Arise
AFRICA ROUTINE IMMUNIZATION SYSTEM ESSENTIALS

NOTES FROM THE FIELD:
HEALTH SYSTEM AND COMMUNITY PARTNERSHIPS

Immunization is sometimes portrayed as a process in which the health system deploys vaccines to a passive public according to a strict code of practice, but the reality is more dynamic and complicated. While high quality vaccines, capable health personnel, well-situated health facilities, a functioning cold chain, and transport for vaccine distribution and outreach are essential inputs, they do not automatically lead to high rates of immunization coverage. As recently found by the Africa Routine Immunization System Essentials (ARISE) project, a key driver of improved performance for routine immunization (RI) in Africa is the partnership between health systems and communities. This partnership is a complex interplay that not only increases demand for immunization, but also contributes to providing services that are convenient, reliable, and trusted.

Immunization in Africa has seen substantial gains in the past decade: The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) estimate that coverage for a third dose of vaccine against diphtheria, pertussis, and tetanus (DTP3) has increased from 55 percent in 2001 to 77 percent in 2010[1]. With that progress comes the heightened need to both maintain that coverage and push it further, improving equity by reaching the most marginalized populations. The Global Vaccine Action Plan (GVAP), endorsed by the World Health Assembly in May 2012, captures this concern with a strategic objective stating that "the benefits of immunization need to be equitably extended to all people." The GVAP seeks to transform the Reaching Every District (RED) strategy into Reaching Every Community, devoting more attention to the often-overlooked RED component of strengthening linkages with the community.

Closing the equity gap for RI requires harnessing community resources, including social, political, and in-kind support, to augment those of the health system. How can those resources be brought together productively, and to accomplish what?

"When the nurse in Kribi district went on outreach, he mobilized his social relations, drawing on his status as a cousin, to ask the older women to go and call other women, who receive support from yet other women, to free themselves from housework to go for vaccination. It is a social fabric, a background of relationships and social micro-processes that unfold to enable immunization activities to succeed."

– From the ARISE case study in Cameroon

The ARISE Project, created by the Bill & Melinda Gates Foundation to assemble the evidence on what drives improvements in RI performance in Africa, conducted in-depth studies in Cameroon, Ethiopia, and Ghana to gain a better understanding of these dynamics. ARISE employed a mixed-methods, comparative case study strategy and an assets-based approach[2] to identify common drivers of RI performance at district level, how and why they improved coverage, and the contextual factors affecting them. Figure 1 presents the six common drivers identified through a synthesis of findings across 12 study districts in three countries. One direct driver of RI performance was active partnership between health systems and communities; it was prominent in districts where coverage improved but weak or absent in districts where coverage remained unchanged.

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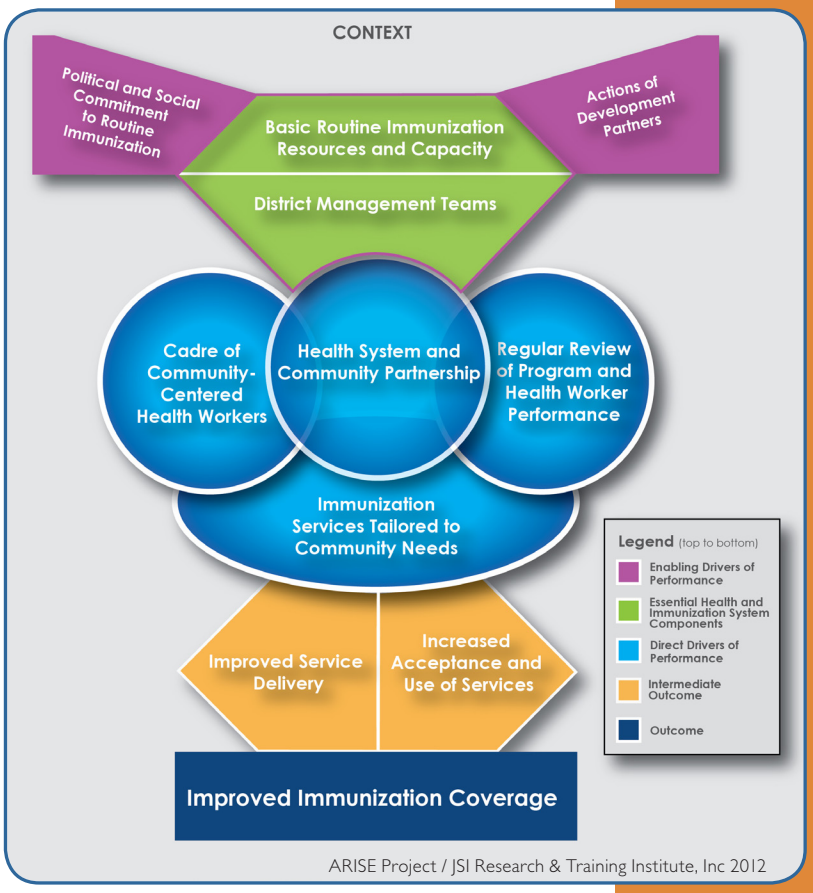
[1] http://apps.who.int/immunization_monitoring/en/globalsummary/GS_AFRProfile.pdf?CFID=4700814&CFTOKEN=10922440, accessed June 7, 2012
[2] A description of the methodology and synthesized findings across the three country case studies is at: http://arise.jsi.com, Research Brief 3.

ARISE found that communities partnered with health systems in diverse ways to support RI. These varied by setting but served overall to increase both the supply of and demand for services by:

- ***Educating communities*** about the importance of immunization and addressing concerns
- ***Giving key information*** on when and where to bring children for vaccination
- ***Providing in-kind support*** to extend the provision of immunization services
- ***Following up*** with defaulters to encourage full and timely vaccination.

The ARISE studies found that community stakeholders were the critical, trusted link between the health system and the community. In broad terms, these stakeholders contributed in the following ways:

Figure 1. Framework for Improving Routine Immunization Performance



1. ***Political and administrative leaders.*** They lent health workers credibility by joining them on household visits to encourage vaccination, inviting health workers to district council meetings, and in areas where health workers were not from the community, helped them integrate and settle in by urging communities to trust the health workers assigned to them.
2. ***Traditional authorities, including community leaders (village and district chiefs) and leaders of religious establishments (churches, mosques, etc.).*** Community leaders demonstrated their commitment to RI by lobbying for more clinics and suitable accommodations for community-based health workers, thereby enabling the latter to live within the communities they served. Religious leaders supported health workers' efforts by educating their members about the importance of immunization, providing key information on dates and locations of immunization sessions, and encouraging their followers to seek vaccination services. Religious leaders emphasized health workers' importance to the community, thereby increasing the latter's credibility and facilitating health worker-community interactions.
3. ***Volunteers and nongovernmental organizations (NGOs).*** Unpaid health workers (volunteers) selected from the local community and fluent in the local dialect were instrumental in mobilizing communities to attend immunization sessions and tracking defaulters. With their intimate knowledge of the community, they updated health workers about pregnancies and births, thereby enabling follow-up and vaccination. In some cases, volunteers helped transport vaccines from districts to sub-districts and health centers. Local and international NGOs played an important role in some districts. In Cameroon, they have helped construct many

health centers, while in one district, an international NGO worked with a local umbrella NGO to engage over 80 community-based organizations in mobilizing for immunization. In Ethiopia, local NGOs created awareness about immunization and trained health extension workers and community health workers.

Different models of community partnership in different settings

Ethiopia: Strong partnership between local civil governments and health extension workers

At the smallest administrative unit of the local government, the *kebele* ("neighborhood" in Amharic), a senior health extension worker (HEW) is assigned to be a member of the *kebele* cabinet but is technically supported by the *woreda* (district) health office. In this harmonized approach, the HEW on the *kebele* cabinet reports on immunization activities and discusses strategies for improvement.

The *woreda* health office and *kebele* leaders work closely with HEWs and the community to achieve immunization targets, collaborating on planning, community mobilization, implementation, performance monitoring, defaulter tracking, and problem solving. The *kebele* leaders also lend credibility to the HEWs by promoting their work within the community. The *kebele* leaders and *woreda* health offices coordinate their supervisory visits to the health facilities. The entire process is organized and integrated. The HEWs value the supervision because they see it as a learning opportunity. The *woreda* also supports the HEWs by providing transport (cars or bikes) to support outreach sessions. This integrated, organized approach motivates the HEWs to perform their duties because they are recognized as key implementers of the health plan they helped to create.

"Supervision is done in an integrated and coordinated manner. The *woreda* [district] health office and administration offices work together in an integrated and coordinated way. They go out together and assess the progress of the activities."

"The *kebele* [neighborhood] administration organizes the community and helps us call people for meetings. They are influential and help us to gather people whenever we need them."

Sekota Zuria woreda Ethiopia

Cameroon: Active role of religious (churches and mosques) and traditional (*Fons*) leaders

In Cameroon, churches and mosques are trusted and effective channels for disseminating information. They are the focal points through which the health workers inform communities about the dates of vaccination sessions and encourage attendance. In addition to identifying churches and mosques that supported vaccination, Cameroonian immunization managers identified religious establishments that were resistant to immunization and developed targeted communication materials to help engage them in dialogue.

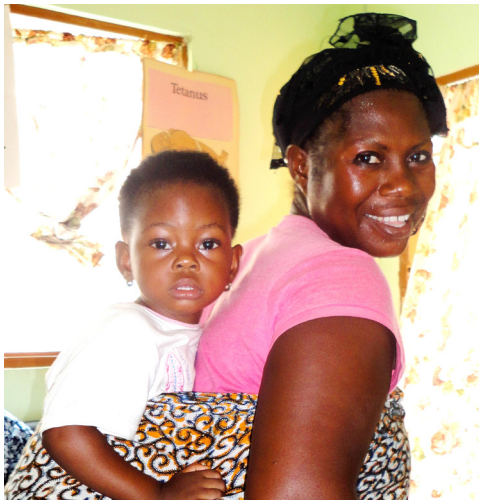
In one district, the traditional chieftancy is involved in RI through its highest ranking member—the *Fon*—who mobilizes communication structures and uses his authority to promote acceptance of immunization. On market days, the *Fon* sends some of his traditional members to spread information on immunization or to raise awareness in the community about a particular vaccine.

"The health center sends letters with the dates for vaccination to the Presbyterian, Baptist, and Catholic churches as well as to the mosque. The contribution of the religious bodies [in disseminating this information] is considerable at this level."

– District health official, Cameroon

Ghana: Volunteers support health workers to extend RI services into the community

In Ghana, volunteers serve as extensions of the health system in the community. Volunteers have a long history in the Ghana health system, beginning in 1989 with disease surveillance for guinea worm eradication. Since then, volunteers have supported RI by maintaining a local newborn registry and helping with defaulter tracing and "mopping up" of eligible children to complete their vaccination schedule. Volunteers in Ghana are rewarded occasionally for good performance with allowances and other small rewards.



"They [volunteers] are our backbone. They live in the community, and people need them more than us … volunteers go with us on home visits to help us locate mothers."

– Community Health Nurse, Ghana

Conclusions

From these examples, the importance of actively involving multiple stakeholders in partnership with health workers and their managers is evident. To improve and maintain high and effective RI performance, it is important to identify local agents of influence and involve them strategically in the planning and implementation of RI activities. This involvement fosters an environment of mutual trust and accountability. The community recognizes the technical credibility of health workers as well as the social and political authority of community members or leaders. The community, which is the ultimate beneficiary of the services, feels assured of service availability, increases its use of vaccination services, increases completion of vaccination schedules, and decreases vaccination drop-out rates.

The importance of health system-community partnerships was revealed by ARISE's assets-based line of inquiry, which used semi-structured and open-ended interviews to gain a detailed understanding of how coverage improved and to identify key drivers of that improvement. The advantages of this approach are that it: (1) revealed success factors, not simply the obstacles to better coverage; (2) was not limited by a pre-defined framework of system performance; and (3) it allowed drivers to emerge from the perspective of system actors, substantiated by objective documentation of program experience (e.g., reported coverage data).

Had a close-ended mode of inquiry been used and had it been based on the WHO health systems building blocks[3] frequently applied in health system assessments, there would not have been the opportunity for this key finding on the importance of health system-community partnerships to emerge. For a public health service such as immunization, which aims to reach 100 percent of children born each year, the ARISE findings suggest that the omission of the community as a key input for delivering services and encouraging their use may be an important missed opportunity.

Implications for Action

- Building active partnerships between health services and communities means going beyond the traditional social mobilization approaches commonly used in mass campaigns. Communities can offer a range of resources but need to be recognized as true partners in RI planning and delivery.
- The local level of the health system (district) requires some degree of autonomy in order to capitalize on the diverse community resources that may be available.
- District level health managers and health facility staff may need capacity building on how to work effectively with communities and manage jointly their potential contributions for RI. This may be possible to accomplish through expanding the scope of the "community component" of the Reaching Every District approach.
- In all cases, essential inputs that are the foundation of any RI services are still needed: vaccines and related commodities, appropriate policies, trained personnel, functioning health facilities, and transport and fuel for vaccine distribution and outreach. Investments in strengthening of health system-community partnerships should be balanced with those needed to support the essential inputs.

[3] As described at: http://www.who.int/healthsystems/strategy/everybodys_business.pdf

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Further reading (available at http://arise.jsi.com/)

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3. Justice, J., Sequeira, J.M., Biellik, R., LaFond, A.K., Negussie, H & Tarekegn, G.M. (2012). *A Study of the Drivers of Routine Immunization System Performance in Ethiopia*. Arlington, VA: JSI Research & Training Institute, Inc./ARISE Project for the Bill & Melinda Gates Foundation.

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