Global update on Missed Opportunities for Vaccination

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Outline for global MOV update

- Background on missed opportunities for vaccination (MOV)
- From “proof-of-concept” to “scale-up”
- MOV implementation models
- Ongoing strategies for MOV scale up
- Questions, comments, discussion
What is an MOV?

Any visit to a health facility by a child (or adult) who is **eligible** for vaccination, which **does not** result in the person **receiving** all the vaccine doses for which he or she is eligible.
MOV assessment objectives

- HOW MANY opportunities are missed?
- WHY are these opportunities being missed?
- WHAT can be adjusted or done differently?
What are the components of the new strategy to reduce MOV?

A framework to facilitate coordination among partners and countries to scale up and maximize impact.
The 10-step process of the MOV strategy

**PLAN AND PREPARE FOR THE MOV STRATEGY**
1. Plan for an MOV assessment
2. Prepare for field work and secure funding

**CONDUCT THE FIELD WORK**
3. Collect field data
4. Analyse data and identify key themes
5. Brainstorm on proposed interventions and develop an action plan
6. Debrief to MOH/ partners

**IMPLEMENT AND MONITOR INTERVENTIONS**
7. Implement agreed-on interventions
8. Provide supportive supervision and monitor progress
9. Conduct rapid impact evaluation
10. Incorporate into long-term health (immunization) system improvement plans

Reducing Missed Opportunities for Vaccination
WHO and partner guidance

A guide for conducting an Expanded Programme on Immunization (EPI) Review

REACHING EVERY DISTRICT (RED)
A guide to increasing coverage and equity in all communities in the African Region

Establishing and strengthening immunization in the second year of life
Practices for vaccination beyond infancy
From “proof-of-concept” to “scale-up”

Developed and field-tested the field tools

Assessments completed in Dominican Republic, Panama, Peru, Colombia, Chad, Malawi, Burkina Faso, Timor Leste, Kenya

Establishment of a partner coordination framework to scale up the impact

Assessments completed in DRC, Nigeria, Ecuador, Honduras, Mozambique, Jordan, Zimbabwe, Cambodia*

Among countries that completed assessments: Implementation of interventions following brainstorming and development of action plans

Expressed interest:
Angola, Madagascar, Mauritania, Myanmar, South Sudan, Indonesia, BVI, Costa Rica, Uganda, Liberia

Post-intervention evaluation: Chad, Malawi, Burkina Faso, DRC

2015/2016  2017  2018

*The EPI review in Cambodia contained a component focusing on MOV. Findings were discussed during a specific MOV workshop to develop an action plan to reduce MOV.

Reducing Missed Opportunities for Vaccination
Current list of partners working on MOV

In collaboration with ministries of health in 18 countries in the Americas, sub-Saharan Africa and South-East Asia
Successful MOV implementation models

- Full on-site support by WHO:
  - Chad, Malawi, Kenya, Kinshasa (DRC), Nigeria, Jordan: children and women of reproductive age

- Remote support of assessment coordinator:
  - Burkina Faso, AMP...no formal WHO training
  - Mozambique, VillageReach

- Use of trained assessment coordinator:
  - Mbuji Mayi (DRC), WHO staff...with remote support from WHO
  - Zimbabwe, WHO staff, MoH and JSI

- MOV lite model:
  - Cambodia, EPI review contained a MOV component, WHO staff, CDC
**Policy**
- Update EPI manuals, policies and SOPs to address MOV
- Advocate for integration of services
- Community engagement

**Health workers**
- Health worker trainings to include staff outside of EPI
  - supportive supervision
  - capacity building
- Create MOV job aids

**Service delivery**
- Relocate vaccination rooms to be more visible
- Establish screening desks in health facilities

**Stock management**
- Ensure adequate stocks of vaccines and supplies
- Centralised procurement
- Dashboard for vaccine stock checks and requests
# The MOV “mind map”

<table>
<thead>
<tr>
<th>Enabling factors</th>
<th>Inhibitory factors</th>
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<tr>
<td>• Simple strategy that can yield quick wins</td>
<td>• Lack of resources and staff at country level</td>
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<td>• Successful pilots</td>
<td>• Full MOV assessment is time intensive</td>
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<tr>
<td>• Compelling data with qualitative components</td>
<td>• In-depth analysis takes time</td>
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<tr>
<td>• Direct link to implementation plan</td>
<td>• M&amp;E post-assessment</td>
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Ongoing strategies for MOV scale up

1. Building WHO capacity and a small virtual MOV core team
2. Outsourcing implementation of field work
3. Engaging more partners
4. Mainstream the MOV strategy
5. Support MOV lite option
6. Create module to assess MOVs during ANC
Other models for partner collaboration?

- Support integration of MOV with ongoing interventions
- Provide catalytic funding for field work and/or interventions
- Create a module on missed opportunities for family planning or nutrition
- Other opportunities for collaboration?
Thank you and spread the word

More information about MOV available at www.who.int