

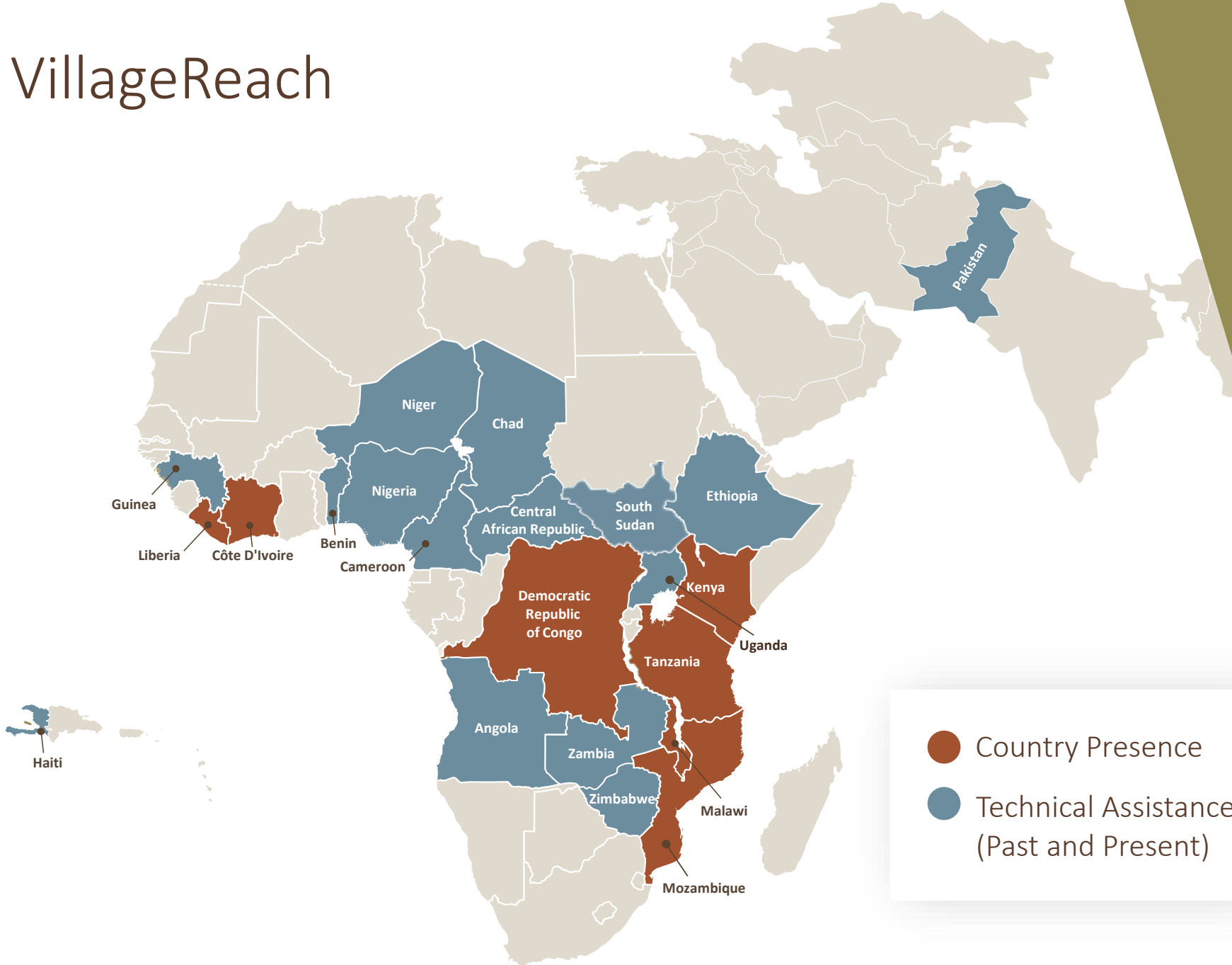


Using modeling to reach zero-dose kids with Community Health Workers as vaccinators

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Our Vision

A world where everyone has the health care needed to thrive

Our Mission

To transform health care delivery to reach everyone

- Country Presence
- Technical Assistance (Past and Present)

What if CHWs administered vaccines? Key questions:



Can CHW vaccinators reach more under-reached populations than other HW cadres?

Do CHWs vaccinating free up time of HWs/nurses for other tasks?

What is the HrH impact of task shifting vaccine administration to CHWs?

Routine immunization coverage is stagnating



Routine vaccination has stagnated over the past 10 years



Severe health worker shortage in LMICs hampers delivery of routine health services



22.7 million children lack access to routine vaccines

New HrH approaches needed to vaccinate zero-dose and under-immunized populations



A role for Community Health Workers as vaccinators?



Live in and are trusted by under-reached communities

Bridge gaps in health care access to help reduce health disparities

Often engage in health promotion and health education activities related to routine vaccines

Already administer injectable contraceptives in some countries; and administer vaccines in 20 countries

Most countries: Not allowable for CHWs to vaccinate
Globally: Lack of evidence and guidance on leveraging CHWs as vaccinators



CHWs as Vaccinators Research

CHWs vaccinate (injectables) in 20 countries as trusted members of communities, and improve access for under-immunized communities



CHWs face occupational and supply chain challenges:

- **Insufficient Pay**
Often delays or lack of disbursements, and not compensated for their work
- **Lack of transport**
Insufficient transport for vaccine collection and outreach
- **Vaccine storage**
Limited cold chain training and insufficient equipment
- **Inadequate training**
Insufficient refresher training

Where:



Malawi




Global

Results:

- CHWs improve access for under-reached communities
- Integrate CHWs with health systems with adequate remuneration, supervision, trainings and supply chain support

Partners Involved:



 Community Health Impact Coalition

Malawi CHWs as Vaccinators Research: Key Findings

Support

National CHW cadres can successfully be trained, supported and supplied with vaccine products to support routine immunization but having the right supportive infrastructure in place is key to their success.

Efficiency

One key benefit of Malawi's model is that CHWs provide “wraparound immunization services” and do not require the presence of nurses/other health workers to support them.

Trust

Most respondents viewed CHWs as trusted vaccinators and service providers.



“[If] another person goes there with the vaccine, people will not receive it but if it is an HSA (CHWs), they say our doctor has arrived.”

How does HrH modeling fit in?

HrH modeling findings are critical in generating evidence on the benefits of CHWs as vaccinators. Re: Staffing requirements; workload management, cost, and impact on immunization coverage

- **Evidence can be used at the country and global level for:**
 - 📌 Advocacy for CHW as a vaccinators approach, per country context
 - 📌 Informing global and country guidance on the deployment of CHWs as vaccinators
 - 🚚 Designing strategies for maintaining essential primary care services (incl. vaccination) during public health emergencies
 - ⚙️ Determining the best configuration of the community health workforce and services to meet the primary healthcare needs

Modeling topics for CHW as vaccinators (1/2)

Benefits of CHWs as Vaccinators

- What are the possible benefits to the healthcare system of adopting CHWs as vaccinators in terms of: time gain for other HW cadres; patient waiting time; immunization coverage?

Task delegation impact on workload

- What is the existing workload for CHWs and what is the impact on workload of HWs by task-shifting/sharing vaccination administration to CHWs?

Staffing decisions

- What are the staffing and training implications of substituting other HW cadres (e.g. nurses) with CHWs in vaccination?
- How many additional CHWs will be needed to have them also vaccinate?
- What are the CHW attrition rates and how to facilitate effective succession planning?

Modeling topics for CHW as vaccinators (2/2)

Time/cost analysis

- How long does it take for a CHW to vaccinate at a community health post, versus a nurse in a facility?
- What is the cost of using CHWs for vaccination vs other HW cadres?

Immunization coverage /equity

- How many more under-immunized/zero-dose children can be reached with vaccinations with CHWs compared to current coverage?
- What are the implications on reaching more zero-dose children?

Key Takeaways



Supply existing HrH models to explore the implications of using CHWs as vaccinators on the health workforce and reaching zero-dose/under-immunized children.



Modelling results will help to fill a global evidence gap and can serve to shape global & country-level guidance on “if” and “how” to leverage CHWs to vaccinate



Recommendation: Apply existing HrH models to:

- generate global evidence informing policy and guidelines
- inform country implementation for leveraging CHWs as vaccinators to increase vaccine equity and coverage, and fill HrH gaps

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Thank you

