

On the Road to Universal Immunization

Improving Immunization Equity in Ethiopia

November 09, 2021



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MINISTRY OF HEALTH - ETHIOPIA



UI-FHS
Universal Immunization
through Improving Family
Health Services

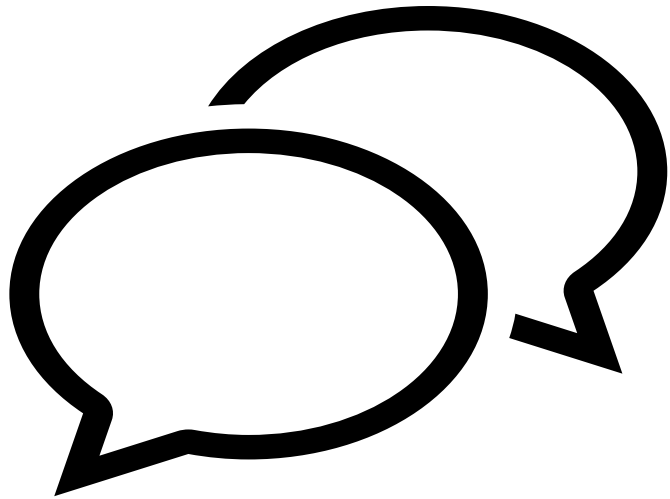


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Photo: Natasha Kanagat

Welcome



- Use the Q&A function to submit questions during presentations.
- Use the chat to introduce yourself, share your comments, and ask technical support questions.

Opening Remarks

Yohannes Lakew

National Coordinator for Immunization

Assistant Director, Maternal and Child Health Directorate

Federal Ministry of Health Ethiopia



ON THE ROAD TO UNIVERSAL IMMUNIZATION

Recognizing 10 years of
progress with the Universal
Immunization through
Improving Family Health
Services (UI-FHS) project



Photo: Natasha Kanagat

Background

- After more than 30 years of EPI in Ethiopia, access to and utilization of immunization services continue to be a challenge in many parts of the country.
- 10 years of RED implementation did not show significant performance improvement.
- Even in areas of high reported coverage, number of cases, deaths and outbreaks from vaccine-preventable diseases were significantly high.

Objectives

- Through implementation learning, develop a model to improve the strength and reach of the immunization system that is: effective, sustainable and affordable.
- Utilize vaccination coverage and serology surveys to assess improvements in coverage and levels of protection in woredas where RED-QI was implemented.
- Deepen and broaden stakeholder engagement and ownership for the routine immunization program.
- Implement the RED-QI approach to strengthen the RI system with a focus on equity and quality of immunization service delivery; 70% of woredas in DRS.

Our overarching goal was to enable the health system to deliver equitable services to all.



Developing the RED-QI model

2011–2014

- Learning grant to develop and test RED-QI approach
- 3 woredas (districts) across 3 regions



RED-QI: A Pro-equity approach



Planning and Management of Resources

- Use of quality improvement tools
- Inclusion of community and civil administration



Reaching Target Populations

- Capacity building for mobile/outreach service delivery



Engaging with Communities

- Community engagement in microplanning
- Quality Improvement Teams (QITs) with community involvement



Supportive Supervision

- Data-informed planning for supervision
- Iterative, holistic support based on needs



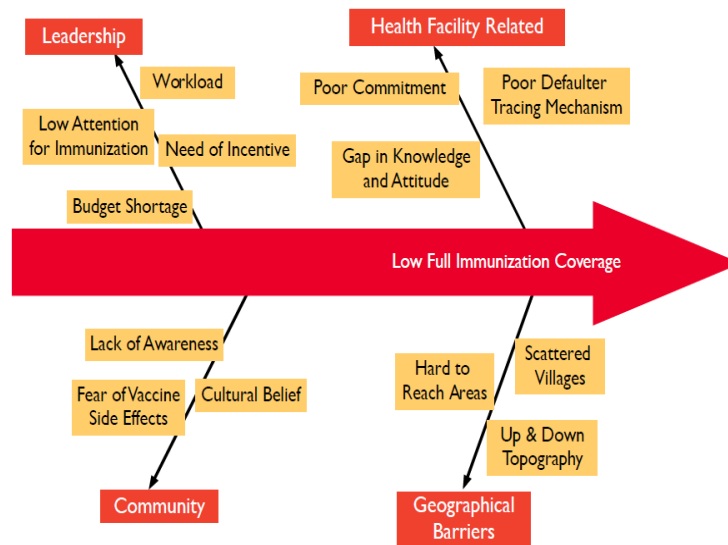
Monitoring and Using Data for Action

- Use of data through all processes: review meetings, supportive supervision, quality improvement team meetings, etc.

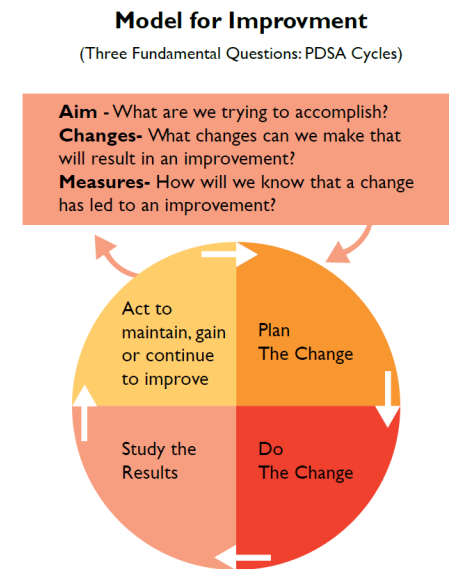
RED-QI equips health workers and managers with the data and skills they need to foster local solutions.



Quality Improvement Teams (QITs) meet regularly to identify and analyze areas in need of improvement, propose solutions, and test ideas.



QI tools to analyze problems and their causes.



QI tools to test solutions.




Does the RED-QI approach improve coverage and levels of protection?

- Paradox of high reported immunization coverage and frequent disease outbreaks.
- Combined immunization coverage and serology surveys - three program woredas:
 - Baseline in 2013
 - RED-QI implementation in 3 woredas
 - Endline in 2016

Serology results: more children protected

Statistically significant
improvement in % of children
reached with routine
immunization after RED-QI.

Table 1 | Tetanus antibody levels, vaccination coverage (Penta3) and administrative report among children 12–23 months of age by the time of survey

	 ARBEGONA		 ASSAIETA		 HINTALO WAJERATE	
	2013	2016	2013	2016	2013	2016
Tetanus (sero) protected (≥ 0.05 IU/mL) (%)	73 n=251	84* n=258	60 n=215	79* n=239	94 n=263	99* n=273
Documented _† coverage (%)	36	29	27	28	83	66
Crude _{††} coverage (%)	40	59	35	46	85	87
Administrative _{†††} report (%)	98	102	79	109	95	89

* = Statistically significant (p-value < 0.05)

RED-QI at scale

2014–2018

- Large scale RED-QI implementation at woreda (district) and facility levels
- 103 woredas across 6 regions;
~2700 health facilities



By the numbers...



13,472

Health staff with
capacity built



2700

Health centers and health
posts supported



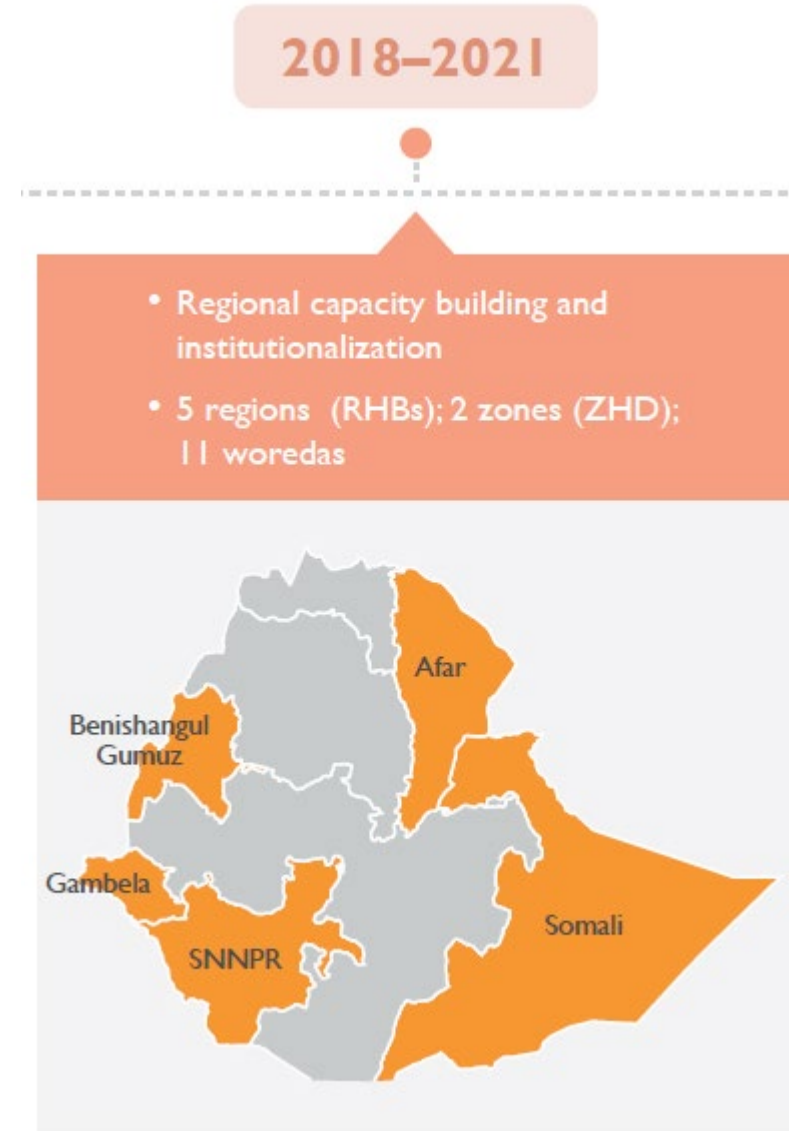
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Woreda health
offices supported

Major strides

- Up to 93% of Primary Health Care Units (PHCUs) had functional microplans with maps of catchment area and populations.
- Woredas showed management improvement by an average of 49% across key areas of services: MP, vaccine management, community involvement and data quality/use.
- Health posts were able to execute planned immunization sessions in except 9% at fixed sites and 17% of outreach sites.
- PHCUs showed improvements in data quality and consistency across all reporting tools.

Institutionalizing the approach: Building capacity within the RHB/ZHD



Integration of RED-QI into regional programming

- **Massive regional level scaling of microplanning is ongoing and 75% of woredas now have functional EPI microplans. Many districts never had a microplan before.**
- Successful collaborative effort led to the development of a customized and field-tested RED Guideline for RED implementation at the PHCU levels.
- Designed guidelines to update and monitor the microplan; currently adapted for regional context and in use in all five regions.

Assessing and building RHB capacity

- JSI established a process to allow RHB management to assess staff capacity by the staff themselves in 15 skills.
- Data from these assessments drove programming and annual immunization planning including capacity building plans.
- Respondents reported improvements to identify weaknesses at lower levels and able to provide feedback, and follow up on any established action plans.

Strengthening the National EPI program

Based on the UI-FHS experience, bottom-up microplan templates, root cause analysis, and fishbone tools were incorporated into the MOH National RED Guide for Immunization.



Continuous learning for program adaptation

Topic area	Major findings
Integrated service delivery	<ul style="list-style-type: none">• Integrated services considered feasible and effective by HWs.• Integrated planning maintains program focus.• Adequate HRH and operational funding, integrated service delivery, including for outreach/mobile services, is recommended to expand access to immunization & PHC services.
Data triangulation	<ul style="list-style-type: none">• Health managers in Ethiopia used a data triangulation tool/process to prompt decision making and meaningful actions to improve services.• Managers should determine practical, feasible means to operationalize regular use of triangulated data; more research and documentation will be needed to support this.
Urban immunization	<ul style="list-style-type: none">• Health facilities have not developed specific strategies to reach populations living in urban slum settlements.• Services are exclusively delivered at health facilities, but there is demand for outreach services.• Instituting bottom-up microplanning and better tracking systems to identify zero-dose children may improve the equity and reach of immunization for the urban poor in Addis.

Thank you from Afar!





Awol Gudelle
EPI Focal Person
Afar Regional Health Bureau



Tesfaye Lejiso

RMNCH Director

Southern Nations, Nationalities, and Peoples' (SNNP) Regional Health Bureau

Panel Discussion



Dr. Carolina Danovaro

Medical Epidemiologist,
Global Immunization
Monitoring Team

WHO



Dr. Ephrem Lemango

Associate Director, Chief –
Immunization Program Group,
Health Section

UNICEF



Lisa Oot

Moderator
Senior Technical Officer

JSI



Dr. Eric Sarriot

Senior Manager, Country Health
Systems in the Health Systems and
Immunisation Strengthening Team

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Q&A

Please submit your questions
using the Q&A function.



Moving toward action

- RED-QI is an approach that can be used to drive behavior change at the management, service delivery, and community levels.
- As we work to identify and reach zero-dose and under-immunized children, there is a benefit to designing tailored strategies with those who can drive change.
- National level policies certainly need to be in place, but the localized strategies, those that are adaptive to the context and the needs of the communities are equally as important.
- Nurturing the capacity and culture to develop local strategies will be critical to reaching zero dose children, as will the ability to mobilize local resourcing.

What's next for RED-QI?

- A four-part course on RED-QI is available through the [Boost Community platform](#).
- [Implementation Guidelines for EPI Managers](#) on RED-QI also available.
- RED-QI resources, tools, etc. available through the guide and online.
- TA support to countries to strategize how the RED-QI approach can help achieve goals towards reducing zero-dose and under-immunized children.



Briefs & Publications

Learn more at:

<https://uifhs.jsi.com/resources/>

<https://jsi.com/immunization>

- [Journal article on coverage and serology surveys](#)
- Equity Brief: [Use of Quality Improvement Approaches to Strengthen Immunization Service Delivery and Reach the Hardest to Reach Populations](#)
- [Triangulating Immunization Program and Supply Data](#)
- [Developing Regional Health Bureau Capacity to Improve Immunization Programming](#)
- [Sustaining Immunization Gains for All Communities: Lessons from Implementation of the RED-QI Approach](#)
- Infographic: [UI-FHS Results Snapshot](#)



Tools & Guidelines

Learn more at:

<https://uifhs.jsi.com/resources/>

<https://jsi.com/immunization>

- [Primary Health Care Unit Reaching Every District \(PHCU RED\) Guidelines](#)
- [Fishbone Diagram to Find Root Causes and Effective Solutions](#)
- [Planning of Routine Immunization Sessions](#)
- [How to Guide: Reaching Every District Using Quality Improvement \(RED-QI\) Methods](#)

Contact Us

Lisa Oot

Senior Technical Officer

lisa_oot@jsi.com



Thank You!



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