



# VACCINATION DEMAND HUB SERVICE EXPERIENCE WORKSTREAM CO-CREATION VIRTUAL WORKSHOP SUMMARY

**F**rom 20-22 July 2020, the Demand Hub Service Experience Workstream hosted a virtual Co-Creation Workshop to assess service experience in the context of COVID-19 and review initial findings from the global, regional, and country level insight gathering; brainstorm opportunities for engagement and development in the service experience space, align on cross organizational roles priorities, and plan next steps as a workstream to support this developing programmatic area. Detailed objectives included:

## OBJECTIVES

- Define role and scope of service experience in people-centered immunization service delivery.
- Identify priority needs for global support of people-centered service delivery.
- Map appropriate connections between service experience workstream priorities and other Hub workstreams and partners.
- Design roadmap Q3 2020- Q4 2021, outlining priority activities, products, and engagements to be undertaken by the Service Experience Workstream.
- Agree on co-ownership of the roadmap and associated activities amongst workstream.

Approximately 20 participants joined the co-creation workshop, representing the following organizations: American Academy of Pediatrics, Bill & Melinda Gates Foundation, Centers for Disease Control and Prevention, Civil Society and Institutional Development Programme, Gavi, International Federation of the Red Cross, JSI, UNICEF, US Agency for International Development, and WHO. JSI country representatives who conducted the country insight gathering also participated in the co-creation workshop.

## KEY WORKSHOP LEARNINGS AND TAKEAWAYS

### DEFINE ROLE AND SCOPE OF SERVICE EXPERIENCE IN PEOPLE-CENTERED IMMUNIZATION SERVICE DELIVERY

Workshop participants were asked to examine the relationship between quality healthcare and service experience, with the support of the following visuals from the WHO Service Quality Definition and the April 2019 Hub Meeting Definition (see Figure 1).

Key discussion points focused on expectation of care on the part of community members as well as health workers and the health system. First noted is the recognition that the correlation of Health Service Quality and Service Experience is context dependent and hinges on expectation of care. Understanding how one defines care increases understanding of their interpretation or perception of it. Participants noted that one of the most influential factors of service quality on service experience is people-centeredness, which is influenced at the health worker level. They also noted that the health worker experience is also impacted by factors in and beyond service quality. These factors need to be identified and addressed to ensure positive, people-centered experiences. Additionally, factors such as the facility environment and accessibility can influence the experience of care for both community members and health workers. Participants noted the importance of taking a systems approach that creates an environment that empowers health workers to provide a positive experience.

### SERVICE EXPERIENCE AND COVID-19

After reviewing COVID-19 insights from the field, attendees engaged in group discussions regarding the challenges highlighted and opportunities for potential support. Participants focused on brainstorming solutions for the following challenges:

**Figure 1. Service Experience as a Perception of Quality**



- Lack of resources (financial, PPE, name-based tracking system) to identify those who have missed services due to COVID-19 interruptions (client and community perspective);
- Rumors/misinformation about prevention of and cures for COVID-19 and the COVID-19 vaccine itself;
- Confusion and fears related to if, when, and where services are taking place – fixed facilities and outreach (client and community perspective);
- Confusion and fears around if, when, and how to deliver services during pandemic (health worker perspective);
- Challenges with tailoring and implementing global/national guidance on 'essential services' like immunization at facility level (health workers); and,
- Lack of resources (financial, PPE, name-based tracking system) to identify those who have missed services due to COVID-19 interruptions (client and community perspective).

Solutions include: CSO engagement, building capacity of health workers to engage in data collection and information gathering (i.e., social listening for rumors and misinformation amongst community members), communication with community members around the COVID-19 disease and forthcoming vaccine introduction, and adaptive management for problem solving. COVID-19 provides an opportunity for CSOs to play a role both in providing information to the health system on barriers to immunization during COVID-19 (e.g., *who* have been missed, *where* services are being disrupted and *why*) and in disseminating information about immunization on WhatsApp, text, online as it is updated and becomes available.

Health worker capacity building in adaptive management emerged as a key recommendation. Restoring and maintaining immunization in the COVID-19 setting is dynamic, and with the future introduction of

COVID-19 vaccines to a new population not usually reached by national immunization programs, the ability to shift gears, adapt approaches, and communicate changes to community members will be an invaluable skillset.

In recognition that health workers are at risk for infection as a result of their job—and that the burden of treatment and health communication, as well as future vaccination hinge on them—Workstream participants also highlighted the importance of finding ways to support health workers at a time of great fatigue and stigmatization. A key step forward is to provide guidance on what is 'do-able' at the health facility level—that can be adapted and tailored with local support—to address immunization service experience during COVID-19.

### UNDERSTANDING NEEDS AND ACTORS FOR PEOPLE-CENTERED IMMUNIZATION SERVICE EXPERIENCE

After reviewing information collected during the global, regional, and country level insight gathering on immunization service experience, participants brainstormed key needs at various levels of the health system. Participants also identified contexts in which immunization service experience should be prioritized. The priority contexts include fragile settings, remote/rural, urban poor areas (health worker and client), communities at risk, who are less educated/informed, and who have a low trust in authorities to understand their needs (community).

Table 1 highlights key needs for global support of people-centered service delivery are evident across the health system and facility, at the point of interaction between the health worker and client, and down to the community level.

**Table 1. Service experience needs at the health system and facility, health worker and client, and community levels**

LEVEL	NEEDS
<b>Health system and facility</b>	<p>Within the health system and at the facility level, simple actions can create an environment that is welcoming and convenient to clients (i.e., beautification, cleanliness, clean toilets, and extended operating hours).</p> <p>In some countries, there is a perception of better quality services at private facilities (though costly). Supporting development of SOPs for private facilities and capacity building of health workers to adhere to quality standards is important.</p>
<b>Health worker and client</b>	<p>At the point of interaction between the health worker and client, strong managerial, technical and IPC skills on the part of the health worker are required. Blended learning approaches as well as peer learning and exchange can build such capacity.</p> <p>Understanding the key factors that impact perception will allow for them to be addressed in the name of better service experience.</p>
<b>Community</b>	<p>At the community level, improved communication across the facility-health worker-community spectrum, including through feedback mechanisms, is necessary.</p> <p>Improving capacity of community health workers in immunization specifically, and IPC/I to address fears/side effects and concerns with vaccination is a key point of possible support.</p> <p>In countries undergoing decentralization (or where leadership frequently changes), an advocacy mechanism to obtain support and funding for the immunization program, including demand-related issues, is necessary.</p> <p>Advocacy efforts to engage community actors and stakeholders in securing funding for immunization activities at the local level, like outreach services and proper supply chain and logistics support, can support access to and utilization of services.</p>

#### **A DRAFT ROADMAP FOR THE SERVICE EXPERIENCE WORKSTREAM AND PARTNER ENGAGEMENT**

Based on the needs identified in the workshop, participants mapped connections between other Demand Hub Workstreams and partners to support moving efforts forward. Key actions and possible collaborations to move the Service Experience Workstream Workplan forward are outlined in Table 2 below.

**Table 2. A way forward for the Service Experience Workstream and partner engagement**

<b>WITHIN THE SERVICE EXPERIENCE WORKSTREAM</b>
Identifying existing best practices across different health sectors, developing guidance on measurement of service experience, and collating existing evidence and conducting operational research were identified as key areas of support.
Develop accountability tools, provide technical support to countries carrying out service experience related work (including civil society to be advocates), and SBCC for immunization service experience.
<b>IN COLLABORATION WITH OTHER DEMAND HUB WORKSTREAMS</b>
For overall guidance, link to the Behaviorally Informed Interventions Workstream and BeSD Workstream to ensure long-term, coordinated support. Collaboration with BeSD is particularly important in identifying service experience indicators and their monitoring and measurement.
Coordination around guidance for COVID-19 response, including adapting of guidelines to help countries/CSOs/partners to build capacity of HWs (emotional health also, given stress of C-19).
Resource advocacy with donor partners for Demand Hub Workstream funding and with in-country partners for local resourcing for Service Experience (needs local buy-in).
<b>OTHER PARTNER ENGAGEMENT</b>
Translate existing quality frameworks for use by local partners and government agencies, including a focus on quality improvement; as well as the adaptation of advocacy toolkits to the local level for partners to use in support of sustainable immunization financing and local resourcing for service experience.
Supporting the reprioritization of SE in countries and adapting of guidelines to help countries /CSOs/partners build capacity of HWs (including emotional health).





## NEXT STEPS

Following the workshop, a draft 2020-2021 Service Experience Workstream Workplan was developed and shared with Workstream members for review and input. Further refined in December 2020 based on emerging global priorities, this is a live document being used by the Workstream members for 2021 Workstream planning. The workplan can be made available upon request.

Key next steps to operationalize the Workstream include further establishing the Workstream governance; clarifying membership roles and responsibilities in moving Workplan activities forward; and sustainable financing for activity implementation.