Addressing Missed Opportunities for Vaccination to Reduce Coverage Gaps; Experience in AFRO
Is MOV a problem?
What is the proportion of MOV?
Four main points to touch on today

- Background on MOV
- MOV assessment findings
- MOV partnership
- Country Example: DRC
Main components of the MOV strategy

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

1. Comprendre ce qui influencerait les conditions de stockage des vaccins.
   Distribution des vaccins.
   Comment quantifier et estimer le stock de vaccins?
   Le circuit d’approvisionnement?
2. Comment utiliser le réfrigérateur.
   Les stratégies à développer.

**Problèmes liés aux parents**

- Négligence des parents
- Ignorance des parents
- Courante, lutte et critères
- Manque d’information
Opportunity
Missed
Taken
Proportion of children with 1+ MOV*

*Among children not up-to-date before visit
Proportion of children with 1+ MOV* at a vaccination visit

*Among children not up-to-date before visit

- Chad: 28%, n=43
- Malawi: 31%, n=30
- Burkina Faso: 19%, n=21
- Kenya: 30%, n=55
- Kinshasa: 25%, n=92
- Mbuji Mayi: 25%, n=14
- Delta: 80%, n=33
- Sokoto: 90%, n=186
- Mozambique: 17%, n=10
- Nigeria: 21%, n=7
- DRC: 14%, n=26

*MOV: Multiple Vaccine Outcomes
MOV* by reason for visit

<table>
<thead>
<tr>
<th>Medical consultation</th>
<th>Accompanying a caregiver</th>
<th>Healthy child visit</th>
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</thead>
<tbody>
<tr>
<td>89% Kinshasa, DRC</td>
<td>87% Malawi</td>
<td>89% Malawi Kinshasa, DRC</td>
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<tr>
<td>100% Burkina Faso, Kenya</td>
<td>100% Kenya Kinshasa, DRC</td>
<td>100% Mbuji Mayi, DRC</td>
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</tbody>
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*Among children not up-to-date before visit
Summary of reasons for MOV

Health care workers
• Vaccine hesitancy
• Lack of knowledge of vaccines and schedules
• Vaccination card to clinic

Caregivers
• Vaccine hesitancy
• Lack of knowledge of vaccines and schedules
• Vaccination card to clinic

Health services
• Limited hours
• Shortage and stock-outs
• Lack of integration
• Poorly-designed records
• Other adverse policies
• Vaccination card availability

• Failure to screen
• False contra-indications
• Vaccine wastage
• Delayed schedules
• Over-aged children
Interventions to reduce MOV
Main strategy to reduce MOV

Screen and vaccinate!!!

OR

Screen and refer to vaccination area!!!!
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
Increase supportive supervision
Capacity building
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
Successful MOV assessment models

- **Full on-site support by WHO**
  - Chad, Malawi, Kenya, Kinshasa (DRC), Nigeria

- **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
DRC MOV implementation and results achieved so far
MOV* by reason for visit, DRC

*Among children not up-to-date before visit
## Nine activities to reduce MOV...

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<tbody>
<tr>
<td>1.</td>
<td>Trained 3 staff members from 19 health zones and 678 health workers (including non-EPI staff) on routine EPI activities to reduce MOV</td>
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<td>2.</td>
<td>Provide continuous training through formative supervision including MOV activities</td>
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<td>3.</td>
<td>Promote national EPI guidelines for children aged 0-24 months</td>
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<td>4.</td>
<td>Support the implementation of guidelines to reduce MOV for all children</td>
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<td>5.</td>
<td>Intensify communication with parents about vaccination</td>
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<td>6.</td>
<td>Provide solar refrigerators for all health facilities</td>
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<td>7.</td>
<td>Transport vaccines in all health areas</td>
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<td>8.</td>
<td>Ensure free health cards are available in all health facilities</td>
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<td>9.</td>
<td>Ensure motivation of providers (financial or non-financial)</td>
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...including use of “tokens” for screening children visiting a health facility
MOV training in Kinshasa-West led to an increase in the number of DTP3 doses. In 2018, there were 5,089 additional doses.
MOV in an urban health zone