

# Strengthening Guinea's Routine Immunization System

Leah Ewald, Mamadou Kaba Sow, Lior Miller, Beaux Kennedy Mitton, Laurel Hatt

## INTRODUCTION

- **What is the challenge?** Guinea's routine immunization (RI) coverage has remained stagnant at very low levels. Most recent data (2022) shows that only 47% of children received three doses of diphtheria-tetanus-pertussis (DTP) vaccine, and 38% of children were "zero-dose"<sup>1</sup>. Guinea's low RI coverage is also attributable to low rates of domestic funding disbursements and heavy reliance on external funds.
- **Who is involved?** Guinea's Expanded Program on Immunization (EPI) is responsible for improving RI coverage and considers community engagement as key. While there has been limited coordination between the EPI and the Department of Community Health and Traditional Medicine (DNSCMT), the country's strong commitment to implementing its national community health policy was a window of opportunity to promote greater collaboration and integration of community health and RI programming.
- **How has this challenge been addressed?** With support from the Accelerator project, Guinea's EPI and DNSCMT identified challenges and opportunities to integrate community health with immunization and reduce funding gaps to increase Guinea's low RI coverage.

## METHODS

- **Landscape mapping** to identify root causes of Guinea's low RI coverage based on data analysis, interviews with key stakeholders, and subnational dialogues with health center directors, community health workers (CHW), community mobilizers (RECOs), EPI officials, and parents.
- **Co-creative action planning** to identify strategies to improve community health and immunization integration and increase financial resources and funding flows for RI.
- Community health **coordination and domestic resource mobilization** activities.
- **Virtual peer learning** series between Guinea and Togo to promote cross-country exchange of promising approaches for RI-community health integration.

## RESULTS

Systems-level drivers of low RI coverage identified through the landscaping exercise included:

- **Absence of a platform for coordination between EPI and the National Community Health Directorate** leading to missed opportunities to strengthen personnel, supervision, financing, planning, and community engagement.
- **Under-utilization of CHWs and RECOs to support immunization** due to lack of training, salaries, and coordination.
- **Need to engage local government and CSOs** in immunization planning to ensure resourcing and coordination for immunization.
- **Funding flow gaps and budgetary challenges** resulting in vaccine stockouts, unpaid salaries, transportation disruptions, and low quality of health services.

The co-creative action planning exercise identified four priorities to address these challenges:

- 1. Improve financial resources and funding flows for immunization.** Domestic resource mobilization workshops were held in three communes with local elected officials, civil society members and health officials to identify priority funding needs, advocate for increased financial contributions from private sources, and develop community funds to manage and allocate financial contributions. These workshops secured monthly contributions from local leaders to be used primarily for outreach.
- 2. Improve coordination and integration of RI into health systems and policies.** Participants in the action planning workshop identified seventeen activities to improve the coordination of the EPI with the National Community Health Policy. To oversee this work, a committee was established to improve coordination between the EPI, DNSCMT, and National Health Promotion Service (SNPS). The committee is led by focal points at the EPI, DNSCMT, and SNPS.
- 3. Civil society and community engagement.** CSOs, religious leaders and elected officials were trained to conduct social mobilization and awareness campaigns to boost coverage and identify zero-dose children.

- 4. Strengthen immunization campaigns and leverage campaigns for routine immunization.** The Accelerator supported the improved engagement of CHWs in a measles and meningitis A campaign and designed an updated training for CHWs and RECOs, clarifying their roles in campaigns and routine immunization.

## KEY TAKEAWAYS

- Strengthening RI coverage to reach zero-dose children requires **addressing long-standing challenges at the systems level** including governance and coordination, financial resources and funding flows, data systems, and human resources.
- **Building on existing community health country initiatives and priorities** can provide a path towards strengthening the integration of immunization into community health and reducing verticalization.
- **Demand-driven, co-creative program planning** that engages a wide variety of stakeholders can help identify the root causes of immunization challenges, elicit creative solutions, build buy-in for systems change, and ensure sustainability.
- **Engaging CSOs, community leaders, and local government officials** helps ensure the continuity of activities during political crises and strengthens local commitment and accountability for improving immunization coverage.
- **Investing in community resource mobilization mechanisms** can provide stop-gap measures to protect against funding gaps and delays which would otherwise interrupt activities such as community outreach, while also providing health facilities flexible sources of complementary funding, for example to provide trainings for CHWs and RECOs.



Photo: Community-level social mobilization activity held in Dubréka, Guinea on identifying zero-or missed-dose children.

This poster is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. 7200-AA-18CA-00037 managed by Results for Development (R4D). The contents are the responsibility of R4D, and do not necessarily reflect the views of USAID or the United States Government.

Reference:

[1]Diphtheria reported cases and incidence. (n.d.). Diphtheria Reported Cases and Incidence. <https://immunizationdata.who.int/pages/incidence/DIPHThERIA.html?CODE=GIN&YEAR=>