



LESSONS LEARNT FROM TYPHOID VACCINE INTRODUCTION A CASE OF MALAWI

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Introduction



Vaccine introductions are important but difficult task to be undertaken regardless of economic status

It is resource demanding (financial, human resources, time, technology among others)

Planning, coordination and financing of the whole project and its sustainability remains a critical component

Developing countries struggle despite the support we get from partners and many times is due to other related gaps (health system AND NON HS gaps)

Preparations involved

Political
support

Technical
support

Financial
support

Governance

Infrastructure

Strengths

National immunization system arrangement already in place from last mile all the up to the national level, previous experience in other vaccine introductions (MV, HPV, Covid-19)

Governance structures are active and responsible for their tasks: SMT, NRA, NITAG, TWG, Task Forces at all levels including Global Task Force (TYVAC)

Available and robust immunization partner support (other Ministries and departments of government, TYVAC, Gavi, WHO, UNICEF, CDC, GPEI among others)

Available and robust cold chain systems building on Gavi HSS and CCEOP grants (SDDs and other cold chain and vaccine management systems already strengthened)

Covid-19 pandemic, Polio outbreak technical and financial support offered opportunity system strengthening help (surge stuff, EOC)

TCV Research available in Malawi offered an organized way of justifying the decision to proceed with the introduction plan

Weakness



The complexities that came with the four demanding priority interventions with implication on delivery strategy

Disasters and other non-EPI priorities leading to divided attention and re-evaluation and reprioritization of decisions

Massive vaccination fatigue on both health care providers and the communities at large

Communication landscape was already marred with misinformation and disinformation-reduced vaccine confidence was a result

Pressure on service providers (economic challenges) not easy to get things on time

Overall time for preps was shortened that's usual (less than 6months from preps to execution)

Critical lessons

- ▶ *Countries should be encouraged to generate local evidence for Typhoid disease burden to guide the need for introduction*
- ▶ *Continuous EPI programs development should be considered and prepared to accommodate newer vaccine introductions (CCE, infrastructure, technical know how, leadership)*
- ▶ *Need for robust immunization communication and advocacy strategies to rebuild vaccine confidence*
- ▶ *Within country Research and innovations to support immunization programs (evidence, policy and implementation must interact all the time)*
- ▶ *Need for flexibilities across all partners to align with countries priorities*



Thank you

Q & A