From decision-making to introduction

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

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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
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.
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!

Photo: PATH/Madalitso Mvula