



Leveraging CHWs to
vaccinate: A review of the
global landscape & lessons
from Malawi

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Today's Speakers



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Webinar Agenda

- 1) Context on why we care about CHWs vaccinating
- 2) Presentation of Research Results
 - Rapid Review of global landscape
 - Qualitative Research- How HSAs in Malawi conduct routine immunization
- 3) Reflections from Malawi HSA, Chifuniro Chiyendausika
 - Reflections and recommendations
- Q&A

Routine immunization coverage is stagnating



Routine vaccination has stagnated over the past 10 years



The pandemic stalled routine immunization services.



22.7 million children lack access to routine vaccines



Severe health worker shortage in LMICs hampers delivery of routine health services.

New approaches needed to vaccinate underserved populations



A role for **Community Health Workers as vaccinators?**



Live in and are trusted by underreached communities

Bridge gaps in health care access to help reduce health disparities

Often engage in health promotion and health education activities related to routine vaccines

Already administer injectable contraceptives in some countries; and administer vaccines in 20 countries

Most countries: not legal for CHWs to vaccinate
Globally: no guidance on how to leverage CHWs as vaccinators



Emily Gibson, Mariam Zameer,
Rebecca Alban & Luc Mahougbé
Kouwanou

CHWs as Vaccinators:

A Rapid Review of the Global Landscape (2000-2021)

“Community Health Workers as Vaccinators: A Rapid Review of the Global Landscape, 2000–2021”

by Emily Gibson, Mariam Zameer, Rebecca Alban and Luc Mahougbé Kouwanou



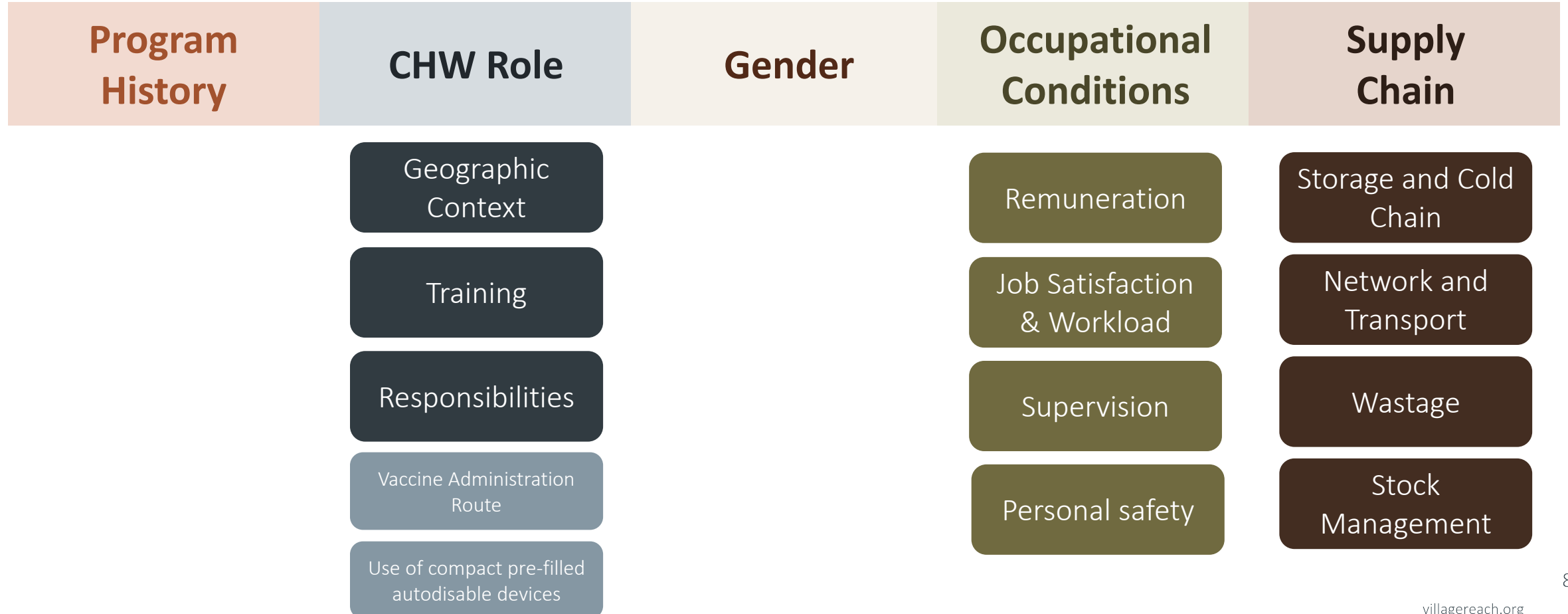
CHWs
administered
vaccines in
20 countries



Read the full article in
Global Health Science and Practice
<https://www.ghspjournal.org/>



Content analysis of extracted data revealed the following health systems categories and sub-categories



Occupational conditions

Job satisfaction and workload

Many CHWs feel overworked

Remuneration

CHWs who vaccinate are mostly paid by the government.

Supervision

Irregular or inadequate supervision, sometimes

Personal safety

For some CHWs, the work environments can be unsafe, particularly women.

Supply chain

Vaccine storage and Cold chain

CHWs have limited cold chain training, and often have insufficient equipment such as vaccine carriers.

Network and Transportation

CHWs travel to collect and transport vaccines, which can be long and challenging.

Stock management

Regular equipment and medical supply shortages

Wastage

In low population density areas, challenging to manage open-vial wastage.

Takeaway: CHWs who vaccinate often encounter supply chain issues and may face unfavourable occupational conditions

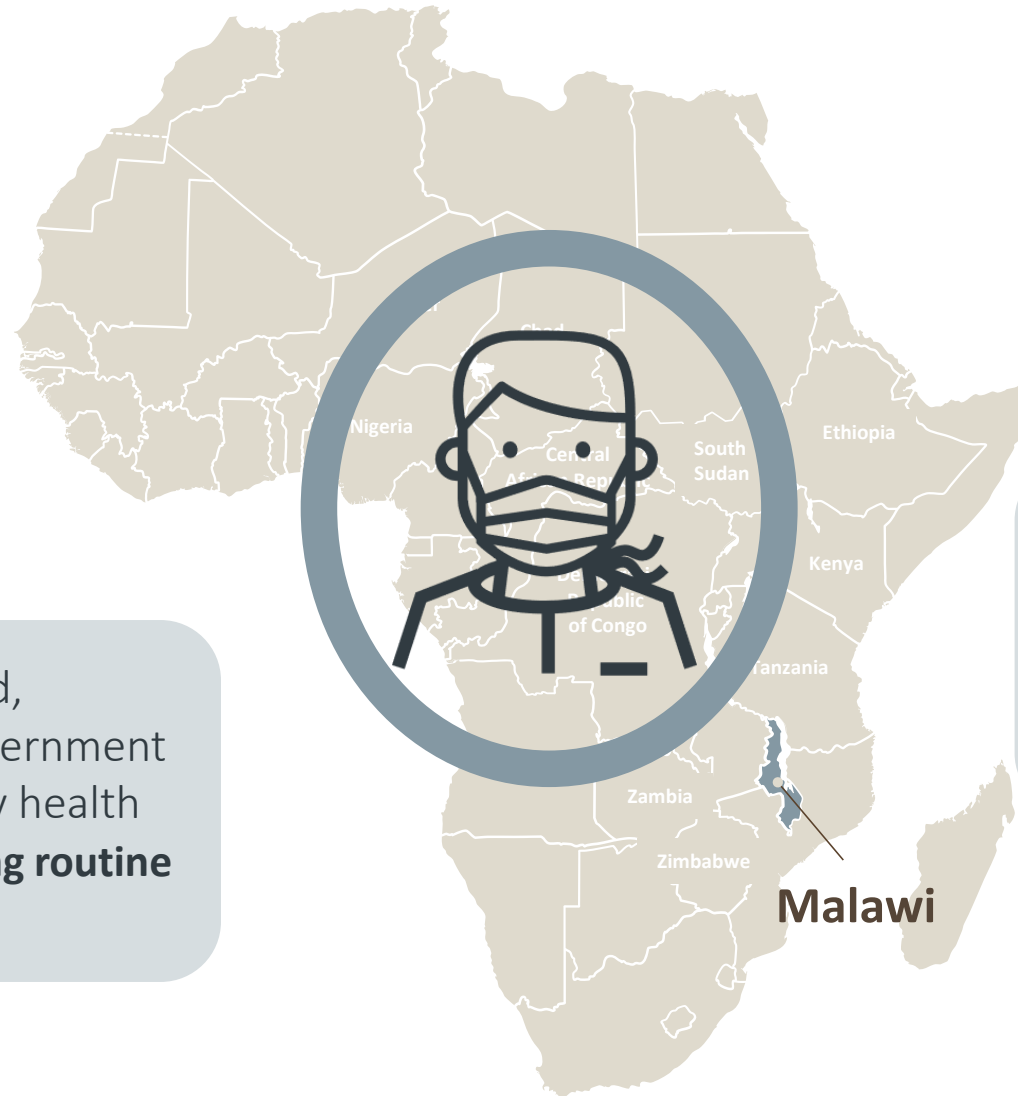
Malawi HSAs as Vaccinators Research



What is special about **Malawi's Health Surveillance Assistants?**

Health Surveillance Assistants (HSAs) are CHWs.

HSAs are trained, employed, salaried by the Malawi Government to carry out key community health tasks **including administering routine immunizations.**



HSAs have been vaccinating in Malawi for decades; they with smallpox in the 1970s and then expanded to offer all vaccines, including COVID

CHWs as Vaccinators in Malawi **Research**

Exploring an innovative health workforce approach to optimizing routine immunization

Research objectives: Describe and assess the role of HSAs as vaccinators in Malawi to inform recommendations for other health systems.



1: Describe HSAs programmatic and operational roles in routine immunization.



2. Document HSAs role in the vaccine supply chain at the community level.



3. Gather key stakeholder perceptions of HSAs role as vaccinators and their experiences with the program.



Research Methods

Key informant interviews across different layers of government, partners and HCWs

KEY INFORMANTS

MoH- National and District level staff from EPI & Community Health Departments

EPI Partners (ie: Unicef, Gavi)

HSA Supervisors

HSAs

Community Members

INFORMATION GATHERED

Context of RI processes/procedures, challenges, training norms, improvement efforts, future plans

Broader perspective on what is working/what is not

Supervisor roles/responsibilities; challenges, perspectives, routine processes

Roles, responsibilities, challenges, perspectives, iSC processes/norms, routine processes

Perceptions of HSAs as vaccinators

Malawi HSAs as Vaccinators Research: Key Findings

Support

National CHW cadres can successfully be trained, supported and supplied with EPI products to support routine immunization but having the right supportive infrastructure in place is key to their success.

Efficiency

One key benefit of Malawi's model is that HSAs provide “wraparound immunization services” and do not require the presence of nurses/other health workers to support them.

Trust

Most respondents viewed HSAs as trusted vaccinators and service providers.



“[If] another person goes there with the vaccine, people will not receive it but if it is an HSA, they say our doctor has arrived.”

Key programmatic elements supporting HSAs vaccinating:



Supervision

- Routine, direct supervision of HSAs vaccinating and providing community education
- Provides key ongoing learning and quality control



Cold chain

- HSAs described **adequate cold chain training and equipment**
- **HSAs follow best practices** to ensure vaccine potency and quality (checking expiry dates, inspecting vaccine viral monitors (VVMs), temperature monitoring, & using cooler boxes)



Training

- **Standardized initial training was adequate**
- Additional trainings/debriefs organized any time a new vaccine is introduced
- Malawi is extending initial training-upgrading to certification



Stock management

- **Shortages and stockouts of vaccine supplies were rare, extremely rare at the district level**
- **HSAs collect community level stock data** (by hand) and report it to supervisor using standardized forms

Challenges: Gaps in supportive infrastructure



Demand Estimation

- HSAs rely on emergency orders to avoid stockouts due to challenges accurately estimating the target population for outreach sessions.



Remuneration

- Pay is perceived as insufficient and does not account for increasing workload or inflation



Training

- Refresher trainings are inadequate, inconsistent



Transportation

- HSAs and supervisors often lack transportation to collect vaccines, travel to communities for outreach sessions or conduct supervision visits



“Sometimes we find ourselves forgetting, for example how to vaccinate, how to store the vaccine, and how to know that this vaccine is damaged [or] expired. We need to always remember these things.”

Let's hear from a CHW!



Photo: An HSA looks through patient documents at a health center in Malawi.

Q&A with Chifuniro Chiyendausiku

Health Surveillance Assistant (HSA) based in Dowa, Malawi

- Introduction of HSA role
- Describe your routine tasks with regard to immunization?
- What is it that you like about administering vaccines?
- What are your challenges with administering vaccines?
- Support received to enable success:
 - What support that you receive now (from the MoH) that is important in your success with vaccinating?
 - What support do you NOT have currently, that you wish you had, and would help you be more successful?
- What advise would you give to other countries considering using CHWs to vaccinate?
- *CHIC CHW Speaker Bureau <https://joinchic.org/resources/the-community-health-worker-speaker-bureau/>



Global Recommendations

CHWs can successfully be trained, supported and supplied to provide routine immunization but having the right support in place is key to their success.

- 1 Budget for transport and supplies.
- 2 Ensure a reasonable workload for CHWs.
- 3 Coach and mentor using dedicated supervisors.
- 4 Provide extensive introductory and routine training.
- 5 Provide CHWs with fair pay.



How can the TechNet community amplify this approach?

WHAT WE NEED

EVIDENCE

- **Increased funding and implementation of research** re: CHWS as vaccinators
 - Implementation approaches
 - Efficacy
 - Safety
 - HrH models
 - Costing/Effectiveness

GLOBAL GUIDANCE

- Global Guidance** from international norm setters (WHO, Unicef)
- Collate best practices for how to deploy CHWs as vaccinators
 - If/when this approach is recommended
 - Influence country uptake



Contact Rebecca.alban@villagereach.org

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