LISTENING AND LEARNING AT TEACH TO REACH 7

Power of interpersonal communication

Power of peer learning

Implementing Immunization Agenda 2030

Do you know the root cause of your challenge?

COVID-19: How do we build back better?

Ideas Engine

MOVEMENT FOR IMMUNIZATION AGENDA 2030

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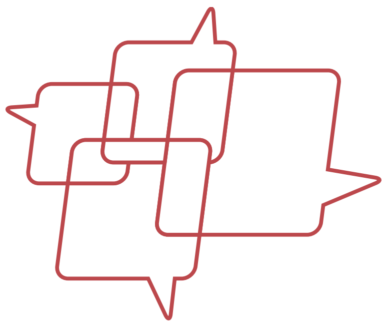


Teach to Reach: An opportunity for consultative engagement

On 14 October 2022, the Geneva Learning Foundation (TGLF) organized its seventh "Teach to Reach: Connect" even in less than two years. This one-day online event brought together more than 14,000 immunization professionals from low- and middle-income countries (LMICs) and members of the international immunization community to share experience. For the second time, UNICEF was an important event partner, bringing resources to support health professionals on interpersonal communication.

Invitations were extended to immunization professionals participating in the TGLF peer-learning programme contributing to the Movement for Immunization Agenda 2030 (IA2030), as well as those part of the wider TGLF global health network (46,000 as of September 2022). Although TGLF disseminated the announcement through its public social media channels, most event promotion was carried out privately by participants of previous editions, primarily via WhatsApp. International immunization experts were also invited to attend.

Plenary sessions were organized on the Zoom application. One-to-one networking opportunities took advantage of the Hopin platform. For those unable to participate on the day, a recording was made available on YouTube, Facebook, LinkedIn,Twitter, and Twitch. By November 2022, it had been viewed more than 1300 times.

What is in this report?

This report, part of a series published by TGLF disseminating and analysing the experiences of front-line immunization professionals working in LMICs, captures some of the notable contributions of individuals participating in the TGLF IA2030-focused peer-learning programme who shared experiences before, during and after Teach to Reach 7.

The report has been through a review process in which members of the international immunization community and TGLF programme participants commented on draft text. As well as identifying points for clarification, which were addressed by revision of the text, reviewers were invited to contribute additional reflections on the material shared and its implications. These reflections have been incorporated as highlighted "comments" within the document.

"Comments from reviewers are highlighted in handwritten notes like these."

A Movement for Immunization Agenda 2030 (IA2030)

In March 2022, 6185 health professionals from LMICs joined the "Movement for Immunization Agenda 2030 (IA2030)" and were invited to participate in a variety of digitally enabled peer learning events convened by The Geneva Learning Foundation (TGLF) between 7 March and 20 June 2022. Focusing on a specific local priority challenge, participants undertook a structured five-stage process:

- **Initiation:** Committing to the Movement and completing an application survey
- **Ideas generation:** Sharing ideas with peers from other countries
- **Situational analysis:** Undertaking a systematic analysis of the causes of their challenge
- **Action planning:** Developing a priority action plan, reviewed by peers
- **Impact accelerator:** A four-week project kick-start with weekly milestones.

Programme participants ("Scholars") typically spend around 6–12 months implementing their projects, periodically reporting back on progress.

My mother is a hero in **immunization**

A story shared by **Morris Kiogora**, a health facility worker in Kenya, ahead of Teach to Reach 7 on 14 October 2022

"Her being a housewife, and with no formal employment, she ensured that my 5 siblings and I all received the childhood vaccines as scheduled.

She kept all the vaccinations cards as a proof of the same in our adulthood.

Now, she is the main advocate for immunizations in our large family set-up.

She monitors and supervises to ensure all her grand-children, and indeed great-grand-children are vaccinated as scheduled.

Her immense belief in immunizations and preventive health in the fight of childhood diseases is super.

She has influenced young village women in matters of health and specifically on scheduled timely vaccination for their children.

I celebrate you, Mom."

Contents

7 Preface

11 Executive summary

11 Background to Teach to Reach 7
11 Participation
11 What participants shared
13 Conclusion

15 Introduction

15 Topics covered at Teach to Reach 7
16 Participation in Teach to Reach 7
17 Analysis of contributions
17 A continuous learning cycle

19 Interpersonal communication

27 Root cause analysis

33 Progress on IA2030 projects

49 Benefits of networking and experience sharing

59 Conclusions

60 Honoring contributors

Preface

Ephrem T Lemango, Associate Director of Immunization, UNICEF

Dr Kate O'Brien, Director of the Department for Immunization, Vaccines, and Biologicals (IVB), World Health Organization (WHO)

We are pleased to introduce this publication, *Listening and Learning at Teach to Reach 7*, which shares dialogue, insights and learning from health professionals working at all levels of the health system, as one compelling example of the Immunization Agenda 2030's (IA2030's) commitment to consultative engagement.

The COVID-19 pandemic has greatly affected essential immunization, leading to the worst backsliding in immunization coverage in decades. Even as the world has saved countless thousands of lives through rollout of COVID-19 vaccines, millions of infants, children and adolescents have been left unprotected against other potentially deadly vaccine-preventable diseases.

Now is the time to get back on track towards IA2030 goals. Through the "Big Catch Up" initiative, global partners are highlighting the need to:

- Catch up those who missed vaccination in 2020–22.
- Restore vaccination coverage to at least those of 2019.
- Strengthen immunization systems to get back on track to 2030 goals, doing so through primary healthcare approaches, so more children are reached in the future.

This is a challenge for all countries, but there is a particular focus on 20 priority countries that collectively accounted for 78% of zero-dose children in 2021.

Global partners are committed to working with countries as they develop recovery and strengthening plans based on their own specific needs. And we hope existing resources, including unspent COVID-19 funds, can be redirected to drive these plans forward.

But for all these plans, the reality is that real change will be achieved by health professionals and communities working on the ground within national immunization

programmes. The health professionals who came together for Teach to Reach on 14 October 2022 are among those who ensure that vaccine supplies are where they need to be and reach those who need them. It is these people who go into communities to mobilize support for vaccination. And it is these people who actually turn vaccines into vaccinations.

Furthermore, it is at the local level that challenges are experienced, and the most relevant, efficient and appropriate solutions are conceived. It is health workers on the frontline who live among and know their communities. As the experiences shared in this report illustrate so beautifully, they are the ones who take policies, plans and targets and make them real – often in innovative and creative ways as they adapt to the realities on the ground, in their homes and according to their local context.

This report offers a glimpse into the dynamic and resourceful approaches taken by health professionals at the local level – as well as the challenges they face – on a range of topics that matter to them, and to global partners:

1. Effective interpersonal communication is vital for community engagement and fostering trust with individuals and communities.
2. Root cause analysis helps identify specific issues affecting vaccine uptake, leading to tailored corrective actions.
3. Engaging with community leaders, influential individuals, and addressing vaccine hesitancy are essential strategies for successful immunization programmes.
4. Overcoming gender barriers and promoting teamwork contribute to improved immunization programme performance.
5. Networking with international peers offers valuable insights, practical advice, and a sense of belonging to a global immunization community.

To be successful, the Big Catch Up initiative will need to be nimble, agile and constantly learning. There are no off-the-peg solutions – just good principles and practices that can guide locally tailored responses to reach those currently missing out.

Uniquely, the Geneva Learning Foundation’s platform and its Teach to Reach events provide a way to link such people together, so that they can share experiences about what works and equally important, what doesn’t work, while learning from each other. Learning happens best when people seek answers to their specific daily challenges. Teach to Reach is proof that immunization professionals are hungry to learn, and hungry to share.

It is humbling to hear how committed people are to sharing experiences in the hope that they will benefit someone else, how the inadequacies of internet connections fail to deter people participating, and how so many are using precious digital data to take part. The digital space allows everyone to participate, irrespective of national boundaries or positions in an immunization hierarchy.

Leadership is not a position in a hierarchy, but an example set for others. The TGLF platform has provided an opportunity for the most motivated to connect to like-minded peers with a shared commitment to protecting the health of children and their communities, helping them to build their knowledge and networks. It has also created an environment in which true leaders can blossom, at all levels of immunization programmes, providing inspiration and practical support to others. It is wonderful seeing TGLF giving such a diverse group of people the chance to be leaders, with both local and global influence.

For those of us working at the global level, we need to do our utmost to support the work of those who deliver vaccines. To do that we need to listen to the kind of stories being shared here, and ensure that we are helping people solve their own problems, because their problems are the world's problems. While we can provide tools and guidance, we need to do more to empower immunization professionals to identify and solve their own problems, wherever they are working, and whatever those problems are.

Too often, at the global level, we are seen as the "experts", with unique knowledge that can solve immunization problems all over the world. But the answers will most often come from the local level. No group of people has a monopoly on expertise nor can dictate what is best for others. We can guide and advise, but we first need to listen, encourage, and connect, helping to grow the next generation of leaders who will be the ones making the most difference locally. This is likely to require all of us to be humble, to question our assumptions, to be curious and willing to change how we work with countries.

This is a critical time for immunization. COVID-19 has had a devastating impact on the momentum of the immunization programme, but it has also created opportunities, including a renewed interest in immunization among decision-makers. We need to draw on this momentum to drive forward progress in essential immunization – and I am sure that IA2030 Movement Leaders who shared their experiences at Teach to Reach 7 will be in the vanguard of efforts to make this happen.

As we work towards achieving the Immunization Agenda 2030 goals, it is crucial to support and empower health professionals at the local level. This report serves as a testament to their unwavering commitment and the power of sharing experience. By listening to their stories and insights, we can better understand and address the challenges they face, ultimately fostering a stronger and more resilient global immunization system.

1. Executive summary

Scope and process of Teach to Reach 7

On 14 October 2022, the Geneva Learning Foundation (TGLF) organized its seventh quarterly "Teach to Reach" online event (**Teach to Reach 7**). These events provide opportunities for healthcare practitioners from low- and middle-income countries (LMICs) to network, share experiences and hear about globally developed resources relevant to key immunization challenges. This report aims to analyse experiences and stories shared at or after Teach to Reach 7 to gain insights into: (1) what participants reported learning from each other through peer learning and (2) what global practitioners can learn from these experiences.

Teach to Reach 7's overarching theme was to explore local practitioner responses to the continued backsliding in vaccination coverage reported by UNICEF and WHO in July 2022, beginning an exploration of what sustainable recovery means at the local level.

The event encompassed plenary sessions as well as time for networking, when participants are randomly paired and have time for private conversations. These networking sessions had a particular focus on (1) use of the **TGLF Ideas Engine**, a living repository of advice, ideas and practices provided by participants on the TGLF learning programme; (2) **interpersonal communication** and use of UNICEF tools and resources; and (3) use of **root cause analysis** to identify underlying reasons for low coverage.

Alongside networking, plenary sessions focused on: (1) sharing experiences in development and implementation of **IA2030-related Action Plans developed by TGLF programme participants**; (2) **local challenges** and recovery post-pandemic; and (3) the impact of the **COVID-19 pandemic** on existing immunization programmes.

Participation

A total of 14,134 health professionals (7,667 anglophones and 6,467 francophones) participated in activities either before, during or after the event, receiving and responding to event resources such as slide decks, stories and guidance. As well as the experiences shared before and during the event itself, further information was gathered in post-event feedback, which was provided by 1025 participants, with 584 of them additionally sharing a success story, lesson learned or challenge.

> *"Providers listening to communities instead of just providing information is an important shift that this report brings out."*
> Chizoba Wonodi, Johns Hopkins International Vaccine Access Center

What participants shared

The experiences shared and qualitative post-event feedback indicated that the discussion of **interpersonal communication** was found useful and the UNICEF resource was seen to be very helpful. Effective interpersonal communication was widely recognized to be a critical aspect of **community engagement**, ensuring communities

were receptive **to immunization messaging**, and **development of trust** with individuals and communities. The potential for poor interpersonal communication to **deter service seeking** was noted. Although the importance of **listening** was often stressed, interpersonal communication was frequently framed in terms of effective **dissemination of messages** and conflated with a broader focus on community engagement.

> *"I learnt to change my language from being critical, condemning and judgmental to being educative, informative, persuasive and convincing."*
> Woman, national level, Ministry of Health, Ghana

Root cause analysis is an important approach for gaining an understanding of the underlying reasons behind poor coverage and uptake of services, rather than relying on assumptions that may or not be valid. Various examples were shared where investigation of root causes had **identified specific issues affecting uptake** and suggested corrective action.

In particular, the importance of **community discussions** to understand attitudes and behaviour and use of **local data** was widely recognized. In some cases, it could be argued that contributors had only partly adopted root cause analysis and potentially could have gained more from additional questioning.

> *"We conducted an FGD [focus group discussion] to investigate the reason for low ANC [antenatal care] turn out in the community. We identified that the women prefered to attend at a near by clinic other than the PHC at their community because there was gender bias. The health workers were all men."*
> Woman, national level, Ministry of Health, Nigeria

Feedback from participants on progress made in **implementation of their IA2030 Action Plans** echoed some of the key themes identified in previous analyses of Scholars' contributions. These include the importance of **engaging with community leaders** and other influential individuals (such as religious or political leaders and elders) in order to gain access to communities and to mobilize support for immunization.

Vaccine hesitancy, particularly related to COVID-19 vaccination, remains a frequently recurring challenge. Hesitancy among **colleagues and other healthcare workers** was highlighted as a significant issue for some. Several strategies for dealing with hesitancy were discussed, **including demonstrating one's own vaccination status or experience of COVID-19**, using **photographs or short video clips, and mobilizing community influencers**. Often, a **patient and persistent approach**, building relationships and trust, was required to bring people around.

> *"During one of our meetings with the community, the elites made us understand that we often make decisions for them and this does not allow them to help us. The village chief said, 'What we are thinking of doing for them without their involvement is a coup d'etat' and that really touched me."*
> Man, district level, Chad

Gender barriers were also discussed, including women's **lack of autonomy** in some cultures, the need to **engage men** and encourage their involvement in childhood immunization, and the importance of addressing **gender discrimination in the workplace** (explored further in TGLF case study 11).

An additional recurring theme was the importance of **teamwork** to the performance of immunization programmes (to which interpersonal communication can make a significant contribution).

When asked to identify their major **challenges**, TGLF programme participants highlighted many points that are known to be issues for immunization programmes in LMICs. These include **stockouts**, inaccurate **denominators**, accessing **hard-to-reach populations** (rural and urban), population **displacement** and keeping track of **defaulters**, as well as **hesitancy**.

"Mobilizing communities when services are not available is counter-productive and can harm the credibility of the immunization system. Health system constraints can sometimes be an impossible challenge to increase coverage."
François Gasse, Senior immunization adviser

Finally, participant feedback highlighted several **benefits gained from participation** in Teach to Reach activities. **Expert advice** on interpersonal communication was widely appreciated and participants were enthusiastic about using the UNICEF guidance materials.

> *"I learnt a lot from these networking sessions: understanding the various challenges and issues faced at the field level; thereby modifying ideas influenced through our personal experiences, into more practical solution and accommodating global needs. It was a highly enriching platform."*
> Woman, national level, Ministry of Health, India

In addition, many participants highlighted the benefits of **networking with peers** from other countries, who could offer **practical advice** on tackling particular immunization challenges but also encourage **a sense of belonging** to a wider community, making more real the concept of a **"Movement for Immunization Agenda 2030 (IA2030)"**. Exposure to the work of others, their successes and common challenges, was frequently said to be inspiring.

> *"If health workers do not share their challenges and solutions together we are bound to fail."*
> Man, district level, Ministry of Health, Ghana

Conclusion

"Each success story generously shared here brings all of us one step closer to living in a world where "everyone, everywhere, at every age, fully benefits from vaccines to improve health and wellbeing", as envisioned by IA2030. The road ahead is extremely long and challenging, but when we find each other participating in events like this T2R Connect, and sharing our experiences, the good and the bad ones, we come closer to our goal."
Maria Fernanda Monzon, IA2030 Movement Leader (Argentina)

The experiences shared and post-event feedback have provided additional insights into the challenges faced by immunization professionals in LMICs and how they are addressing them.

In particular, they highlight the **nuanced ways in which immunization professionals are responding to the specifics of their local context.** Many are displaying considerable **creativity** in devising solutions, drawing on a range of guidance materials to inform their activities. In particular, for this group at least, it is clear that they **highly value being able to discuss challenges with peers and hear about the approaches being adopted by colleagues facing similar challenges.**

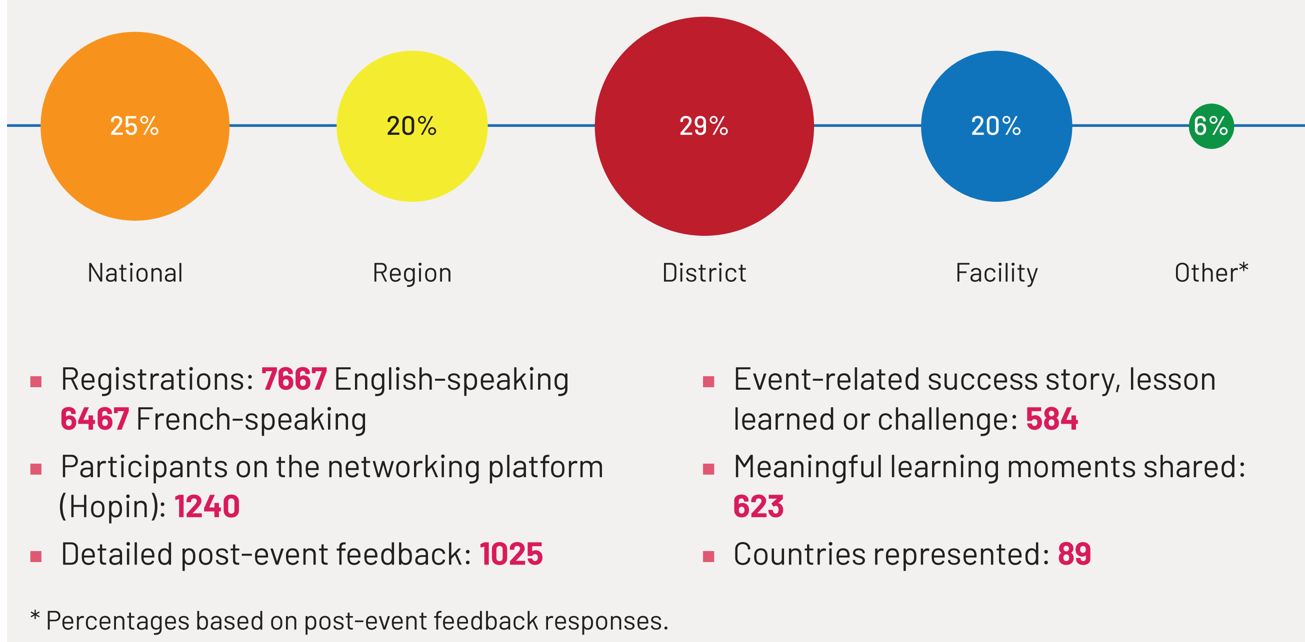
2. Introduction

On 14 October 2022, the Geneva Learning Foundation (TGLF) organized its seventh quarterly "Teach to Reach" online event (Teach to Reach 7), providing opportunities for discussion, networking and sharing of experiences. A total of 14,134 immunization and other healthcare professionals from 89 countries registered to attend **plenary discussions** and **networking sessions**. Separate sessions were organized for French-speaking and English-speaking participants.

Teach to Reach foregrounds the experience of those working to organize and deliver immunization services in low- and middle-income countries (LMICs). It provides a unique opportunity for **immunization professionals to learn from each other and to develop their professional networks**, with guidance from global experts who provide feedback and commentary on the stories discussed.

UNICEF was the main global partner for Teach to Reach 7 and contributed its Interpersonal Communication Guide (IPC), which was sent to all registered participants. Women Who Deliver Vaccines, a self-organized collective of 143 health professionals from 38 countries, opened the event.

In networking sessions, participants connected in individual, private conversations with fellow immunization professionals, in a series of one-to-one private meetings with randomly selected other participants ("speed-dating"). These conversations were shaped by a discussion guide prepared by TGLF and its partners, but participants were free to chat about any topic that was of mutual interest. This "Connect" component of Teach to Reach is consistently reported by attendees as the most important and unique feature of these events.



Topics covered at Teach to Reach 7

A plenary session covered three themes:

- Sharing experiences in development and implementation of IA2030 Action Plans developed during the course of the TGLF "Movement for IA2030" learning programme.
- Local challenges and recovery post-pandemic.
- The impact of the COVID-19 pandemic.

Networking focused on three themes:

- Use of the TGLF **Ideas Engine**, a repository of ideas and practices provided by participants on the TGLF learning programme ("Scholars").
- **Interpersonal communication** and use of related UNICEF tools and resources.
- Application of **root cause analysis**.

Before, during and after Teach to Reach 7, participants were invited to share experiences (verbally or in writing) in response to three questions:

1. **Interpersonal communication:** What have you changed since 2020 in how you speak with caregivers and the community about vaccines?
2. **Build back better:** How are you responding and what support do you need as the COVID-19 pandemic fuels the largest continued backslide in vaccinations in three decades and 25 million infants missed out on lifesaving vaccines in 2021?
3. **Gender:** What actions are you taking as a man to support women who work in immunization and why?

In addition to stories shared at the event, participants were invited to share reflections in a comprehensive feedback questionnaire on what they learned, together with a success story, lesson learned, or challenge on an issue that is important in their daily work.

Participation in Teach to Reach 7

A total of 14,134 health professionals (7,667 anglophones and 6,467 francophones) participated in activities either before, during or after the event, receiving and responding to event resources such as slide decks, stories and guidance. For example, more than 2,400 watched the live-streamed plenary session on YouTube and other social media channels. A total of 1,240 participated in networking sessions, including 759 English speakers, 418 French speakers, 53 bilinguals, and 10 global partners.

As well as the experiences shared before and during the event itself, further information was gathered in post-event feedback, which was provided by 1025 participants, with 584 of them additionally sharing a success story, lesson learned or challenge.

For those unable to participate on the day, a recording was made available on YouTube and has been viewed more than 1300 times.

Most Teach to Reach 7 participants are part of the "Movement for IA2030" initiated by TGLF (see Box), and are undertaking a set of activities to better understand a local challenge and develop an action plan to address it, drawing on the support and advice of their peers.

Analysis of contributions

The information and insights shared by TGLF programme participants provide a rich and unique perspective on the views, challenges and activities of immunization practitioners working at all levels of immunization programmes, often under difficult circumstances.

This summary focuses on contributions from TGLF programme participants across four areas, provided at the event or in post-event feedback:

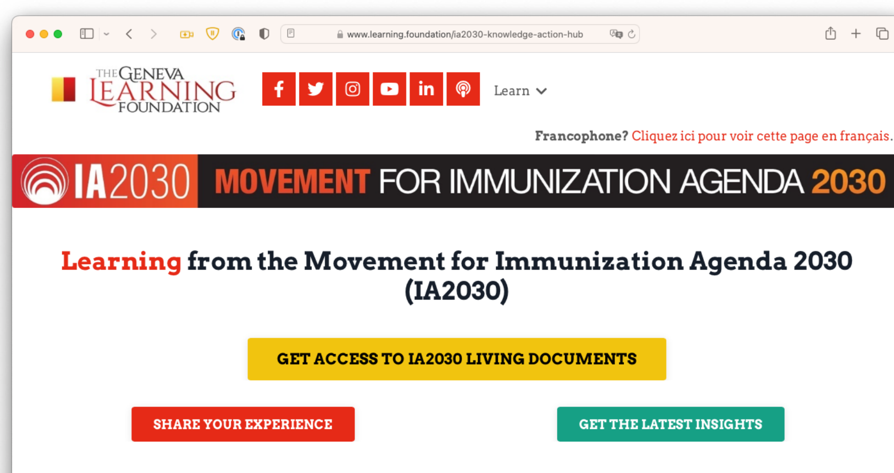
- **Interpersonal communication.**
- Application of **root cause analysis.**
- **Progress in IA2030-related projects.**
- Benefits of **networking and information sharing.**

For UNICEF's interpersonal communication guide, participants will be invited to share stories of actual use (as opposed to perceived usefulness) in April 2023, six months after they were introduced to the resource.

A continuous learning cycle

This report is intended to be useful both to members of the **international immunization community** and to **national- and subnational level immunization professionals.** For the former, it provides an opportunity to gain a deeper understanding of the experiences of immunization professionals working at different levels of the health system, generally in highly resource-constrained environments – including the practical challenges that they face and the approaches they are taking to address them.

For national- and subnational level immunization professionals, the contributions in this report add to a growing databank of material relating to the experiences of their peers, providing a rich resource for further learning. To take advantage of this accumulated experience and insights, selected contributions will be converted into slide-deck format that TGLF programme participants can use as the basis for discussions with peer groups, to stimulate reflection on local challenges and the responses of peers to similar challenges. Slide decks based on previous TGLF events and case studies can be found on the IA2030 Movement's Knowledge to Action Hub established by TGLF.



Landing page for the IA2030 Knowledge to Action Hub.

3. Interpersonal communication

UNICEF was a sponsor of Teach to Reach 7, which provided an opportunity to introduce TGLF programme participants to UNICEF resources related to interpersonal communication in a plenary session. This provided a stimulus for participants to highlight how a greater awareness of interpersonal communication had influenced their practice.

One of the key issues highlighted was how consideration of interpersonal communication can promote **more empathic and sensitive attitudes to clients**, or seeing things from their point of view 1 2 3 (numbers refer to contributions included at the end of each section). This often means devoting more time to listening to clients 4 5 6 to understand their concerns and being **respectful and non-judgemental** when responding 7 8. These examples highlight the importance of **empathy building**.

> *"I now show more empathy. I now do a lot to affirm their strengths. I now identify more with their concerns by seeing things from their point of view."*
> Woman, national level, Ministry of Health, Ghana

In addition, listening carefully to community members can reveal the **root causes** of uptake challenges and suggest possible corrective actions 9.

It was suggested that experiences during the **COVID-19 pandemic**, where vaccine acceptance has often been a major challenge, have been an important driver of an increased emphasis on effective interpersonal communication 10.

Several contributions also highlight the idea of community engagement and communication for health service delivery 5 6 9 11.

> *"What I learned is that communication is key to service delivery, and until you are able to communicate and establish rapport with clients, acceptance, sustainability and demand for services might not be accomplished."*
> Woman, national level, Ministry of Health, Nigeria

Getting interpersonal communication right was seen to be central to **building rapport** with clients 11, **establishing relationships** 12, and **building trust** with individuals and communities 13. Establishing relationships often takes considerable time 14, and even individual follow up 15. A further key point emphasized was that **flexibility and adaptability** are required, to respond to local culture and context and changing circumstances – "there is no pre-established recipe", as one respondent put it 16.

It was noted that even small changes, such as **how caregivers are greeted**, can make a big difference 17. Conversely, unwelcoming interactions at facilities can discour-

> *"Cultural sensitivity could be mentioned, such as with [3] — respect of cultural and religious beliefs is important to have. As health professionals, it is important to understand the perspectives of your clients, even if their beliefs are different to your own."*
> Samantha Noor, JSI

> *"These elements are a part of person-centred care frameworks, which strive to instill dignity and empathy when providing health services.*
> *A useful complementary resource is JSI's PCC framework, which also takes into account a human rights-based approach: https://www.jsi.com/person-centered-care/"*
> Samantha Noor, JSI

> *"These components are critical to improving the quality delivery of immunization services, and the experience of them.*
> *An immunization service experience toolkit was created to further explain the role of service experience, which includes IPC to build trust with individuals and communities. The toolkit also contains resources for countries and immunization health professionals to start improving service experience: https://demandhub.org/service-experience/"*
> Samantha Noor, JSI

age caregivers from attendance [18]. Building interpersonal communication skills can also help manage **interactions with difficult clients** [19].

> *"I learnt the importance of effective communication in order to get results especially when relating to patients (aggrieved, agitated and disrespectful) as well as members of the health care team."*
> Woman, national level, Ministry of Health, Nigeria

A further lesson learned is that healthcare workers may need **training** in interpersonal communication skills so that they are able to interact effectively with community members [20] [21] [22].

"Human-centred design can provide ways for those we seek to engage to provide inputs and feedback on interventions that will ultimately serve them. Here is a reference for using human-centred design to tailor immunization programmes: https://apps.who.int/iris/bitstream/handle/10665/354457/9789240049130-eng.pdf?sequence=1"
Samantha Noor, JSI

It was also recognized that communication needs to be **tailored** according to the particular perspectives of groups being engaged [23]. These might include groups such as **pregnant women** [24], **people living with HIV** [25], or those with **disabilities** [26] [27]. In practical terms, being able to converse in **local languages** was seen as critical [28] [29].

It was also noted that good interpersonal skills also made an important contribution to the **functioning of teams**, helping to ensure good working relationships [30].

Several contributions also highlighted **interpersonal communication challenges**. These included language barriers, feelings of disempowerment in communities, knowledge gaps, attitudes among health workers, and inadequate educational materials [4]. Another issue relates to difficulties in getting parents and the public to understand, which requires tact when approaching people seeking services [8]. Finally, effective interpersonal communication requires patience and tolerance, and requires deep commitment to communities [10].

Interpersonal communication: What we learned together

These excerpts were selected by TGLF's Insights Unit from the Teach to Reach 7 pre- and post-event feedback received from participants.

1 *"I now show more empathy. I now do a lot to affirm their strengths. I now identify more with their concerns by* ***seeing things from their point of view****."* Yahya Ali Mahat
M FAC MOH KENYA

2 *"[Key learning] Improving on IPC (interpersonal communication);* ***understanding concerns of caregivers and addressing those concerns politely****; listening to caregivers' views and making inputs in a polite manner."* Albert Kwabena Dapaah
M DIS MOH GHANA

3 *"My difficulties are mainly resistance due to cultural and religious beliefs and now I learned from other people's experiences how to communicate with them. I did this by* ***respecting their culture and religion and improve communication with patience and passion and try to understand their perspectives****."* Basheer Abdulhameed M INT MOH

4 *"Here, Interpersonal Communication challenges include language barrier, inferiority complex from the communities, knowledge gap, attitude among health workers, inadequate educational materials. Success was by use of local people like community health workers for language translation, mobilization and sensitization. We also coordinated with local administration for easy interaction with the communities. Brought in partners for assistance of educational materials.* ***Having empathy among and being able to listen to their problems was seen as strategy that worked for health workers****. Use of key role models and influencers brought in some fruits and increased numbers for vaccination."* Godfrey Ouma Haduba
M FAC MOH KENYA

5 *"I learnt and also know that interpersonal communication and community engagement is key to vaccine acceptance and other healthcare services.* ***The caregivers and community stakeholders are given the opportunity to express their fears about vaccination and other health services.*** *Communicating to allay these fears will ensure they are ready to accept and access health services."* Ololade Opelami Oloyede
W DIS MOH NIGERIA

6 *"I have realized that we must constantly listen to the community regarding immunization because they are the ones who use the services. From now on,* ***I will involve the community in immunization activities from planning, implementation and evaluation including communication.*** *[What has changed in your thinking about health?]* ***Tailor communication messages on a case-by-case basis during outreach, find the messages with the community. Put community collaboration at the forefront of immunization, focus on social listening and reframe activities according to community expectations."*** Jean Pierre Okandjo Okito Loma
M NAT NGO DRC

7 ***"Minding My Language to Bring About Acceptance of Immunization. To get the people to imbibe the culture of immunization to prevent diseases pandemic, I learnt to change my language from being critical, condemning and judgmental to being***

Excerpts are tagged with the following descriptors:

M/W = Man/Woman

FAC: Facility

DIS: District

REG: Regional

NAT: National

SUBNAT: Subnational

MOH: Ministry of Health

EDU/RES: Education or research organization

NGO: Non-governmental organization

PHCBOARD: Primary Health Care Board

AGENCY: Primary Health Care Agency

CO: Community Organization

We name authors with their consent to recognize and honor their contributions. If an excerpt is anonymous, this is by request from the author.

educative, informative, persuasive and convincing. *The situation was that I tell them that their strong adherence to traditional medicine rather than taking to immunization to prevent and protect themselves and their children from diseases is bad and disservice to themselves, the government and society as it reduces productivity, life span and puts excessive pressure on the government and the services available to handle the aftermath of not getting immunization as well as exposes the younger ones to a situation that hinders the attainment of their fullest potential, citing the case of children who come down with polio. Their response used to be that some children naturally come with deformities then as some do today despite modern medicine and technology; attributing some to curses from the gods. They also argued that there were and are still many who were and are not immunized who are very healthy. The side effects of fever, pains and weakness often experienced after the immunization also form a basis for their rejection of immunization. Those usually involved in the argument were grandmothers, mothers-in-law, custodians of the people's culture, traditional religionists and herbalists who argue that God created the herbs for human use and that even modern medicine still use the herbs to produce the medicines. My role was to keep sensitizing and creating awareness on the need for and importance of immunization using my new communication skills."* Gladys Abena Owusua

W NAT MOH GHANA

8 *"Getting parents and the public to understand is not always easy. It requires a very good method of communication.* ***The experiences of others have helped me to be more tactful in approaching the population, the parents and their sick children.****"* Louendy Chery

M NAT MOH HAITI

9 *"This networking helped me understand that interpersonal communication (IPC) is very important, because through it, we will be able to be informed of the concerns of the populations to have access to immunization services, but also, this communication will help us to have the root causes of our challenges, which will help us to address them. As we have always said, 'Where there is no communication, things can never change.' So communication is the key to success in immunization."* Nathan Binene Kayeye

M FAC MOH DRC

10 *"[Through] The interactions I had with my peers I realized that post-COVID-19 has helped health staff to develop wholesome communication with caregivers and community members because they counteract rumours leading to improved coverage in all aspects of primary healthcare services, including immunization.* ***One challenge among all those I networked with is that we all need patience and tolerance in offering clarifications to make caregivers and community members to effectively understand the services we provide for them.****"* Pharm. Daniel Kwesi Ekwam

M SUBNAT MOH GHANA

11 *"What I learned is that communication is key to service delivery, and until you are able to communicate and establish rapport with clients, acceptance, sustainability and demand for services might not be accomplished."* Fanny Onokwu Ogwu

W NAT MOH NIGERIA

12 *"At the beginning, it was difficult to convince both caregivers and people in the communities to accept the existence of COVID-19 pandemic and not to talk about its vaccine's uptake. There was a lot of complex rumours about vaccines, they so much doubted and even lost confidence in the government's good intentions in protecting their lives through vaccination against COVID-19 infections. With patience and persistent health talks on the benefits of COVID-19 vaccination, I was able to establish*

good interpersonal relationships with both caregivers and the communities where I work." Dr Mrs Martina C Ezeama
W FAC MOH NIGERIA

13 *"**Communicating with empathy is critical as well as simplifying the message you want to pass across.** More so, there is a need to ascertain if your **listener understands** the **intent** of the message you are communicating. The caregiver should be given **a sense of belonging** at any point which **enables trust**. I will improve my communication skills, and ensure that trust is at the base."* Aninta Maryann Ukamaka
W NAT MOH NIGERIA

14 *"My story is about managing rumors during supplemental immunization activities. It is about a gentleman who was vehemently opposed to the administration of OPV doses to his children. Afterwards, when he realized that this is what is given even to children when they are in the fixed sites, he unconditionally adhered to the vaccination by finding his children, whom he had hidden in a straw pen not far from his attic. **One would have understood that it is often through inter-personal communication that many things find solutions.**"* Abdoul Nassirou Semde
M DIS MOH BURKINA FASO

15 *"The most interesting thing is that the immunization providers, by communicating with each other or with the population, insist more on the importance of immunization while providing concrete answers to the questions of rumors or infodemia that are currently ravaging the different communities. But I was surprised to hear a colleague who **follows up at the individual level**, i.e., he makes appointments with certain families who are reluctant to talk face to face with the heads of their families. I told myself that with such a strategy, the reluctance will be overcome by then."* Jean Paul Kanda Ndibualonji
M DIS MOH DRC

> *"This contribution is an awesome way to prove objectively, as shown in the improvement in coverage, that community engagement is an important cornerstone that cannot be overlooked. I can relate closely to this testimonial, as recently, during a National Vaccination Campaign in my municipality, and after a prolonged period with low coverages for these particular campaign vaccines, we proceeded to get the community engaged specifically at the educational centres (mainly daycares), and also with promotional activities at mass festivals, improving this way the number of children receiving the campaign doses."*
> Maria Fernanda Monzon, IA2030 Movement Leader (Argentina)

16 *"For interpersonal communication, **there is no pre-established recipe.** It is the context that guides that it is necessary to take into account the culture, the social context, the gender, the course, the persona; that is to say role and responsibility. With interpersonal communication the dialogue is frank and sincere, it is the best moment to understand the concerns, the starting ideas to act better. Thanks to IPC, we can take up all the challenges whose finality is the adhesion of the person. From this moment on, I will put a special emphasis on IPC."* Fousseyni Dembele
M SUBNAT UNICEF CO MALI

17 *"There is more value attached to communication including **just greeting the caregivers who bring in children for vaccination.**"* Brenda Harriet Ninsiima
W SUBNAT NGO UGANDA

18 *"I learned that the challenge of children not being immunized around the centres that provide immunization services is also related to families' judgment of the behaviour of vaccinators at the service and at home. Sensitizing health workers on good parenting and good community behaviour facilitates parental adherence to immunization. **The influence of health worker behaviour in the community as a factor in low adherence to immunization by parents near the centres and where health workers also live in the villages is a lesson learned.**"* Marie-José Kikoo Bora
W SUBNAT WHO DRC

19 *"I learnt the importance of effective communication in order to get results especially when relating to patients (aggrieved, agitated and disrespectful) as well as members of the health care team."* Esther Adebanke Oluwatoba
W NAT MOH NIGERIA

20 *"During the immunization campaign, one of the team members approached the client parents in an unethical manner that made the mother to refuse to accept the vaccination. When I got there to verify what made the mother to decide not to receive the vaccination, I realized that it was due to the poor interpersonal communication. I appealed to the mother by telling her the importance of vaccination to the child. Later I taught the health workers the importance of IPC to all health interventions."* Akande Sina Adewale M SUBNAT PHCBOARD NIGERIA

21 *"**For a good communication, it is necessary to have a solid basic training, to associate religious leaders (imams, pastors, priests, etc.), community leaders, influential men or politicians and to integrate a person who knows better the community during the exchanges with the parents or the community. I found this exchange very interesting.** I remain very committed and motivated in my work in order to learn more and do well what I have to do in the field. The work must continue with a very high profile so that each EPI child, each person receives his or her dose of vaccine to have a collective immunization for EPI children and the population of COVID-19."* Mathieu N'Guessan Krou M DIS MOH CÔTE D'IVOIRE

22 *"Based on the session, I came to understand that communication is a factor in success or failure. **Our providers need a lot of capacity building on interpersonal communication.** In immunization, the children's parents complain that the vaccines cause a lot of undesirable effects to their children but the majority of these undesirable effects are minimal and do not require treatment but since there are communication problems between the provider and the parents, they constitute major rumors within the community which can even cause dropouts in immunization. **After the session, I was able to approach some EPI focal points at the district level to share with them what I had learned.**"* Damien Bigirimana M SUBNAT MOH BURUNDI

23 *"Communicating with various communities and caregivers is a major challenge, because **each and every one perceives things in their own way** and responses will be different for different communities. So we need to choose different forms of communication for different communities."* Dr Bala Ganesakumar SR M SUBNAT WHO INDIA

24 *"Immunization coverage among pregnant women in my region was low; taking our midwives through IPC training at the facilities level has helped to improve the communication of benefits of COVID-19 vaccine for pregnant women which has improved our immunization coverage among pregnant woman in my region, the Bono Region in Ghana."* Amma Gyankomah Asirifi W SUBNAT MOH GHANA

25 *"I actually work with people living with HIV and most often interacting with them is so difficult since most of the moves you take, most of them feel stigmatized or looked down on due to the virus they have. So, I developed the ability of empathizing with and trying to put myself in their shoes and bringing them to accept their status completely without looking at the eyes that are on them. It has been so successful this far since acceptance of status has increased, adherence to treatment has increased and some are even accepting the COVID-19 vaccine which was not the case before."* Funue Clinton Forche M SUBNAT NGO CAMEROON

"A nice example of skills transfer from one area of health to another – a health worker working in HIV is transferring their IPC skills in working with stigmatized populations to stigma associated with COVID (either the disease or, in some communities, with people accepting the vaccine)."
Jenny Sequeira, Global health consultant

26 *"In my community and district as a whole, I am the only health interpreter. So one morning, I came to work only to meet my colleague who was speaking and shouting at a client and the family. So I came in only to realize that the client was a deaf (speech and hearing impaired). I reassured the client and the family by speaking to them politely and respectively. And the client began to smile, we exchanged WhatsApp con-*

tacts for further communication. ***In fact the client felt good and happy because she was happy someone understood her language.****"* Gifty Akosua Adzigbey **W DIS MOH GHANA**

27 *"A child with cleft lip was brought into my facility by the mother with symptoms suggestive of lower respiratory tract infections. On further questioning it was gathered that the child didn't get vaccines because mother was worried how she will be accepted at the vaccination centre.* ***My ability to communicate with her, hear her side of the story without judging her, helped to identify and of course overcome the challenge. That for me was the power of interpersonal communication.****"* Dr Oluwadamilola Oladipo **W FAC EDU/RES NIGERIA**

28 *"Interpersonal communication means exchanging ideas, information or concerns where these will be meaningful to all parties. Effective IPC will yield behaviour change, in the era of ensuring targets accept immunization there is the need to speak to people in a way they understand what you are saying.* ***This means speaking in their local dialects is a plus to ensure effective communication.****"* Gladys Abena Owusua **W SUBNAT MOH GHANA**

29 *"I believe that good interpersonal communication* ***must first be based on the training of the sensitizer who must have a good knowledge of the subject to be exchanged with the community.*** *Trust is the cornerstone in the exchanges. Disseminate the messages in local languages with the leaders of that community."* Vicky Tambwe Mbuyu **M FAC MOH DRC**

30 *"Interpersonal communication skills are important for communicating and working with groups and individuals in your personal and professional life.* ***People with strong IPC skills tend to build good relationships and can work well with others.*** *They understand family, friends, co-workers and clients well. People often enjoy working with colleagues who have good interpersonal skills."* Dr Vikas Dubey **M MULTI MOH INDIA**

4. Root cause analysis

TGLF programme participants are encouraged to use root cause analysis after identifying their local challenge. In essence, this involves programme participants repeatedly asking "why", to drill down to underlying causes. Undertaking data analysis or consultation activities as part of this process can challenge initial assumptions and ensure that there is an evidence base for planned actions.

Exposure to root cause analysis has encouraged participants in the TGLF peer learning programme to consider and investigate **underlying causes** of their local challenges, such as low uptake or coverage. Typically, this was framed in terms of understanding better what was **happening on the ground** and **within communities** 1 2 3. It was also recognized that root cause analysis was a valuable **transferable skill** applicable to any area of healthcare 4.

> *"It helped me to find out the root of issues. Actually, the issues are on the ground so it is better to find out the solutions on the ground."*
> Man, district level, Ministry of Health, Pakistan

The importance of root cause analysis in identifying **specific and priority problems** was noted, as well as its potential to highlight issues that, if resolved, could deliver **multiple benefits** 5. It was also recognized that root cause analysis could identify more than one issue and a **multifaceted strategy** might be needed to address them 6 7.

Several Scholars identified **specific applications** of root cause analysis, to address issues such as a drop in immunization activities 8, a fall in vaccination coverage 9, low coverage in hard-to-reach populations 10, and vaccine hesitancy 11 12. Among the issues identified were problems associated with **staff turnover** and **natural disasters** 8, the impact of a **broken bridge** 9, **poor access** and **myth-spreading** 10, and high-profile local incidents of **adverse reactions to vaccination** 11 12. Other causes included **negative political influences** 13 and a **lack of women health care workers** in antenatal care clinics 14.

Root cause analysis can help identify potential solutions to common immunization programmes, such as reaching **mobile populations** 15. Many factors affecting uptake were identified through dialogue with communities, including the **location of outreach sites** 16 and sensitivities related to the use of **political banners** at vaccination sites 17. Some factors can be very subtle, such as the perceived need to **dress well** for clinic visits, which may discourage attendance 18.

> *"We conducted investigations to understand the poor results of the campaign. The results showed that the vaccination sites were inaccessible and far from the population. The population felt that they did not have enough time to go and stand in a row for a vaccination because of their activities."*
> Man, district level, Ministry of Health, Côte d'Ivoire

It was also noted how important **data** are in understanding where to focus root cause analysis, for example by indicating which areas or facilities require further investigation 19. Data can also be used to **track the impact** of actions taken in response to the identified problem 20.

"A 'fishbone' diagram can be a helpful way to visualize root cause factors.
Here is a valuable resource for creating root cause analysis fishbones that are tailored towards immunization: https://uifhs.jsi.com/wp-content/uploads/2018/08/Fishbone-Job-Aid_A1.pdf"
Samantha Noor, JSI

"I feel this is a critical issue and rarely addressed properly. It is also a prerequisite to succcessful IPC approaches as access to immunization services must be the number one priority. Heath workers tend to assume the problem lies with recipients when it is actually a service offer issue."
François Gasse, Senior immunization adviser

"With relation to root cause analysis, data can also be useful in validating whether the identified factors truly contribute to the problem."
Samantha Noor, JSI

Root cause analysis: What we learned together

These excerpts were selected by TGLF's Insights Unit from the Teach to Reach 7 pre- and post-event stories and feedback from participants.

1 ***"I liked the way the participants were sensitized about root cause analysis. This gave me the motivation to apply it to my daily work area and derive lessons from it.*** *I see healthcare having a wider set of determinants. Determinants that we as professionals tend to miss."* Dr Ankur Shaji Nair M NAT MOH INDIA

2 *"It helped me to find out the root of issues. Actually, the issues are on the ground so it is better to find out the solutions on the ground. Peers have different experiences as far as this is concerned, so they help me to see according to that situation. I am now motivated to chalk out these issues and find the best solutions."* Ahmad Naveed Nusrat M DIS MOH PAKISTAN

3 *"I learnt about the work many health professionals were doing in their communities and the resistance that misinformation about the COVID 19 vaccine caused.* ***Seeing how these amazing people tackled these challenges encouraged me to continue to educate the members of my community and reach out to people.*** *In my work, what I will do differently is to study the community to know what is influencing their decision, their fears and the issues bothering them.* ***This way, I will be able to effectively communicate the true facts and allay their fears about immunization.****"* Naomi Nmesoma Ezefuna W FAC EDU/RES NIGERIA

4 *"Having been working as a senior technical officer for strategic information, I have been involved* ***in continuing quality intervention on an HIV programme. But during the course of this training, I was able to find out that application of root cause analysis is the same in all public health interventions or programmes.****"* Dr Michael Tomori M NAT NGO NIGERIA

5 *"We are addressing and discussing so many problems and issues at an instance. While focusing on single root cause, many problems can be solved together."* Muhammad Asif Chaudhry M DIS WHO PAKISTAN

6 *"Finding the root cause of the declining immunization coverage could seem difficult but with time and the support of local healthcare workers and the community, it can be determined. The root cause may have more than one factor and it is solution may also have more than strategy.* ***I learned that more communication with community, health workers, local administration and the available parties may help identify the root causes of the declining immunization coverage.*** *Comparing previous years to this year could also give a hint to understanding what the changes are. That include: turn over of the trained staff, vaccine hesitancy due rumors, lack of IPC skills by health workers, etc. However, a root cause analysis with the community and health workers is best way to find out."* Mohamed Hussein Ahmed M SUBNAT WHO ETHIOPIA

7 *"****Tackling low immunization coverage in the Mamou region (Republic of Guinea). To do this, we conducted a diagnosis of the obstacles related to routine immunization.*** *During these diagnoses, sites for outreach were identified that were not covered and that had low coverage. Some EPI agents do not follow the outreach programme.*

Active search activities are now being carried out and finally, rumors were also collected about immunization. At the end of these meetings with the staff of the health facilities and the members of the management committee, we drew up a communication plan proposing actions to be carried out in relation to each challenge, including, among other things: community meetings on the importance of immunization and ANC in the low-coverage strategy sites; the establishment of an active catch-up schedule and its implementation; supportive supervision of the immunization staff of the health facilities and regular vaccine supplies. The implementation of all of these actions has enabled us to reverse the trend." Martin Pokpa Zouo Pricemou

M SUBNAT MOH GUINEA

8 *"It was interesting to hear that natural disasters like flood has caused massive destruction and decline in immunization activities in certain countries.* ***In fact, I think in my work I have to ensure that communication and sensitization programmes on immunization services will not only look at health services providers moving to render services only at static places but it will be innovative enough to continue rendering services even in moments of natural disasters such as floods.***
I also learned that in some communities, the people prefer to see the same group of healthcare givers to render immunization services. They get used to the same people and as soon as the people change, they refuse to accept the health services that will be provided for the benefit of immunization. In fact, my mind was troubled, because when I look at the rate at which some countries are losing very skilled health professionals due to economic challenges, I wonder how the people in that particular area continue to access immunization services. This is because, new health workers are always being trained to take up posts of people who are no more at post. ***I found this very challenging and it's likely to be a major root cause for a decline in immunization activities within some populations.****"* Ruth Allotey

FAC MOH GHANA

"Excellent comment coming from one of the best immunization programmes in Africa, reflecting some of my concern about giving priority to IPC to resolve declining coverage."
François Gasse, Senior immunization adviser

"Interesting example of how climate change may intersect with immunization delivery, underscoring the need to be pro-active and responsive to such macro-level changes."
Chizoba Wonodi, Johns Hopkins International Vaccine Access Center

9 *"We realized that for some time the coverage of one of my subdistricts was declining so we planned a visit to the place to enquire and to help but realised two communities were not being covered for over 4 months due to a broken bridge and after knowing that we mobilized some community members with help of the elders to make a temporary bridge. After that,* ***male CHNs [community health nurses] and volunteers helped to vaccinate over 28 children 0 to 24 months with eight children over 11 months receiving the first dose of antigens they are eligible to receive.****"* Vida Efua Afful

W DIS MOH GHANA

10 *"Immunization coverage was low in my municipality. Upon query, it was realized that about 30% of our communities were hard-to-reach due to poor road network and myths surrounding immunization. Using opinion leaders and significant others, we did community engagements including community durbar where* ***we planned a camp out strategy periodically where we conduct comprehensive growth promotion activities which has significantly improved our Penta 3 coverage from 48% to 81%.****"* David Kwaku Sarkodie

M NAT MOH GHANA

11 *"There was a community in my district that refused COVID-19 vaccination because an elder in the community after taking his 1st dose developed AEFI which affirmed the belief that the vaccine has serious consequences after vaccination. Hearing the report, myself and the district team visited the community. The root causes for their refusal were identified as stated above. Views and concerns were taken from community members and politely each of their concerns were addressed and new strategies were developed by both district team and community members. The community finally accepted the vaccination after their concerns were addressed."* Albert Kwabena Dapaah

M DIS MOH GHANA

12 *"The community of Djunang in the Mifi health district, Western region of Cameroon, is reluctant to be vaccinated. Following my support during the MR response on October 6, 2022, I was able to discuss with the community the deep-rooted reasons for the reluctance to vaccinate. It emerged that the population refuses any vaccination in the health area following the death of three children during a routine vaccination session in 2014. Since then, the families have not had any feedback on the causes of the deaths.* ***So, with the community, the date of October 22, 2022 was chosen for direct engagement with them during the meeting at the social hut in order to re-launch the use of vaccination services. This approach was welcomed by the leaders and family members of the victims.****"* Paul-Marie Soubeiga M NAT UNICEF CAMEROON

13 *"During COVID-19 vaccination, I was working with a USAID team and visited a tribal area in my district where vaccine hesitancy was high. I did one-to-one sessions with a few people to understand their reason for not getting the COVID-19 vaccine. I came to learn many reasons but the main root cause was political influence and religious beliefs. There were instances when our health workers were threatened and even harmed by a particular religious group. Somehow, I managed to get help from local political stakeholders to encourage the community to take vaccination. It was a learning experience for me."* Dr Sumita Kumari W FAC MOH INDIA

14 *"We conducted an FGD [focus group discussion] to investigate the reason for low ANC turn out in the community. We identified that the women prefered to attend at a near by clinic other than the PHC at their community because there was gender bias. The health workers were all men."* Aishatu Gubio W NAT MOH NIGERIA

15 *"It was a fruitful moment of sharing that led us to* ***diagnose the root causes of the refusal of vaccination in peri-urban nomads:*** *very receptive to information delivered by a community member, poor interpersonal communication in their context, accessibility limited by their mobility. These things allowed us to reflect on the solutions to be brought and my approach to the management of these nomads has changed. From now on, we have to use their peers to mobilize them."* Dr Joel Houlbere M DIS MOH CHAD

16 *"During the first campaign against COVID-19 in Côte d'Ivoire, we invited the religious leaders, villages, neighborhoods and community leaders to sensitize them on vaccination in order to accompany us during the course of this campaign. After this sensitization meeting, we started the campaign but unfortunately, we were not able to vaccinate 50% of the planned target. We conducted investigations to understand the poor results of the campaign. The results showed that the vaccination sites were inaccessible and far from the population. The population felt that they did not have enough time to go and stand in a row for a vaccination because of their activities.* ***In the second campaign, we decided to move the vaccination sites closer to the population and we were able to reach 97% of the campaign's vaccination target."*** Kouadio Konan Marius M DIS MOH CÔTE D'IVOIRE

"Excellent – issue is again related to accessibility."
François Gasse, Senior immunization adviser

17 *"In supporting immunization in the province of North Kivu (SANRU), we found that despite efforts in communication, adherence to immunization was still not increasing. We initiated a survey in the communities by an FGD. From this activity, we discovered that the political authorities that the implementing partner was using on the sign boards and banners were not trusted by the population. Hence the rejection of the message coming from them. This is how we advised using independent influencers.* ***This is what motivated the engagement of the population.****"* Denis Kabila Mutombo M NAT CO DRC

18 *"Our little story is that, in our health district, we had to organize the vaccination sessions by block or village with the community animation cells. Why did this happen? The reason is that in the urban environment, the mother who has to bring her child to the vaccination needs to be well dressed, with nice shoes... but if her husband does not give her anything, she will not go to the vaccination with her child (this day will be lost for the child). When the providers come to their block or cell, it doesn't cost anything to the parents and at that moment, the mothers bring the children to us without taking into account their clothing.* ***In short: our objective is to recover the zero-dose or under-vaccinated children in the different blocks or villages.****"* Franck Monga Wa Ngoy Mukimbi M DIS MOH DRC

19 *"****I was made to understand the importance of data in root cause analysis of immunization.*** *Through data one can be able to identity health facilities with poor or outstanding performance. Those with poor performance, it maybe due to health workers, vaccines or poor mobilization and demand creation."* Muhammad Umar Sakwa M DIS AGENCY NIGERIA

20 *"The National Primary Health Care Development Agency (NPHCDA) in Nigeria recently released the National immunization coverage (NIC) survey report 2021. Sokoto State where I currently work had the least RI coverage of 12% in the country. The root cause analysis showed that vaccination access in primary health care facilities was sub-optimal. Most households were not getting their children immunized. Secondly, the* ***facility outreach teams were more focused on defaulter tracking.*** *As such, not more than three defaulted children are immunized during outreaches. The community leaders were not carried along as part of the population health team. Vaccine hesitancy was heightened across all 23 districts in Sokoto State. The integrated health programme I work for conducted a holistic review of the situation and launched RI surge intervention in six LGAs with zero-dose or low coverage in immunization. Vaccination teams were formed at ward level. Each team comprises two vaccinators, two recorders and one community leader/mobilizer/crowd controller. Each team developed RI outreach session plan targeted at hard-to-reach settlements and communities with bulk rejection. Daily call-in data template was developed for all recorders to report vaccination on WhatsApp. At the end of six week, the RI surge programme had immunized 34,778 children less than one year, with different antigens of RI vaccines. This was compared to same period last year, when defaulter tracking had only vaccinated 828 children less than one year."* Usman Al-Rashid M FAC NGO NIGERIA

5. Progress on IA2030 projects

TGLF programme participants have developed action plans focused on specific IA2030 Key Focus Areas to address the key local challenges they have identified. They report back regularly on progress, and shared their experience to date at Teach to Reach 7.

Hesitancy was a commonly referenced challenge, particularly in relation to **COVID-19 vaccination**. Specific challenges included the **denial of the existence** of COVID-19 (1), **religious groups** that reject vaccination (2), **lack of confidence** in COVID-19 vaccines (3), other forms of **COVID-19 vaccine hesitancy** (4) (5), particularly linked to **social media misinformation** (6), and the influence of communities living across **local borders** (7) (8).

> *"Guinean cross-border populations were very hesitant about vaccination against COVID-19. I got the actors in the various sectors at the borders involved in the planning and implementation of vaccination activities, namely the security and defence services, the transporters' unions, the customs authorities, the host communities, etc. This helped boost the performance of the vaccination teams."*
> Man, National level, Covid-19, Guinea

Strategies to address such challenges included use of **social media** to share health information (9), **social mobilization** (10), and providing communities with **accurate information** (11). Other commonly used approaches included drawing on **personal experience** of vaccination (12) (13) (14) or of vaccine-preventable diseases (15).

> *"I used my mum who was infected with the virus's condition to cite as an example to them. I told them all that happened to her and they later agreed to take the vaccine."*
> Woman, facility level, Ministry of Health, Ghana

More generally, a common theme was the importance of **engaging with influential members of the community**, including traditional and religious leaders. This can be important in terms of securing access to populations but also in addressing rumours and misinformation and in leveraging the influence of community leaders to promote immunization and address local hesitancy (16) (17) (18) (19) (20) (21) (22) (23) (24). Such individuals can go on to become important **advocates** for immunization within communities (25) (26). Encouraging **communities to compete with each other** to achieve high coverage was one innovative approach for promoting a greater sense of community ownership of immunization (27).

> "Nice! Its worth noting that not all communities can do this, as significant disparities among communities can cause some to be at much of a disadvantage over others. This would work in communities of equal resourcing, size, and other factors. Regardless, it is a strategy that gets communities engaged and encourages ownership."
> Samantha Noor, JSI

"The implementation of a strategy involving the local authorities (village chiefs) who are well listened to by the community in facilitating adherence to vaccination through sensitization is one more thing for me to review my way of doing things soon. The sharing of ideas was really rich and I really appreciated it and it also taught me a lot."
Man, district level, Ministry of Health, Benin

The importance of adopting **multifaceted strategies** was also recognized 28. **Community engagement** is frequently at the heart of these strategies which, as well as targeting people of influence, can also draw upon trusted people such as **community health workers** 29. Notably, it can take **time and perseverance** to persuade hesitant individuals 30 and, more generally, to build community trust 31.

"Upon joining the IA2030 Movement, I learned important lessons that helped me leverage the community health care workers along with the EPI team to successfully reach the zero-dose children by first of all doing the mapping utilizing the help of the community leaders and Government officials from MOH, interior ministry, the chiefs and elders."
Man, Subnational level, Non governmental Organization, South Sudan

Hesitancy among colleagues and healthcare workers was another frequently cited challenge 32 33. Strategies adopted included **setting an example** by getting vaccinated in public 34, trying to **understand root causes** of hesitancy 35, and organizing **information events** 36 37.

"Before I joined the Geneva Learning Foundation, I had thought that I could not make a difference in my community (institution) without external funding support. But all that changed and I was able to work with a few collaborators in my institution to influence staff to accept and take the COVID-19 vaccination."
Woman, facility level, Ministry of Health, Nigeria

Several participants reflected on **gender barriers** that can affect women in the healthcare workforce and individual responsibility to take actions to promote workplace equity 38 39 40. Gender barriers also persist **in the community**, with not all women having the autonomy to bring infants for vaccination 41 42. These issues highlight the importance of engaging with men 43. On rare occasions, in matriarchical societies, women are the key decision-makers and are the key targets of engagement activities 44.

> "Not only engaging with men, but the important role that men play within vaccination – as fathers, community leaders, and in other positions of power, their voice and support is a critical factor in community- and family-level perceptions of immunization. So it's critical to have their involvement and support."
> Samantha Noor, JSI

A theme highlighted by multiple participants was the importance of **working as a team**, with multiple roles contributing to a successful immunization programme 45 46 47. **Involving other stakeholders**, particularly community members, was seen as critical to success 48 49 50. This can include a diverse range of groups, including religious groups, local authorities and media organizations.

"It is in teams that we can succeed and this is what motivates me and commits me to work on everything in the field of vaccination. And from now on, I will privilege teamwork and discourage any solitary work."
Man, facility level, Ministry of Health, Burkina Faso

One notable concern raised was the incentive that some workers might have to **dispose of vaccine without administering it**, if they are paid according to target amounts used and their remuneration is limited 51 52.

> "Yes, true. I have also witnessed it. It happens because managers look to match doses used with coverage reported."
> François Gasse, Senior immunization adviser

In addition, an example was also provided where use of a **cash incentive** to encourage vaccination uptake led to damaging rumours (53).

When asked to identify their **major challenges**, Scholars highlighted many that are known to be issues for immunization programmes in low- and middle-income countries. These include **stockouts** (54), inaccurate **denominators** (55), accessing **hard-to-reach populations** (rural (56) and urban (57)), population **displacement** (58), keeping track of **defaulters** (59) (60) and **insecurity** (61). Scholars also identified the benefits of **integration**, for example of routine and COVID-19 immunization (62), and of learning lessons from **polio vaccination efforts** (63).

One notable take-home message is that even seemingly complex challenges can have **simple and practical solutions**, worked out by people in the field (64). This further emphasises the importance of **creativity** in the work of immunization professionals (65).

> *"I am surprised by the fact that sometimes simple solutions work for a complex challenge. Sometimes inputs or insights shared by the community level healthcare workers are more practical solution of an immunization challenge."*
> Man, facility level, education/research, India

Human resource shortages are a challenge in many settings, particularly rural ones. One consequence of this can be difficulties in **integration of services** due to limited health workers being available (66).

"This section speaks to the ethics. The commitment of health workers is critical to reaching patients, but low pay may lead to unethical behaviour, such as falsifying reports or discarding vaccines. Incentives provided to health workers and caregivers should be carefully managed to ensure they do not lead to mistrust or rumours about the vaccination programme. Addressing misinformation and rumours within communities is important to increase vaccination rates. A multifaceted approach that considers the perspectives of all stakeholders is necessary to improve vaccination rates and health outcomes."
Samantha Noor, JSI

"I love the fact that this paragraph reflects once more accessibility issues and not poor communication issues."
François Gasse, Senior immunization adviser

Progress on IA2030 projects: What we learned together

These excerpts were selected by TGLF's Insights Unit from the Teach to Reach 7 pre- and post-event stories and feedback from participants.

1 *"I work in an environment where most of the people still do not want to believe in the existence of some diseases. The most current disease is COVID-19 where a lot of people still do not believe that the disease exists. When we identified some cases of COVID-19, it was very difficult for the health sector to carry out contact tracing and monitoring because most of the people did not want the health care workers to visit them."* Ilyasu Alhassan
M DIS MOH GHANA

2 *"The challenge that I have is about vaccine hesitancy by some religious sect, like the one we have in Kitui county Kenya locally called "kavonokia"; they don't seek medical attention including vaccination, deworming or any other health intervention. When you call for the stakeholders, they never come. I would want assistance on how to reach them."* Justus Mutie Mwamuli
M DIS MOH KENYA

3 *"During the fourth COVID-19 national vaccination campaign that I supervised in the Moloundou health district in the East region of Cameroon, I realized from community engagement meeting feedback that the community actually did not necessarily hate vaccinations, but was afraid of COVID-19 vaccine, due to very low knowledge of the efficacy of the vaccines and also the real dangers that COVID-19 could pose to them as a community. It was general knowledge by the community that COVID-19 was not such a big treat to their communities and there were also elements of suspicions of the real intentions of the COVID-19 vaccines. Lots of people had inquired from friends and family members of the health services of the authenticity and effectiveness of the COVID-19 vaccine, whom also due to the lack of research and mastery of the pathology, clinical signs and symptoms, as well as the techniques behind the scientific development of the vaccines, expressed their lack of confidence of the vaccines to common people of the community, that further corroborated their suspicions about the vaccines that were initiated by the negative rumours about the vaccines that preceded communications of the importance of the vaccines on social media networks, Facebook, YouTube and WhatsApp platforms."* Jones Ngala Ngeh
M SUBNAT WHO CO NIGERIA

> "There are similar issues in high-income countries... The COVID burden is poorly documented in most African countries. Immunization coverage is still low in many African countries after multiple campaign. It is not perceived as a priority for many, and may consider malaria, pneumonia, malnutrition, diarrhoea and neonatal deaths as the priority issues."
> François Gasse, Senior immunization adviser

4 *"I am working as a national consultant with WHO providing technical advice about immunization to Ministry of Health in Northern state in Sudan in EPI (routine immunization and COVID-19). My challenge in COVID-19 vaccination is that there is poor demand and spread of hidden vaccine refusal and we make some orientation sessions and home visit and also orientation for community leaders and some of religious leaders and still the coverage [is low] in some areas."* Nassir Gobara Elkhider Hamid
M SUBNAT WHO CO SUDAN

5 *"High hesitancy to the COVID-19 vaccine in the Asuogyaman district of the Eastern region in Ghana, West Africa. The Asuogyaman district of the Eastern region in Ghana, West Africa, has 45 electoral areas with not less than 147 communities. It also has more than 28 island communities. High hesitancy among some community mem-*

bers due to religious and political reasons is crippling the COVID-19 vaccination coverage. Also, inadequate number of vehicles and outboard motors is hindering the movement from one part of the district to the other." Rebecca Dede Bantey W DIS MOH GHANA

6 *"We have so many issues with immunization in Pakistan. Rumors, demand refusals, misinformation about the vaccine, and negative material on social media regarding the vaccine are some of the main issues we face here. Despite the fact that community elders are engaged but still due to social media no one takes any responsibility for other children, leading to a huge number of unvaccinated children."* Naveed Saeed M INT WHO CO

"In this case, with a context with high complexity of factors leading to low coverage, it is great to implement ideas that have been proven useful in other countries. No doubt that communication has a key role here, and although it may seem like a long shot, "the road of 100 miles starts with one step", so: taking it one day at a time is a good way to approach the various challenges ahead."

Maria Fernanda Monzon, IA2030 Movement Leader (Argentina)

7 *"Need to clarify how to handle vaccine hesitancy arising from influence of communities living across the border in other countries."* Alsen Oduwo M SUBNAT WHO CO KENYA

8 *"Guinean cross-border populations were very hesitant about vaccination against COVID-19. I got the actors in the various sectors at the borders involved in the planning and implementation of vaccination activities, namely the security and defence services, the transporters' unions, the customs authorities, the host communities, etc. This helped boost the performance of the vaccination teams."* Ibrahima Sory Diaba Traore M NAT CO GUINEA

9 *"We experienced a great level of hesitancy to COVID-19 vaccines in our community, with widespread rumors and false information. We needed to communicate the facts about vaccines and doing this physically didn't help us reach a large number of people.* ***My colleagues and I decided to utilize social media by creating short clips of health workers sharing factual knowledge about COVID-19 vaccines and shared on social media.*** *We were able to reach more people and reduce vaccine hesitancy."* Naomi Nmesoma Ezefuna W FAC EDU/RES NIGERIA

10 *"My story is about a day after my team and I had successfully conducted a social mobilization session to create demand for COVID-19 vaccination exercise. The turnout was so massive that we had to beg other people to come the next day. On the next day those who turned up included an elderly woman who had middle-aged women seated beside her. All the children were eligible to take the vaccine but she said to us, 'I will make sure none of my people receive this vaccine.' So I got closer and engaged her, got all her concerns and at the end of the day, the middle-aged women received their vaccines. I am so grateful that the knowledge and skills we learn through participating in the scholar programmes have made me better in the way I work. I have improved on the way I communicate and also in the way I work."* Ruth Allotey W FAC MOH GHANA

11 *"Parents were reluctant and hesitant to accept the COVID-19 vaccine in a particular community. Many families resisted vaccination due to myths. Religious leaders, medical practitioners and village elders were engaged. My role was to provide them the global and local experiences with vaccine safety. I tried the example of frontline health workers who were prioritized for vaccination to fight against COVID-19 and were first responders. Mortality was minimum in those were fully vaccinated with two doses.* ***Imparting evidence-based knowledge may convince the community.*** *Religious institutions were roped in to circulate documents in their groups and an atmosphere of trust and open communication were helpful in turning around the situation."* Dr Vishesh Kumar M DIS WHO CO INDIA

12 *"With patience and persistent health talks on the benefits of COVID-19 vaccination, I was able to establish good interpersonal relationships with both caregivers and the communities where I work.* ***They became more involved and convinced when I showed them evidence of my family vaccination status, that is Vaxzevria, AstraZeneca's COVID-19 vaccine cards.*** *Another motivational strategy was* ***integrating free medical outreach session during our sensitization campaign which was assisted by our affiliated private hospital.*** *The above efforts together yielded good results.* ***Youths are now regularly visiting our facility for counselling and are being vaccinated against COVID-19. More health workers have been vaccinated. Most of my ideas and practices are drawn from the IA2030 Immunization Movement.****"* Dr Mrs Martina C Ezeama **W FAC MOH NIGERIA**

13 *"I learned a lot from this plenary session. As part of the COVID-19 vaccination, I was raising awareness about the benefits of vaccination and showing my vaccination card galvanized others to get vaccinated. Even in my family* ***I was isolated because I had taken the vaccine but with time since nothing happened to me, they understood and it was easy to convince them to be vaccinated.****"* Lydia Carelle Tsopmo **W SUBNAT MOH CAMEROON**

14 *"****Working with the influential people in communities in order to fight against misinformation and rumours!*** *In most cases these people are neglected, meanwhile a good collaboration with them will greatly reduce the weight of disease in a community which persist due to misinformation or rumours like in the case of the COVID-19 virus and its vaccine.* ***In order to stop the rumours or fear, like in the case of the COVID-19 vaccine, I will take the vaccine and use as proof to encourage others to take.****"* Funue Clinton Forche **M SUBNAT NGO CAMEROON**

15 *"A family refused taking the COVID-19 vaccine because a family member had adverse effect following immunization. They were just not ready to listen to anything but at the end of the day, I used my mum who was infected with the virus's condition to cite as an example to them. I told them all that happened to her and they later agreed to take the vaccine."* Mrs Henrietta Sakyi **W FAC MOH GHANA**

16 *"People heed to opinion leaders or people they are familiar with. Hence, this category of people cannot be left out of the discussion if you want it to lead to behavior change especially if you find yourself at a catchment area you are not wanted.* ***My success story is I always move with an opinion leader or a renowned person to assist in my communication with a community I'm not familiar with and it has been helping.****"* Gladys Abena Owusua **W SUBNAT MOH GHANA**

17 *"I particularly remember a participant (I think from Ghana) who really made an impression on me when he shared how he went with his team to meet the district and community leaders one on one to involve them in the immunization activities and brought them to attend the planning meetings...* ***How this made those leaders to mobilize their communities for immunization and this boosted their coverage so much. Besides, they went back to thank those leaders and gave them gifts!*** *This is just superb!"* Prof. Beckie Tagbo **W FAC MOH Nigeria**

18 *"I listened to the recorded podcasts which taught me a lot about sharing ideas on vaccination and the involvement of gender in vaccination.* ***I remembered the involvement of community authorities (village chiefs) in raising awareness about immunization, which facilitated the adherence of the population and increased the immunization rate.****"* Joel Gamele Mikponhoue **M DIS MOG BENIN**

19 *"I quite remembered when we were out on the field doing house to house COVID-19 vaccination we went to some of the communities in my district, previously they had refused to take the jab due to what they had heard concerning the vaccine earlier. But this time around, we met with see the chief, assembly men and other opinion leaders there to explain to them more about the vaccine. They gave us the opportunity to talk to their community members and they even helped in mobilizing them for us and the turn out was massive.* ***So, I strongly believe that involving the leaders in the various communities in our immunization helps a lot because they are very influential.****"* Benedicta Esenam Atinyo
W DIS MOH GHANA

20 *"During my international development, I was posted to a pastoralist community that was mobile and many children were not vaccinated. With the team at MOH we had to go and meet this mobile population at the next settlement but we had first to seek permission from the kraal leaders and gain their consent to allow the team vaccinate their children.* ***After several meetings, they agreed and 58 zero-dose children were vaccinated for the first time. The community was educated on the need to seek healthcare and have children vaccinated.****"* Paska Lamunu
W SUBNAT AGENCY UGANDA

21 *"I am a health educator in charge of a local government in my state. I have been receiving a series of reports from my ward focal persons of a ward in regards to vaccine hesitancy on vaccine-preventable diseases and pregnant mothers do not attend antenatal care, hospital deliveries and postnatal care. We organized a sensitization meeting with some pregnant mothers on the importance of ANC, hospital deliveries and immunization but all our effort proves abortive until when I discuss this issue with ward development committee chairman he advised me that we are supposed to notify their district and solicit for his consent to invite all traditional leaders, religious leaders, husbands and representatives of women. I was given 1 hour to sensitize those important people on issues of poor attendance of ANC, hospital deliveries and immunization on vaccine-preventable diseases. I started with the importance of ANC, danger signs of pregnancy, nutrition, safe deliveries and benefit of postnatal visit. I also discuss extensively on benefit of immunization on vaccine-preventable diseases, immunization schedule and informed them that all the vaccine are safe, free and effective. I gave the audience chance to ask questions. Somebody asked me that he thought his wife can only go to clinic when there is problem with the pregnancy. I responded that every pregnant women is expected to make at least eight visits and it is free, safe and effective for safe deliveries and to avert danger signs in pregnancy. In fact there was a fruitful deliberation.*
The success story here is, when we asked the district head to deliver his own address, he started by saying he was highly impressed by the effort of health educator so he is calling for support from his all traditional leaders, religious leaders, women groups and all his people to accept all health services by patronizing the clinic. He showed leadership by example by taking his children to the clinic for routine immunization and his wives were attending ANC that makes his people accept all clinic services. I assure you that we are getting good coverage from that facility." Auwalu Musa
M DIS MOH NIGERIA

22 *"The implementation of a strategy involving the local authorities (village chiefs) who are well listened to by the community in facilitating adherence to vaccination through sensitization is one more thing for me to review my way of doing things soon. The sharing of ideas was really rich and I really appreciated it and it also taught me a lot."* Joel Gamele Mikponhoue
M DIS MOH BENIN

23 *"We had to exchange on the pandemic of COVID-19 especially concerning the vaccination campaign. It is important to note that our experience was very much appreciated.* ***We, the health workers, should first encourage and motivate the population to get vaccinated.*** *Secondly, how to convince them? We convened all the village chiefs of the health area, the religious leaders, the presidents of the youth and women. After a presentation and sensitization on COVID-19, we health personnel were* ***vaccinated because there was a psychosis among the population and even among the medical personnel.*** *The staff was vaccinated in front of the guests, there were even volunteers. And when the centre was supplied with vaccines, we organized advanced strategies in each village. This really facilitated the acceptance of the vaccine."* Yeo Mamadou M FAC MOH CÔTE D'IVOIRE

24 *"During one of our meetings with the community, the elites made us understand that we often make decisions from them and this does not allow them to help us. The village chief said, 'What we are thinking of doing for them without their involvement is a coup d'etat' and that really touched me."* Aaron Djendangde M DIS UNAFFILIATED CHAD

25 *"****We have reached the maximum number of unvaccinated children thanks to the good sensitization in local language by the community agents from this cluster.*** *My challenge was to reach all the zero-dose or non-fully vaccinated children in my health area, and this is what I did after Teach to Reach 6, because during the vaccination campaigns, we always met many zero-dose or non-fully vaccinated children in the refugee area, because the mothers were so resistant to vaccination. With everything I learned at the foundation, I put it into practice to achieve this challenge. So, in my application, I had involved local leaders, pastors, women, influential associations, as well as teachers of the group, to maximize communication in language in different areas, so that each parent, can understand the benefits of vaccination.* ***With this strategy, I was able to reach over 100 unvaccinated children.***
As of today, all of these actors have become community agents who are very committed to immunization, and have encouraged several mothers to come for vaccination."

26 *"There are informal immunization leadership roles to be promoted within communities. They are making efforts and achieving results anonymously. We need to seek them out and support them so that their enthusiasm can snowball in all communities."* Dr Boureima Kabore M NAT NGO BURKINA FASO

27 *"When I was working for the Ministry of Health as head of the Expanded Program on Immunization (EPI) at the district level in the southwest region of Burkina Faso, we were faced with a reluctance to vaccinate because of false rumors about vaccines. We had to find a strategy to overcome this challenge and improve the immunization coverage of the health district:* ***we used a sandwich approach to put the community at the centre of immunization*** *(involve it and make it responsible). Indeed, with the help of financial partners (NGOs, associations, economic operators in the area), we have organized a competition at two levels: best village in vaccination and best health facility in vaccination.* ***This led us to set up a Village Immunization Monitoring Committee (VIMC) in each village, which, in collaboration with the immunization agents, records, convenes and monitors the attendance of each target group at the vaccination. For any absence from an immunization appointment, the head of the household must justify himself to the CVSV (which is chaired by the village chief).*** *This strategy has not only allowed us to improve immunization coverage, but has also enabled the district to obtain the first national immunization prize."* Sié Justin Hien M SUBNAT NGO BURKINA FASO

28 *"From Refusing Vaccination to Actively Seeking for Same. In 2020, following the outbreak of the COVID-19 pandemic, and the measures put in place in response, immunization uptake dropped tremendously in the community. The initial plunge in immunization was due to the restriction of movement, the 'lockdown'. Things did not change or changed only marginally even when there was relaxation of the lockdown, and eventual removal. The fear of contracting COVID-19 in the health facilities kept mothers/caregivers away, thereby depriving their children of the services. The introduction of COVID-19 vaccination, which was envisaged to calm the fears of the public as a preventive measure against COVID-19, did not achieve much. The social media was agog with misinformation, disinformation, and on several instances outright fake news concerning the vaccine. COVID-19 hesitancy became a very big problem, even among health workers, including immunization service providers!*
As a manager in the immunization sector, I felt really disappointed. I not only continued with the non-pharmaceutical prevention protocol for the prevention of COVID-19, but insisted that my family did same. We also had the jab in the full glare of television cameras when the vaccination campaign was launched in the State (Province). All these failed to impress my community as they were waiting for us to die in a couple of days, as was widely circulated on the social media. We later took the second dose: the waiting game continued as the same social media continued extending our (vaccinees') time of death. Meanwhile, I continued reading scientific articles and other success (positive) stories of the decline in COVID-19 in other countries, attended several webinars that kept me abreast of the COVID-19 pandemic. I slotted Covid-19 sensitisation in as many times as possible in official (trainings, meetings, commemorative days) and non-official (social/religious gatherings) whenever I had the opportunity to address the community.
Gradually, the number of persons willing to receive the jab increased. Early this year, I arranged for mass COVID-19 vaccination for the community, at their request. And those that missed the first shot made sure they got theirs while others were receiving their second dose. Routine immunization uptake has also improved as mothers/caregivers are now less scared of taking their children/wards to the vaccination centres. Surprisingly, I recently (September 2022) got a call from one of the community leaders asking me to help them get the booster dose of COVID-19 vaccine, even as they know that I am no longer in the State! ...And I obliged.
Evidently, the behaviour has changed from refusing the vaccination, to actively seeking to be vaccinated. This did not happen overnight. The lesson here is multipronged approaches, persistence, and patience are all needed for behavioural change to occur. It is important to note that Government and several other stakeholders carried out social mobilization activities which reached the people via radio, and in some cases, television (most rural/poor communities do not have television). It would appear that effective community behaviour change is more likely to occur where the mobilizer lives in the community over a reasonable period of time." Anonymous

M SUBNAT WHO CO NIGERIA

29 *"Community engagement is key to achieving behavior changes to vaccination apathy. My challenge from South Sudan was reaching the zero-dose children in my county. Upon joining the IA2030 Movement, I learned important lessons that helped me leverage the community health care workers along with the EPI team to successfully reach the zero-dose children by first of all doing the mapping utilizing the help of the community leaders and Government officials from MOH, interior ministry, the chiefs and elders. After following the steps learned from the Teach to Reach sessions, we were able to overcome the challenges of community resistance due to mis-infor-*

mation and mistrust and now where able to identify the zero-dose children and successfully carried out 80 outreaches to 20 catchment areas with a noticeable increase in the immunization coverage for the county." Martin Atama Adikwu

M SUBNAT NGO SOUTH SUDAN

30 *"One head of household adamantly refused to be vaccinated against COVID-19. We did not insist. But we adopted a strategy that consisted of visiting him every morning when we left for the vaccination and in the evenings when we returned we went back to greet him and give him an update on the concessions in which the households had accepted the vaccination. On the last day of vaccination we went back to inform him that the campaign was over and all the households had been vaccinated except his. This was a shock for him because he understood that we wanted his health. This was a motivation and he authorized the vaccination in his household and the other households. Our patience paid off."* Ali Ouedraogo M NAT MOH BURKINA FASO

31 *"There was a large Kitawalist community hostile to vaccination in the Monkoto HZ, Tshuapa province in DRC. Even before the mass vaccination activities we took care to exchange from time to time with the leaders and members of this religious sect and as a result they understood the merits of vaccination, they removed hesitations, fear and rumors.* ***We had established a relationship of trust with this community and today they adhere to all routine vaccination and SIA activities.***" Saddam Imambo Botuli M SUBNAT UNICEF CO DRC

32 *"[My challenge:] We have colleagues who so far refused to be vaccinated despite counselling, they are adamant. How can we convince them to be vaccinated?"* Boris Tiako Mbelale M FAC NGO CAMEROON

33 *"We were to travel with colleagues for a service mission in July 2022 and it was mandatory to present a COVID-19 vaccination card to get on the plane but some colleagues, not knowing that I am a member of the IA2030 Movement, got interested in trying to obtain vaccination cards by fraud.* ***I gathered them and showed them the importance of being vaccinated with several examples and information related to vaccination using the experiences learned in the movement and in the end all five accepted and were vaccinated on the spot. One of them remained very grateful and has already joined the movement.***" Rodrigue Ciribagula Nkulwe M FAC EDU/RES DRC

34 *"During these exchanges, I came to realize that many countries had the same difficulty concerning vaccination and that 'fake news' or the poor conception on vaccination was the same in most of our countries and also among caregivers, even though this information was not given by any official media. Also that the counselling of healthworkers done by other staff at different levels yielded good results. I was counselled during a district coordination meeting, and as health personnel we were called to put our words into actions.* **I volunteered to be used as an example to show the heads of health facilities present how the vaccine is given.** *On the spot I received my dose of vaccine and encouraged others to do same. Some did, but others did it only some weeks later after they saw that we did not develop any side effects."* Fokou Wenga Camille M DIS MOH CAMEROON

> *"How often can you volunteer? May only work once, so make sure you have the biggest audience as possible when you do it... Some people have made a smartphone video of themselves being vaccinated which they can show people they have practised what they preach."*
> François Gasse, Senior immunization adviser

35 *"Before I joined the Geneva Learning Foundation, I had thought that I could not make a difference in my community (institution) without external funding support. But all that changed and I was able to work with a few collaborators in my institution to influence staff to accept and take the COVID-19 vaccination. In fact* ***vaccination jumped from 26% to 70% within a few days.*** *My strategies included a mini-qualitative survey, targeted communication and provision of information based on specific*

issues raised, debunking of wrong information, using myself as an example, showing them that some common drugs used very often have higher rates of adverse events and even more severe adverse side effects compared to vaccines, held a staff interactive sensitization meeting. They were 28 in number. ***The best part is that they have now become advocates in their families and communities and I still receive their success stories of positive influence on others.****"* Prof. Beckie Tagbo W FAC MOH NIGERIA

"Great comments on the increase in agency with participation in TGLF events."
Chizoba Wonodi, Johns Hopkins International Vaccine Access Center

36 *"The community here is a mixed health professional groups of laboratory technicians, pharmacists, nurses who demonstrated hesitancy to COVID-19 vaccination in the first phase roll out in the Nigeria Federal Capital Territory as they considered the social media information on brain clots side effects of AstraZeneca COVID-19 vaccine as true as was peddled in Europe in March, 2021. I, with the collaboration of FCT WHO office coordinator and her team and UNICEF communication consultant for the FCT, organized and invited the health professional leaders and members to a town hall meeting. Vaccination team was at hand. After the town hall meeting, over 50% of those not vaccinated accepted right there while others gave appointments for follow up. It is important to mention that just 15% of attendees had at least one dose of the vaccine in a pre-meeting survey. The follow up, however, did not give 100% acceptance."* Dr Ndaeyo Akpan Iwot M DIS NGO NIGERIA

37 *"The colleagues in the department were too reluctant to take the vaccine, but over time I began to organize 15-minute awareness sessions in the departments and invited them to come and see the former vaccine recipients from the first dose, and it worked.* ***In the end, they adhered to the vaccine and are now sensitizers in the community.****"* Vicky Tambwe Mbuyu M FAC MOH DRC

38 *"During the session, I realized that this predominantly female sector is not fair to women in some instances. They battle with inequitable opportunities amongst others.* ***Female gender, just as their male counterparts, need to be allowed equal opportunities needed to enhance their performance.****"* Amah Ishaya Yakubu M DIS MOH NIGERIA

39 *"One thing is still in my mind. We are living in the traditionally men's world, where women have been working on the first line of the health systems for the decades, but we still aren't respected as professionals who can make decisions and be leaders." Vesna Lučić Samardžija* W FAC PUBLIC HEALTH CENTRE BOSNIA AND HERZEGOVINA

40 *"Equality is an asset and whether you are a man or a woman, we must work together to achieve a better result. And together we work better.* ***I also saw how men encourage us women to do better and work harder.*** *It was an emotional experience for me." Hapssatou Ousmanou Faouzia* W NAT VOLUNTEER CAMEROON

41 *"During one of our interventions in Zango Ward, we met a lactating mother of an 8-month-old baby girl that had defaulted. She refused us from giving her child the inactivated polio vaccine. We had to seek permision from her husband and explained to him how safe those antigens are and the advantages of completing her immunization shedule. She later accepted because the husband was convinced and asked her to bring baby for vaccination.* ***We did not relent too, we waited patiently to win her and her husband over for the baby to be immunized.****"* Maryama A Idris W SUBNAT MOH NIGERIA

"Good for that baby, but how can one go to scale with that method?"
François Gasse, Senior immunization adviser

42 *"My story is about gender inequality. A mother brought her child to CWC at 6 weeks, this is after pleading with the husband for a week. Her parents-in-law had to travel from their rural community to come and talk, to their son, but in vain. This*

"A poignant story – congratulations to the mother but how could she be helped when she returns home and meets her husband? Should she be accompanied?"
François Gasse, Senior immunization adviser

woman made the decision and brought the child against her husband's will. After vaccination she shared her fears and was not sure whether she shall be accepted back home." Eileen Mwaluma W FAC MOH KENYA

43 *"What was most interesting in the sharing of ideas was the notion of gender in vaccination. That is to **say, the involvement of men in immunization, not just letting mothers bring their children to immunization** because the day the mother is busy, and the child will not be vaccinated because he will miss his appointment. Also, the involvement of community leaders, the pastors of the churches in the sensitization since they are the ones who are listened to by the community."* John Ngalamulume Kayembe M DIS MOH DRC

44 *"Ebola epidemic in the rural commune of Mangina in 2018 and vaccination of indigenous peoples (pygmies). A people fierce to vaccination but convinced following the intervention of pygmy women. That is to say that unlike the Bantus, among the pygmies, it is the woman who makes the law or who is the head of the household. **We were able to sensitize the women with the support of an anthropologist and a psychosocial team and they were able to convince their husbands and the adhesion was total.**"* Dr Mols Vacka Maluma M DIS MOH DRC

45 *"Working as a team makes it easier to overcome challenges in collaboration with the community. You share the risk or challenge than being alone. As a team the workload is shared amongst yourselves and you don't feel the burden alone. As a team it's easier to coordinate."* Godfrey Ouma Haduba M FAC MOH KENYA

46 *"Working together as health professional is formidable. It ensures alignment and building a strong team that harnesses diverse roles of stakeholders for the progress of health care delivery system. No man is an island in the health sector. The pooling of various skills by professionals is synergy for moving health forward. **I learnt that collaboration with each other allows more achievements to be recorded.**"* Dr Babatunde Erinle M FAC EDU/RES NIGERIA

47 *"I have learned that without other professionals, I could not achieve my goals of protecting the population from disease. **Therefore, it is in teams that we can succeed and this is what motivates me and commits me to work on everything in the field of vaccination.** And from now on, I will privilege teamwork and discourage any solitary work."* Nana Tayeri M FAC MOH BURKINA FASO

48 *"As a Health Promotion Officer **I learnt that working together with other health professionals and the community will increase vaccine acceptance and also reduce vaccine hesitancies in my region.** All health professionals in my country are seen as trusted sources of information so when they are involved acceptability is high. Other professionals like information services department, community information centres, religious groups, opinion leaders and other community members have the platform to engage a large group of people in the various communities, when we work together we are able to sensitize a large number of people at a time which improve acceptance of any health interventions."* Amma Gyankomah Asirifi W SUBNAT MOH GHANA

49 *"In vaccination campaigns, stakeholder involvement is key. **Anytime I engage them well, I get enough support from these stakeholders.** Stakeholders like religious groups gives us the platform to educate their members, information services department support us with their information van for announcement in the communities, the school authorities also allow us access to the schools, the various districts assem-*

bly also support us with vehicles, media also support us with free airtime etc." Amma Gyankomah Asirifi **W SUBNAT MOH GHANA**

50 *"The situation challenge identified in the Nkoranza North District is the COVID-19 vaccine hesitancy. The district was of view that the vaccine was introduced to render them unproductive if vaccinated and also they will be added to a devil group called 666 implies the mark of the beast. I have also identified that there was no proper community sensitization as well as lack of effective communication by some of the vaccinators that has resulted in this challenge vaccine hesitancy.*
Just imagine this breakdown: (1) The district target to be vaccinated = 60856; (2) target vaccinated with a dose = 24250; (3) percentage vaccinated = 39.80%; (4) target left to be vaccinated = 36606. Atakeholders such as the chiefs, queen mothers, assembly members, the clergy and the male champion groups were involved. My role as a community health worker who wants to bring social behavioral change communication through community sensitization has to collaborate with the young female COVID-19 vaccinators. The team then started engaging with the stakeholders and social groups with sensitization while vaccination was also ongoing. This was done to prevent those who has agreed to be vaccinated from changing their minds. The male champions with pregnant wives, assembly persons and the clergy were those that helped me. I tried doing the stakeholders engagement and the house-to-house sensitization with the vaccinators. What I have learned was collaborating with the stakeholders and the vaccinators for fruitful results. No one changed their mind after accepting to be vaccinated. I was surprised to see how the district that was noted to be COVID-19 vaccine hesitant accepting the vaccination until we were hungry and tired for the day.
My story matters because it has helped build confidence and demand for COVID-19 vaccine. What other people can learn from me provided they have similar challenge is collaborate with the vaccinators, male champions and the stakeholders for fruitful results. I was indeed surprised as to how the people demanded for the vaccines." Kingsley Kofi Nignere **M DIS NGO GHANA**

51 *"Commitment and demand, community engagement, and vaccine hesitancy has to do with health workers and people at community level.* ***The commitment of health workers will make them to reach out to people at grassroot for immunization.*** *In respect of the genders, races and background. This will give them courage to work without looking back even it does not involve money. It will give them the heart to report honestly and not fake. Many at times, health workers pour out remaining vaccine doses and fake their reports in order to get paid for work they did not do."* Jesupemiwale John Adeniji **M SUBNAT NGO NIGERIA**

52 *"The payment received by vaccinators in Nigeria is too poor. This has led to vaccinators diverting to secret places to discard the vaccine then return to camp and give a report that they actually vaccinated children with all the doses successful. This is so because each team is given a target to reach and this is only determined by the number of empty vials returned from the field. Each team is given some sort of incentive to enable them lure children to come for vaccination, these incentives are also diverted. If the welfare of the vaccinators is properly taken care of, they will have no need for such actions and the community will benefit at large."* Stephen Anyaegbu **M FAC NGO NIGERIA**

53 *"My immunization challenge is that there is an NGO that supports the caregivers with a little amount of money for the purpose of attracting the caregivers. But the rumour that may circulate within the community is their children are being sold by the government, that's why they are given money."* Abubakar Musa **M FAC NIGERIA**

"An example of a health worker talking about pressures to report high coverage targets, leading to throwing away vaccines and fabricating data to match empty vials. This happens a lot in Nigeria (in 2018 we estimated >$20M value of vaccines were deliberately thrown away because of the same issue, and that year the Gavi co-financed vaccines came to about $20M). So, throwing away vaccines to match high-pressure coverage targets means a huge financial loss to a country, and with current economic hardships and countries defaulting on Gavi vaccine payments, etc., this should be a topic that gets raised far more often."
Jenny Sequeira, Global health consultant

"Conditional cash transfers (CCTs) were a hot topic a few years ago, and I am assuming will continue to be as part of the zero-dose agenda; this is an important issue to consider in relation to rumours and how CCTs can backfire in locations where there is substantial lack of trust in government/health services."
Jenny Sequeira, Global health consultant

"We know that vaccines expire, but when large amounts do so, there is little that is documented/shared about the reasons for this sub-nationally; this example talks about COVID vaccines intended for schools, where parents gave consent for vaccination of their kids, but schools decided not to allow the vaccinations; this led to large numbers of vaccines in that area expiring. Given how much attention is now shifting to HPV and school/non-school vaccination of adolescents, unpacking reasons for larger-than-usual quantities of sub-national vaccine expirations might be an important one."
Jenny Sequeira, Global health consultant

"If this is doable, it makes sense, but it could be an unrealistic task for health workers or community health workers. It takes a lot of time they don't have, except if only a small settlement is involved."
François Gasse, Senior immunization adviser

"A true message often overlooked. The lesson? Focus on logistics and funding appropriately to provide access. It should be a top priority."
François Gasse, Senior immunization adviser

"These are very common challenges? How do we solve them?"
François Gasse, Senior immunization adviser

54 ***"There's a need to provide correct and consistent information about vaccines as these cause difficulties at implementation level and integration is important****. The issue was inadequate supply of vaccines and changing information about vaccines, especially COVID-19 vaccines. Initially uptake was good but the supply was not adequate; by the time we had good stock, the communities were already demoralized because those who had their first jab were not able to get second jabs in time because of stockouts, after which the mix-and-match policy was introduced which made significant changes in people's perception towards COVID-19 vaccines. With this changing information, we had to engage all stakeholders through meetings, radio talk shows, trainings and community drives to change mindset of our people. It was more complex when it came to vaccination of 12–17-year-olds as most schools didn't allow health workers to vaccinate the learners despite consent from the parents, leaving a good quantity of vaccines to expire."* Ogwang John Paul **M DIS MOH ANTIGUA AND BARBUDA**

55 *"Denominator problem faced us the challenge to find out the zero doses, so we take as the solution head count house to house, which is a hard task for us and the health workers."* Mehariw Birhan Ambaw **M SUBNAT NGO ETHIOPIA**

56 *"Although services are free at primary health care level, they are not accessible when people need them. They have to travel long distances to find a health facility. There are outreach programmes but they are not consistent due to poor funding, poor road network and bad weather, especially during the rainy season. These people will always be left behind."* Anonymous **W FAC MOH ZIMBABWE**

57 *"In my community, most of the people are vulnerable and stay in slums and it is very hard to reach them. There, living conditions are very hard as most of these people are starving and the children are very weak. In this condition we find it hard to vaccinate children. Another challenge is walking long distances from one area to the next, since they don't stay at the same place."* Taphurother Muhonja Mutange **W FAC MOH KENYA**

58 *"Flooding and consistent emergencies in the areas, leading to a displacement of a large section of communities moving to higher grounds since 2021. To date, some supplies are cut off because of access issues. Now among the displaced communities, there are confirmed measles cases among children aged below five years. Zero-dose children are most affected by this. As the Regional Expanded Program on Immunization Manager, we have formed together with partners and district health authorities an investigation team and a plan is underway to have logistics flown to that area. Coordination and support is done via Zoom."* Samuel Majang Mut **M SUBNAT MOH S SUDAN**

59 *“Defaulter tracking is a great problem, lack of information/knowledge gap is the main cause. Majority of health care providers have no training or update on immunization. Most of us use our knowledge from what we were taught in college.”* Jane Rebecca Oluoch
W DIS MOH KENYA

“This highlights the need for regular updating of staff capacity and skills.”
François Gasse, Senior immunization adviser

60 *“We have developed a tracking mechanism for capturing all missed opportunities in our communities such that all the children are immunized and we do door to door registration to capture all children born in our catchment areas.”* Kibumba Rogers
M FAC MOH UGANDA

61 *“With the insecurity, a certain number of children are insufficiently vaccinated or escape vaccination. In order to catch up with these children who have received no doses or who are insufficiently vaccinated, and as I am responsible for vaccination in my district, I had to train the Community-Based Health Workers to administer the vaccines in order to compensate for the unavailability of the workers.* ***In the second semester of 2022, these catch-up vaccinations allowed us to complete the doses for more than 355 children in the four communes of the district. It is important to note the involvement of women’s associations in these localities.****”* Karim Zongo
M DIS MOH BURKINA FASO

“It requires an official policy to inject and cannot be an individual initiative. There is interest in using community health workers more in immunization. For example, see https://www.gavi.org/vaccineswork/community-health-workers-vaccinators-pathway-achieving-global-immunisation-goals”
François Gasse, Senior immunization adviser

62 *“Determined to vaccinate the maximum number of the Ivorian population against COVID-19 and to catch up on the remaining vaccines for the routine EPI, we decided to organize integrated COVID-19 and routine EPI vaccination campaigns every month. This allowed us not only to increase our COVID-19 vaccination coverage but also to increase routine EPI vaccination coverage with a single budget.”* Kouame Charles Anicet Konan
M NAT MOH CÔTE D’IVOIRE

63 *“The lesson I learned as a Guinean health worker living in Abidjan and having participated in the last polio vaccination campaign is at the level of mobilization and household census. I had participated in the measles vaccination campaign in Guinea. In Guinea I had not done any mobilization – we vaccinated directly. What I learned in the field and I liked is that we did not go in all the households that cover our health centre that was entrusted to us to count all the households that housed children from 0 to 5 years old and we wrote on the doors of the different concessions where we went the number of children per family that are vaccinated and even in houses where there are no children, we could write on the door 0 children or even if the person is single, we always wrote on the doors to signal our passage and to let the vaccinators or supervisor know that there are or are not children in this house. In addition, we had menus of different leaflets in our hands to show them pictures of the harmful effects of the disease, the different symptoms, the modes of contamination and the best means of cure which is vaccination.*
I found several positive points in this mobilization strategy. The first was the psychological preparation of parents who were already aware of the disease and the arrival of the vaccinators, and this made the task of the vaccinators easier by saving them time and allowing them to know the number of children per household, and this helped the supervisors to make sure that the vaccinators had been there and that the children were vaccinated or not. There was a lot of our Guinean nationals so I managed to communicate better with them so I require hybrid teams, i.e., among the vaccinators, there must be someone who speaks the language of the community.” Alhassane Camara
M DIS TRAINEE DOCTOR CÔTE D’IVOIRE

64 *"I am surprised by the fact that sometimes simple solutions work for a complex challenge. Sometimes inputs or insights shared by the community level healthcare workers are more practical solution of an immunization challenge." Dr Subarna Sinha Mahapatra*

M FACILITY EDU/RES INDIA

65 *"I need more information and techniques or methodology of conducting the research as well as helping me to be more creative in healthcare services to community (immunization more specifically)."* Haruna Muhammad Almajir

M SUBNATIONAL EDU/RES NIGERIA

66 *"Integration; the aspect of integrating health service delivery is somewhat herculean in some health facilities, due to inadequate human resources across majority of health facilities. There are scenarios where some health facilities are over staffed doing lesser work that does not justify their take home pay. There are also situations where same staff prefer to work in an urban area overcrowding health facilities. There are also other situations where staff are completely inadequate in some health facilities because the health facility is located in a rural area and as such, only one or two staff are doing the work of 5 to 6 staff. The aforementioned makes integrating of health services difficult in some health facilities. In this kind of situation, my colleagues and I are deployed to urban areas and rural areas to provide coaching and mentoring specifically to inform providers the importance of health service integration."* Anonymous

M NATIONAL MOH NIGERIA

"Since integration is also a "hot" topic, we need more examples illustrating how human resources shortages in a health facility or district lead to more vertical services because there aren't enough health workers to offer simultaneous interventions. This reason is often cited, but there aren't enough nuances about it yet."
Jenny Sequeira, Global health consultant

6. Benefits of networking and experience sharing

The Teach to Reach sessions and particularly the post-event feedback provided an opportunity for participants to reflect on the aspects of Teach to Reach 7 – and peer learning more generally – that they found most useful.

Scholars identified a range of **benefits** that they derived from Teach to Reach 7-associated peer learning activities. Several participants referred to the practical value of the **interpersonal communication resource** or expressed their intention to use it 1 2 3 4 5 6. Participants used it for their own benefit and for training members of their teams. Some comment was made about the level of **technical detail** included and how difficult that might be to communicate to general audiences 7.

> *"Lack of effective interpersonal communication has made some of the caregivers to be angry with some of the frontline workers. Even pregnant women have failed to go for antenatal care because of poor interpersonal communication which has increased the number of home deliveries in the Kintampo municipality which has resulted in missed children or missed opportunities for immunization. Effective interpersonal communication will help leave no child behind as far as immunization is concerned."*
> Man, district level, non-governmental organization, Ghana

Scholars also highlighted the value of **networking** and interacting with their peers, emphasizing the opportunities it provides to **exchange ideas and practices** 8 9 10 11.

> *"It's interesting to learn the difficulties we are facing are the same with other places and interestingly we shared lots of ideas on how to resolve these issues and I feel lots more confident in confronting the task ahead."*
> Man, international level, Ministry of Health

Several identified **specific ideas or strategies** they heard about during networking that they hoped to apply in their local settings. These included **digitization of immunization cards** 12, ways to shorten **waiting times** for vaccination 13, **integration of services** 14 15, contrasting oral and injected vaccines to counter hesitancy 16, engaging with **women market traders** 17, generating regularly updated figures for target population size 18, using **patient mobilizers** 19 and novel strategies for **community sensitization** 20. Some participants described taking away multiple ideas for implementation 21 22.

An additional common theme to emerge was how **motivating** participants found the networking and experiencing sharing sessions 23 24, helping to maintain personal drive even under difficult circumstances 25 26. Many of the stories were felt to be **inspiring** 27 and participants noted the **energy** and "buzz" at the event 28.

> *"I was on the verge of being discouraged because of our community's hostile attitude towards COVID-19 vaccination. But thanks to the testimonies and experiences shared by others, I realize that there is still hope."*
> Man, district level, Ministry of Health, Côte d'Ivoire

Many participants appreciated talking to peers who faced the **same challenges** that they did 29 30 31 32 33 34. Although the focus was primarily on success stories, the benefits of sharing failures was also highlighted 35.

As well as practical benefits from new ideas and understanding the approaches being taken by others 36 37 38 39 40, participants particularly valued the sense of **belonging to a mutually supportive global community** with common aims, and being part of a greater whole 41 42.

> *"I was glad to share and to learn that we have similar challenges in the world. Immunization is important and we are grateful to be united by TGLF."*
> Woman, international level, Sri Lanka

As a participant from Pakistan summed it up:

> *T: Together*
> *E: everyone*
> *A: achieves*
> *M: more*
> Muhammad Asif Chaudhry, man, district level, WHO country office, Pakistan

Benefits of networking and experience sharing: What we learned together

These excerpts were selected by TGLF's Insights Unit from the Teach to Reach 7 pre- and post-event stories and feedback from participants.

1 *"The UNICEF guide is very well structured, giving clear and precise directions for addressing the health and non-health population. It guides habits and a procedure to follow regarding immunization to strengthen immunity. "* Dr Victor Kibambe Mayele

M FAC DRC

2 *"I have used the guide to be effective with caregivers and the communities about childhood immunization and exercises. This will improve IPC skills for immunization and how to address negative rumors beyond boundaries. This networking helped me learn interactive approaches."* Taphurother Mutange

W FAC MOH KENYA

3 ***"I used this guide to teach health care providers in Tanzania at Iringa Region and Njombe on how they can communicate better to clients** so as to increase immunization coverage as well as health seeking behaviour as we realized that the majority could not attend immunization services due to bad language of health providers as well as having conflict among themselves which resulted in misunderstanding hence reducing performance."* Lotalis Norbert Gadau

W NAT MOH TANZANIA

4 *"UNICEF guide has been helpful to me to build interpersonal communication on immunization with caregivers in my community. As a result of misconception attached to immunization, I found the guide of tremendous help, in educating caregivers on the importance of immunization and danger associated with vaccine hesitancy."* Gambo Isa Muhammad

M NAT MOH NIGERIA

5 ***"This IPC package came at the right time**, when my country/district is planning to implement polio mass vaccination for all children under five years. **The IPC guide is going to help my team to communicate effectively to caretakers for better coverage and will also help us during our routine vaccination.**"* Toolit Clapperton

M DIS MOH UGANDA

6 *"Wonderful, I am so overwhelmed to have access to this comprehensive UNICEF Guide on Interpersonal Communication for Immunization. **I will print this guide out tomorrow and make good used of it. I will not also hesitate to share this guide with colleagues, staff and friends. As a community health worker, this is actually going to help me communicate effectively for a positive behavioural change in the community**. So proud of IA2030. I'm happy IA2030 has identified interpersonal communication as a challenge within the frontline workers and the caregivers. Lack of effective interpersonal communication has made some of the caregivers to be angry with some of the frontline workers. Even pregnant women have failed to go for antenatal care because of poor interpersonal communication which has increased the number of home deliveries in the Kintampo municipality which has resulted in missed children or missed opportunities for immunization. Effective interpersonal communication will help leave no child behind as far as immunization is concerned."* Kingsley Kofi Nignere

M DIS NGO GHANA

7 *"The interpersonal communication guide is very well developed and serves as a practical training manual. It covers practically all the major aspects of the immunization activity and mainly the relationship between the vaccinator and the people in charge of the children. I discovered through this manual that the target of vaccination is the children and that of communication is the people in charge of these children. Moreover, an essential notion was evoked, that of the group immunization making me think of the potentiating effect which relates to the same notion. In short, the manual contains all the effective elements for training field agents and the immunization team in general. The strategies contained in this manual are quite elaborate and well prioritized.* ***I will not fail to point out that my concern remains at least that of being able to explain and make community health workers understand purely scientific concepts such as the different types of immunity and other concepts.*** *But all is to be commended."* Dakam Ncheuta Brice Alain M DIS MOH CAMEROON

"This example offers a great idea about why we need to share failures as well as successes. It isn't the usual of "learning from our mistakes", but that what failed in one context might work in another."

8 *"I learnt a lot from these networking sessions: understanding the various challenges and issues faced at the field level; thereby modifying ideas influenced through our personal experiences, into more practical solution and accommodating global needs. It was a highly enriching platform."* Dr Shweta Singh W NAT MOH INDIA

9 *"It's interesting to learn the difficulties we are facing are the same with other places and interestingly we shared lots of ideas on how to resolve these issues and I feel lots more confident in confronting the task ahead."* Basheer Abdulhameed M INT MOH

10 *"It is a good platform in the first place. All the healthcare professionals must talk about the challenges they face, learn from each other. Public health, although being universal, the health workers tend to work in silos.* ***I think such platforms must be encouraged and there must be more sessions like these.****"* Dr Ankur Shaji Nair M NAT MOH INDIA

11 *"Networking is the proactive process of building genuine relationships with people you know who can connect you to people they know who can provide you with information, advice and more contacts that will help you make good career and business decisions."* Buh Nkum Collins M NAT NGO CAMEROON

12 *"****Digitalization of Immunization cards could aid in creating a central registry.*** *This would help with migrant and urban population."* Dr Mansi Mathur W NAT MOH INDIA

13 *"The proposed solutions to the difficulties (long waiting times for vaccination and AEFIs) are: the reduction of long waits by asking community agents to fill in the vaccination booklet, vaccination by a qualified person trained in vaccination, rapid management of AEFIs."* Kouadio Konan Marius M DIS MOH CÔTE D'IVOIRE

14 *"I appreciated the efforts made in collaboration and integration of other health interventions with immunization outreach especially in the security-compromised areas."* Omolara Adeyemi W SUBNAT NIGERIA

15 *"It was interesting to learn that other countries are already integrating COVID-19 vaccination into routine immunization as a sustainable way of managing resources by utilizing missed opportunities."* David Chrispus Matseketse M FAC UNICEF CO JORDAN

16 *"I had a networking chat with Berissa who said during COVID-19 campaign misinformation associated with OPV vaccination being used in place of COVID-19 vaccina-*

tion should be ***addressed by telling the populace that COVID-19 vaccines are injectables but OPV are oral.****"* Obed Philip Nuobe **M DIS MOH GHANA**

17 *"I learned a lot from my colleague in Mali and I am thinking of proposing a similar approach for the next vaccination campaigns in the health center… it is a* ***question of getting the market women (traders) to participate actively for a better result in terms of increasing the number of people accepting to be vaccinated.****"* Berthe Huguette Mbome **W FAC MOH CAMEROON**

18 *"One of the experiences that made me wise is that of updating every month the mapping of the health areas by regularly counting the population in order to identify the real target of children by age group (from 0-11 months). In addition to that, also make available the cold chain materials in all the structures to save long distances especially when it is about the vaccination sessions in advance."* John Ngalamulume Kayembe **M DIS MOH DRC**

19 *"There have been some new experiences that could be copied, such as the example of the* ***'patient mobilizers' in Burkina Faso****. The idea of involving community leaders and giving them an important role, and the fact that a DMO [district medical officer] goes out to vaccinate himself with a vaccine carrier to increase immunization coverage in his health district."* Kpéhé Nativity **W DIS MOH CÔTE D'IVOIRE**

20 *"I learned how in Guinea the 1000 women, 1000 youth strategy has been the best to improve the vaccination coverage against COVID-19. On this occasion, I sensitized young students on the importance of the COVID-19 vaccine by showing them the great challenges of the future and the danger that the world is facing with this epidemic and currently they are in charge of convincing them to be vaccinated.* ***Thus, I am no longer stuck to the simple strategy of sensitization by the community relays and the simple mobilization as advocated by the health zone.*** *I am now a new leader other than the one of the previous years."* Rodrigue Ciribagula Nkulwe **M FAC EDU/RES DRC**

21 ***"The most interesting or surprising thing during Networking 1 is that the implementation of communication strategies is essential for a successful vaccination. We retained the following:***

- *Advocacy with political and administrative authorities to obtain their support for vaccination; public vaccination of members of the provincial government, public declaration of support for vaccination…*
- *Community involvement of the actors: it is a question of collaborating with the community structures at the base (CAC [community animation cells]), a vast network of socio-political and economic actors and associations (APA, community and association leaders, religious denominations), to capacitate them and to obtain their support and commitment in favour of immunization.*
- *The digital and SMS engagement will serve as a tool for pre-registration of people willing to be vaccinated, to make the appointment reminder, to send SMS inviting the population to be vaccinated, to conduct the survey and collect community feedback and to accompany the activities against online fake news.*
- *Media and influencers: They will be at the forefront of informing communities about the vaccine, the disease being vaccinated against and the risk to the unvaccinated."*

Faustin Kabeya Kayemba **M SUBNAT MOH DRC**

22 *"This T2R and the involvement of all the actors are a great motivation for me. My way of thinking about health has changed. The more you get involved, the more you realize that the challenges are huge.* ***This plenary was really a capacity building for me.*** *Indeed, what changed my way of thinking about health is that the advent of COVID-19 makes humanity even more vulnerable, especially the fragile segments.* ***The actions among others that I will do differently to be more effective are:***

- *My behaviour at work: I will make sure that I am more careful.*
- *Improve my interpersonal communication through the UNICEF IPC guide and the experiences of my peers during this T2R.*
- *Be actively involved in the training of community relays.*
- *Fight against misinformation: it helps to curb negative trends (Joel from Chad).*
- *Apply the advice of the UNICEF specialist.*
- *Participate if possible in the training of health training leaders if it is available – participate in the women's meetings to make the action more effective: Involve those who are reluctant, galvanize those who are already committed.*
- *Involving youth through awareness raising.*
- *Participate in involving community leaders and influencers more actively: they are indispensable.*
- *Identify reluctant individuals to better guide outreach."*

Wendlassida Prosper Kientega M DIS MOH BURKINA FASO

23 *"During the networking, I had the opportunity to exchange with four health professionals from different countries: Cameroon, Mali, Congo and Guinea. The exchanges were very fraternal and courteous. It must be said that these exchanges reinforced my love for vaccination. It is vaccination that has drastically reduced the number of deaths related to COVID-19. These exchanges have strengthened my ability to sensitize the population on the importance of vaccination.* ***Before, we had one COVID-19 vaccination session per week, but now we are going to have two sessions per week and multiply the awareness campaigns. She showed me my importance and the service that I render to my nation, not to mention the world. To communicate better and more with the population, which I was not doing enough.****"* Yeo Mamadou

M FAC MOH CÔTE D'IVOIRE

24 *"I must admit that I have learned a lot by participating in this Teach to Reach, which gives me enough arguments to get back into vaccination.* ***I was on the verge of being discouraged because of our community's hostile attitude towards COVID-19 vaccination. But thanks to the testimonies and experiences shared by others, I realize that there is still hope.*** *As for me, I will use the resources available to me, such as communication for behaviour change and many others, learned during these plenary sessions, to gain the trust and support of the population for the proper conduct of immunization."* N'Gbesso Ohouna Gustave M DIS MOH CÔTE D'IVOIRE

25 *"I am motivated to keep providing immunization services to the vulnerable even in the midst of my challenges such as inadequate supply of vaccines, vaccine hesitancy and cultural beliefs and myths surrounding immunization."* Phoebe Balagumyetime

W DIS MOH GHANA

26 *"First of all it let me know that together we are better, stronger to achieve our desired results. In this I learned how the world is doing in this regard, what I am missing and how I can implement it in my working capacity. I am highly motivated to change*

the something about my healthcare system and it helps me to find the solutions." Ahmad Naveed Nusrat M DIS MOH PAKISTAN

27 *"It was interesting to meet with different levels of stakeholders in vaccination (national, intermediate, and local).* ***I was inspired by the remote nurses how they struggle to reach the unreachable areas in DR Congo. How a colleague in Cameroon adapted to climate change challenges to reach the needy communities with vaccines.*** *How a retired mother in Nigeria is ready to support the new staff on strategies to reach children for vaccination in remote states."* Jean Claude Rukundo
M NAT UNICEF CO RWANDA

28 *"The energy first and foremost was most unprecedented. Health workers have found the best way to infiltrate the community with their messages on health care and prevention of diseases. My commitment has also increased because "no" is not a good enough reason to deny children their rights. We must give them a voice to get what is due to them. Now is the time for a greater sacrifice by the health workers. They too need to be motivated to put in greater efforts."* Boma Esther Otobo W NAT MOH NIGERIA

29 *"I saw a lot of enthusiasm in fellow health workers who work in similar environment as mine and also share similar challenges. Their passion and the ideas they shared are sources of motivation. I and my team will now talk to our clients differently. We will continue to engage the community despite the challenges we face."* Dr Akakuru Kingsley Ogbonnaya M SUBNAT MOH NIGERIA

30 *"I learned that the challenges I face at my work place are also experienced in other continents. One is able implement some strategies practised in other countries to reach the unreached and we are able to learn and appreciate practices employed in other places."* Martha E Ongong'a W DIS MOH KENYA

31 *"Understood the different work ongoing in other countries. This experience, started me wondering which can be used in Juba."* Maleghemi Sylvester
M NAT WHO CO SOUTH SUDAN

32 *"Previously I thought I was the only one faced with the challenge of the Nigerian mentality that vaccines will make one sick or even worsened health condition. It's a painstaking experience, first you have to change the mentality of the individual then convince them of the benefits of vaccination.* ***Initially, I thought I was alone in this but after networking with others I realized it's a general problem.****"* Stephen Anyaegbu
M FAC NGO NIGERIA

33 *"What was very interesting about the networking was talking to professionals from different backgrounds. This allows for a holistic view of vaccination. Also,* ***questions that we couldn't find solutions to are being answered because a colleague who has faced the same challenges has found the best way to solve them and is sharing it with us.****"* Anne Persis Onguene Nti W NAT MOH CAMEROON

34 *"I was relieved to know that I share the same concerns with other agents in other countries. I am now more passionate about public health and humanitarian work because there is nothing more satisfying than helping others. I reiterate my reflection in the right of health to all and I am aware that efforts are to be redoubled for access to health of the most vulnerable people, vaccination first. I am totally willing in the vaccination, to weave more relations with the community and the health staff for the good progress of the activities and to reach the totality of the children and the adults in the vaccination."* Labiba Abdoul Anzizi M SUBNAT MOH COMOROS

35 *"Strength can be taken from the weakest link of the chain. Ideas or solutions that fail at one scenario may prove beneficial/ helpful in another. So, even sharing our failures could help improving the healthcare service delivery in some other context."* Dr Shweta Sing W NAT MOH INDIA

36 *"It was a wonderful moment of exchange during which I realized that each immunization actor can find a* ***much sought-after tip from his peers to improve his work in the field.*** *Here, the adage that 'two eyes are better than one' has all its meaning because the other's view, his opinion allows to better define the different contours of a challenge to be taken up and to take into account all the opinions before acting."* Arthur Fidelis Metsampito Bamlatol M INT WHO CO BURKINA FASO

37 *"Each country has its own approach and strategies.* ***The sharing and exchanges have allowed me to have a new vision and new strategy that could be adopted while respecting the local context.*** *I am more than aware that there is still a lot to do, and that the road is still long, the challenges to be taken up remain numerous for the achievement of the immunization coverage in our country. The involvement of the community is one of the pillars for success. Being at the regional level,* ***it is essential to make frequent visits to the field, but not to rely solely on the reports and accounts of the district managers.*** *This will allow us to see the reality in visu. It is rare that the regional level goes to the community."* Herisoa Feno W SUBNAT MOH GUINEA

38 *"I met peers who had problems and challenges. They were able to overcome through innovative strategies such as root cause analysis of their challenges, how to rebuild health services. I learned that you have to look at the context. There is always a solution and through peers we can implement other solutions. Challenges or difficulties do not scare me anymore because there is always a solution to overcome them."* Fousseyni Dembele M SUBNAT UNICEF CO MALI

39 *"I learned to listen better to others to learn from their successful experiences so that I could adapt them in similar circumstances during the implementation of my vaccine demand promotion activities."* Arthur Fidelis Metsampito Bamlatol M INT WHO CO BURKINA FASO

40 *"We have learned many things that will obviously improve our way of doing things, especially in relation to the experiences of other provinces, in order to create demand for vaccination, and the importance of using and working with women in this struggle for vaccination. Our motivation is the effective involvement of the community in immunization activities. Our way of thinking has changed based on the results and experiences that have been shared with some countries and even though the situations are not the same we are trying to apply all these approaches in my region to improve the demand.* ***We plan to engage with caregivers such as parents and guardians to listen to their concerns and challenges with genuine interest and to ensure***

***that the caregiver or client understands the information given, including when to return for future vaccinations and benefits.*"** Saddam Imambo Botuli

M SUBNAT UNICEF CO DRC

41 *"If health workers do not share their challenges and solutions together we are bound to fail. I realized that I am not alone in this cause of providing vaccination with such challenges but globally, but all are doing their best so should not give up."* Emmanuel Boakye

M DIS MOH GHANA

42 *"I was glad to share and to learn that we have similar challenges in the world. Immunization is important and we are grateful to be united by TGLF."* Angela Kisoso

W INT OTHER SRI LANKA

7. Conclusions

The analysis of participants' contributions to Teach to Reach 7 and feedback continues to highlight the **high value that participants ascribe to the event's activities.** The value is seen to be spread across **introductions to global tools and access to international experts**, as well as the chance to **network and exchange experiences** with peers.

Contacts made at Teach to Reach are often sustained, with participants arranging to meet for "virtual coffees" or communicating through tools such as WhatsApp.

As well as providing access to **practical advice and tips**, this networking is contributing to a **strengthening of connections** across the global community of practitioners associated with immunization programmes, helping to build and glue together a wider "Movement for IA2030".

The findings also provide further evidence that practitioners are **drawing on multiple sources of knowledge, experience and expertise** to shape their activities. As well as referring to global and national guidance, practitioners are also taking advantage of the vast experience of peers and their willingness to share. As discussed in TGLF's Year 1 report of its IA2030 programme, participation in TGLF activities reflects a hunger to expand personal knowledge and to assimilate information that can be adapted to achieve local objectives. In addition, participants are demonstrating a remarkable willingness to share experience and advice.

TGLF also plans to use the insights and experiences shared by programme participants, as part of a **"continuous learning cycle".** As with other TGLF outputs, selected contributions will be provided in slidedeck format, to enable participants to organize reflective discussion among their peers on the issues raised in the report and to identify specific actions to address local challenges. **Follow-up of participants** on the IA2030-based programme will provide an opportunity to explore success stories and the factors associated with beneficial outcomes.

One potential further area that could be explored further is the **relative contribution of different sources of knowledge** – global guidance, national policy and processes, peer support – that shapes the activities of local practitioners, as well as the **skills/ competencies** required for practitioners to assimilate multiple inputs and develop activities tailored to local contexts.

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We honor and thank pre-event Teach to Reach 7 contributors

Before Teach to Reach: Connect 7, participants were invited to share their experience. Some of these contributors were amongst those invited to share their stories during the event on 14 October 2022. Stories were compiled into the Teach to Reach 7 insights slide deck received by all participants.

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Valuing the sharing of experience

Before, during, and after Teach to Reach 7, we ask participants to share their experience. We want to recognize and honor everyone who contributes an idea, story or experience, whether or not their story is shared publicly.

We do this after Teach to Reach to understand what participants are learning, so that we can share lessons learned and insights with everyone.

We do this primarily because it may help colleagues facing similar challenges. It may also help the Foundation and its partners better understand your situation, challenges, and needs.

We ask questions about who participants are and what they do, as well as questions to to understand their level of participation in Teach to Reach. For each contribution, we may share the details (such as gender, job category, professional affiliation, country, health system level) that help others better situate a story.

Participants confirm that they understand their contribution, or an edited version of it, may be selected for publication. If so, it will be available online for everyone.

We ask participants to choose whether or not they wish for their name to be shared publicly.

In addition to sharing your contributions publicly, the Geneva Learning Foundation may use experiences shared by Teach to Reach participants for research, learning, evaluation, communication and advocacy, or any other purpose consistent with the Foundation's mission. We also use the information to keep in touch with participants.

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We honor and thank post-event Teach to Reach 7 contributors

After Teach to Reach: Connect 7, participants were invited to share their learning, reflect on the networking and plenaries they participated in, and to share stories of successes, lessons learned, and challenges. Some who shared experience before the event also took the time to share stories after. These stories were also included into the Teach to Reach 7 insights slide deck received by all participants.

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IA2030

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Local knowledge: Movement for Immunization Agenda, Year 1 (2021-2022)

In Year 1, the Geneva Learning Foundation (TGLF) developed the following publications grounded in the knowledge, expertise, and experience of 6,185 health professionals from 99 countries.

These outputs share and analyze the perspectives of a diverse group of health practitioners working to deliver or manage immunization services in low- and middle-income countries.

Each report offers a unique opportunity to discover unfiltered experiences and insights from thousands of people whose daily lives revolve around delivering immunization services, contributing to consultative engagement between international and local levels.

These IA2030 publications can be found in the IA2030 Movement repository: https://zenodo.org/communities/ia2030/

Starting in 2023, the IA2030 Movement Knowledge to Action Hub is sharing this knowledge with over 10,000 members of the Movement for IA2030, tracking and measuring its adaptation and application
https://www.learning.foundation/ia2030-knowledge-action-hub

Learn more about the Hub
https://redasadki.me/2022/10/12/reinventing-the-path-from-knowledge-to-action-in-global-health/

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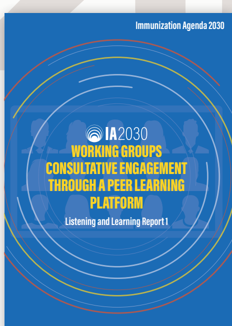

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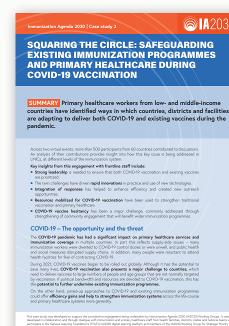

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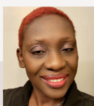

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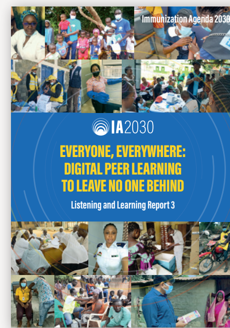

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Lessons learned about vaccine confidence, gender barriers and other immunization challenges from Teach to Reach 6 event.
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IA2030 Case Study 7. Motivation, learning culture and programme performance
An analysis of application form data and information (>6000 contributors) on motivation, organizational learning culture and perceived programme performance. Key finding: In this group, learning culture but not motivation showed a strong correlation with programme performance
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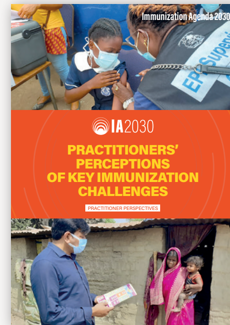

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A quantitative and qualitative analysis of 2000 responses to key challenge prompts in application form. Key finding: Hesitation/demand was seen as the most significant immunization challenge, particularly lack of community awareness of the benefits of immunization.
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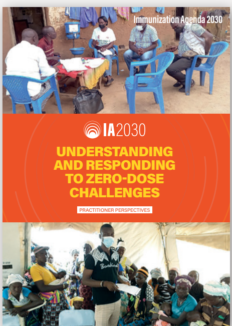

IA2030 Case Study 9. Understanding and responding to zero-dose challenges
A mostly qualitative analysis of 110 responses to a targeted survey on zero-dose challenges. Key finding: Description of methods effective in practice to reach under-immunized populations, tackling multiple supply- and demand-side barriers
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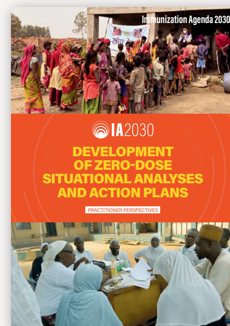

IA2030 Case Study 10. Development of zero dose situational analyses and action plans
A quantitative analysis of the guidance and resources used to analyse local contexts and develop action plans. Key finding: Although reasonably well used, there is scope to increase the use of global guidance.
https://doi.org/10.5281/zenodo.7010177

IA2030 Case Study 11. Gender barriers to immunization
Qualitative analysis of gender barriers discussed in experience-sharing sessions. Key finding: Gender barriers and a diverse range of solutions adopted to overcome them.
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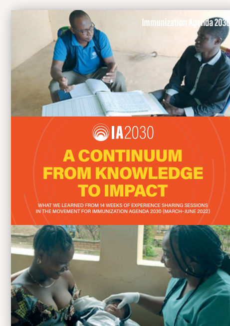

IA2030 Case study 16. Continuum from knowledge to impact
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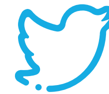

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