

From decision-making to  
introduction

*How persistence, partnership, and  
planning led to the successful  
introduction of typhoid conjugate  
vaccine in Malawi*

Esau Mkisi  
Senior Program Officer, PATH

7 December 2023



Photo: PATH/Madalitso Mvula

**TyVAC** Typhoid Vaccine  
Acceleration Consortium  
CENTER FOR VACCINE DEVELOPMENT • OXFORD VACCINE GROUP • PATH

# Campaign summary

- May 15 – 21, 2023 plus 3 mop up days
- Integrated campaign with 3 antigens + vitamin A:
  - TCV (9 months to younger than 15 years)
  - Measles-rubella (9-59 months)
  - bOPV (0-59 months)
  - Vitamin A (6-59 months)
- Reached 7,043,335 children with typhoid conjugate vaccine (TCV)
- Administrative coverage: 77%
- TCV is now available at 9m routine visits



Photo: PATH/Madalitso Mvula



# Timeline

- 2018 was pivotal:
  - Q2: national stakeholder meeting
  - Q4: NITAG met to deliberate on TCV
- 2020: Gavi application submitted
- Early 2021: Conditional Gavi approval with follow up to IRC questions
  - Budget integration between TCV and MR
- Initial planning meetings February 2022 (intention for October 2022 campaign)
- Delays due to polio and measles concerns; introduction of COVID-19 vaccines; devastating cyclone events
- May 2023: integrated TCV campaign reached 7.7 million children



Photo: PATH/Madalitso Mvula

# Persistent focus allowed partners to overcome challenges

- Malawi faced myriad challenges ahead of the TCV campaign
  - COVID-19 pandemic wreaked havoc on routine immunization system
  - Subsequent polio outbreaks in Malawi; concern about regional measles outbreaks
  - Cyclone Freddy devastated southern Malawi in early 2023; damaged health facilities, washed out roads, and displaced communities
  - Government of Malawi was in the lead and considered TCV campaign at every critical juncture



Photo: PATH/Madalitso Mvula

# Partnerships – at all levels – proved pivotal

- Integration brought together a multitude of diverse partners
- Ministry of Health was lead decision-maker; relied on support from WHO, UNICEF, Ministry of Education, and local partners
- Crucial partnerships between national and district health officials ensured coordination
- Partners filled gaps and provided support as the context shifted ahead of campaign
- Partnership comes with a cost: differing perspectives and priorities can make it difficult to align
  - Partners at all levels need to coordinate to ensure no additional burden to local government officials

**“Integration is good because it enabled activities that we couldn’t have done alone. It saves time and resources, but it also provided a platform to work together as partners.”**

*– CSO partner representative*

# Planning is the foundation of the campaign

- The integrated approach meant planning three campaigns
  - Various considerations (ages, cold chain requirements, cohort, etc.) for different antigens
- Microplanning had to consider children who were eligible for up to three antigens
- Each campaign delay meant all activities and plans had to be pushed back and realigned
- Planning campaign dates had to consider school holiday and exam schedules; each new date had to consider availability of schools and school-aged children
- Planning at each step had to consider bandwidth and HR capacity at all levels – from national officials to community mobilizers and vaccinators
- Partners had to coordinate planning efforts and shared activities



# Clear, consistent communication is crucial

- The best coordination and planning can't work in isolation; communication is a key factor in sharing information, gaining nationwide support, and increasing mobilization and acceptance
- Malawi partners coordinated several streams of communication:
  - Among national partners;
  - Between national and district level health officials; and
  - Between national and district officials and communities, including health care workers and vaccinators
- Consistent and transparent communication built trust – between partners and with communities
- Strong coordination between Health Education Services, Ministry of Health, Ministry of Education, and local partners ensured information was relevant to context and available locally
- Planning and communication went hand-in-hand. Microplanning and planning activities informed local communication and social mobilization. Communication was part of planning considerations.

# Malawi showed that successful TCV integration is possible

- An integrated TCV campaign adds a layer of complexity but is doable with adequate assets and inputs.
- Requires partnership and appropriate funding at all levels.
- Success factors include:
  - Political will from national to district level;
  - Commitment to deliver despite delays and challenges;
  - Partners with flexibility who can nimbly adjust support to fill evolving gaps; and
  - Balance of communication and transparency throughout planning and campaign.



Photo: PATH/Madalitso Mvula



# TCV routinization

- When the integrated campaign concluded, the government and partners immediately ensured all facilities had vaccine with proper cold storage;
- All health providers were trained to deliver TCV
  - To ensure providers have comprehensive information about TCV
  - That health providers can communicate safety issues about the vaccine
- Ongoing communication at all levels, especially providing messages based on lessons learned during the campaign
- Social mobilization is ongoing through community radio stations to promote the vaccine and amplify awareness
  - Identifying which messages resonated (or not) to inform routine communications
- Monitoring uptake of TCV is ongoing at all levels; TCV variable has been added into the DHIS2

Thank you!



**TyVAC** Typhoid Vaccine  
Acceleration Consortium  
CENTER FOR VACCINE DEVELOPMENT • OXFORD VACCINE GROUP • PATH

Photo: PATH/Madalitso Mvula