Outcomes Report

Immunization Events at the 77th World Health Assembly

International Rescue Committee, Village Reach, and World Vision co-hosted several events on the margins of the 77th World Health Assembly.

A double-panel hosted on 30 May at the Global Health Campus brought together experts to discuss the role of Civil Society in Extending Last Mile Immunization Coverage, and How to fund, scale, and institutionalize delivery models to increase agility of rapid immunization response at the community level. **The event recording is [available here](#).**

A roundtable the following day on 31 May gathered an invite-only audience of over 25 people to discuss how Community Health Workers can be leveraged to scale up immunization coverage to Zero-Dose Children.

Event speakers included several Community Health Workers themselves, and representatives from the World Health Organization, GAVI, Ministries of Health, Core Group, Intl. Rescue Committee, World Vision, and VilliageReach.

These events built upon one another, bringing together decision-makers following the panels to bring ideas into action. These lively discussions brought about mutual agreement on several key recommendations and Calls To Action.

- Invest in communities and CSOs for last-mile delivery. Collaborate, rather than compete, adapt, and learn.
- Adopt agile, tailored strategies for last mile within vulnerable populations.

- Better engagement and coordination with various stakeholders to build trust.
- Integrate immunization into health programming within humanitarian settings.
- Scale ZIP program model-this should not be an exception, but the norm. Need to deliver on the IA 2030 goals.
- To achieve sustainability, build local capacity to identify barriers to service uptake and develop contextualized strategies to address them.
- Rallying support: Join forces to advocate for and influence policies to increase access to vaccination among the ZDC.
- Immunization works, but we need to scale its reach.
- Governments should invest in CHWs to empower them to vaccinate children. With the support of CHWs, all children can be vaccinated.

- ***Support required from decision-makers for CHWs***: Create enabling environment & policies; capacity building; provide resources for last mile vaccination (CHV motivation, infrastructural investments, supplies; enhance community HRH etc.).
- ***The role of community leaders and CHWs for greater impact***: Last mile vaccination; demand creation (shaping practices and behaviours).
- ***Reaching and institutionalizing approaches to reach ZDC***: Collaboration with MOH; investing in health systems strengthening; strengthening last mile vaccination; use of data for planning; adaptive strategies; co-creating solutions with Govt; sustainability/ transition planning (including rallying political commitment from policymakers); scaling promising innovations
- ***The needs of CHWs, especially in fragile contexts***: They go through stress and hardship and trauma, like their communities. Many CHWs in IDP settings are also IDPs. Prioritization of their security above other things. We tend to train them on immunization and then leave. We need to consider their security too, their mental health – provide counseling and care and connections to resources – and their work-life balance. Adding other critical services to the CHW's plate increases their burden of work that is often unpaid. This calls for us to be mindful of their capacity and optimize their quality and support. Recognition of motivation is critical and support.

Add to advocacy – CHWs should be salaried, be trained as vaccinators, and have opportunities for career advancement.

- ***We need to be holistic about our strategies and human needs through health systems strengthening.*** Education and training – modular and curricular roles – should be tailored to each country. Nurses often provide the immunization – let's look beyond one group and build a health system sustainably. Health for All (UHC) should be holistic about how we support the workforce and link them together. We need to be digitized – this will help fast track plans. If a child was due for immunization, digitalization would help us to know – we can tell the caregiver in advance. We need to be mindful that while we promote CHWs, we also need to promote scale up of PHC workers and do it in a logical way per contexts. CHWs have been treated as a specialized, non-normative human resource, but have not been privileged with the same HR management considerations that we make for the other occupation groups. As we continue to evolve – we need to integrate financing and programs with the government and promote sustainability and make this a viable PHC service.

COMMUNITY HEALTH WORKERS GO THROUGH STRESS AND HARDSHIP AND TRAUMA, LIKE THEIR COMMUNITIES. MANY CHWS IN IDP SETTINGS ARE ALSO IDPS. PRIORITIZATION OF THEIR SECURITY ABOVE OTHER THINGS.

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