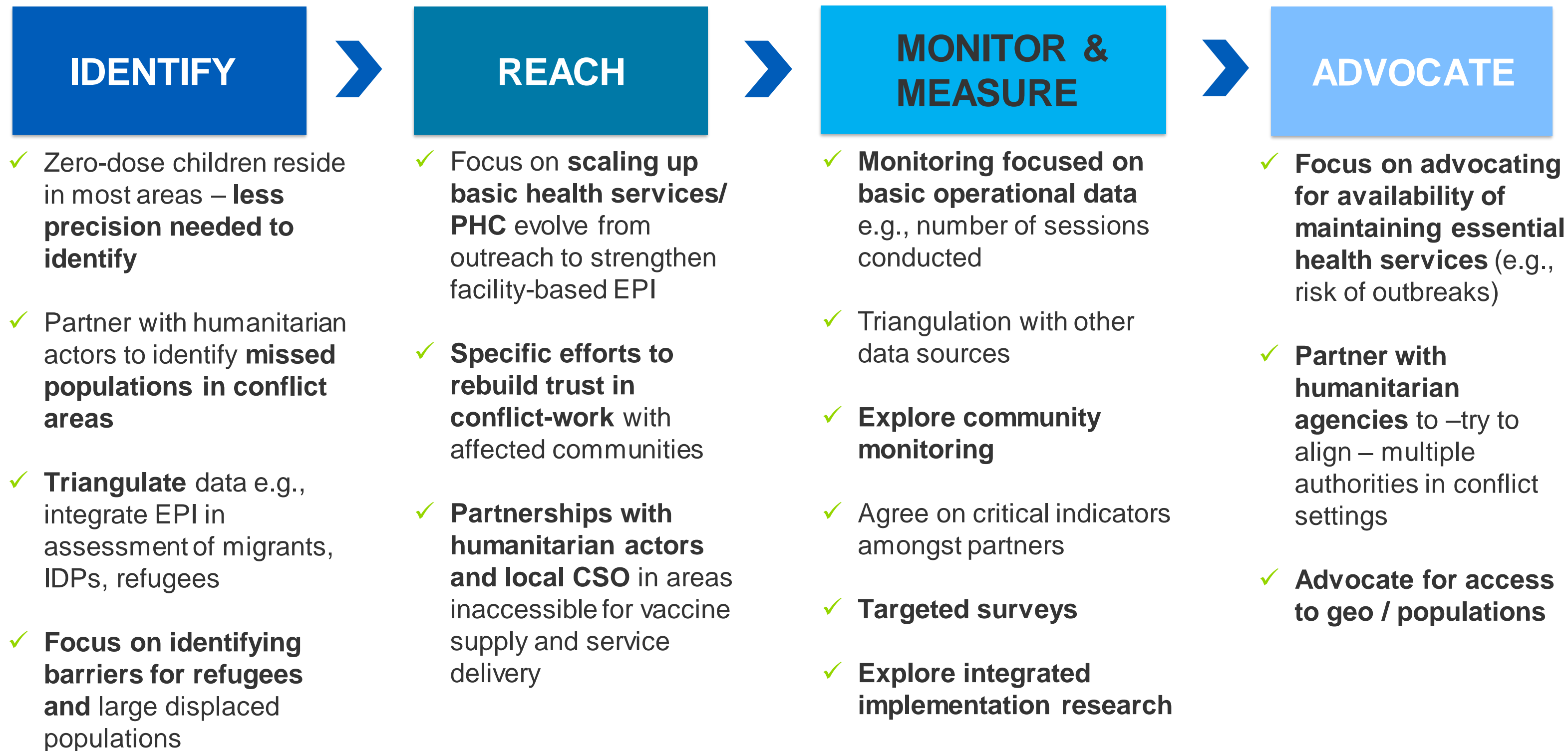
How do we tailor the approach in different contexts? (e.g. Low coverage & acute fragility)

Illustrative

Expected outcome: increased availability of essential services and coverage in key regions

Country context

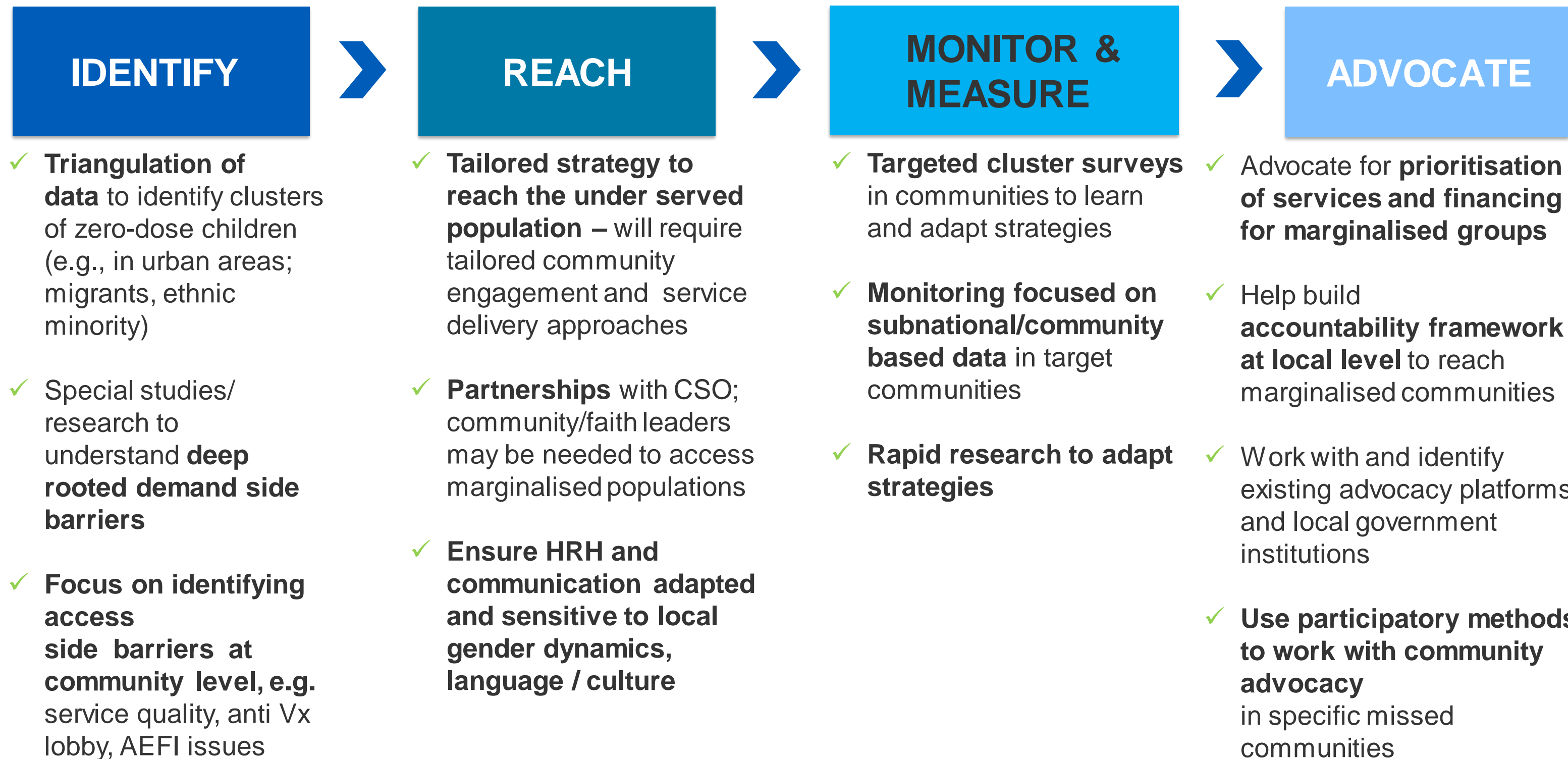
- Low coverage nationwide
- Very weak health system
- Many parts of country conflict-afflicted – limited access
- Fragmentation / weak governance and coordination
- Humanitarian partners



How do we tailor the approach in different contexts? (e.g., High coverage, high concentration)

Illustrative

Expected outcome: targeted improvements in coverage in specific zero-dose communities



Country context

- High coverage nationwide
- Concentration of zero dose in localised communities or pockets
- Strong systems
- Decentralised governments?



THANK YOU!

