



LEARNING BRIEF

# Strengthening Routine Immunization Coverage Through Improved Governance, Accountability, and Coordination in Guinea

Learnings from Dubréka and Forécariah





## Introduction

Despite efforts from the Guinean Government and its partners, the country has yet to make progress in improving routine immunization coverage since the Ebola outbreaks in 2014-2016, with progress further disrupted by the COVID-19 pandemic. In 2022, for the seventh year in a row, only 47% of children had received three doses of diphtheria-tetanus-pertussis vaccine (DTP3), 38% of children were “zero-dose” (had received no doses of DTP). The country suffered a measles outbreak affecting 22 of 38 health districts in the first half of 2022.

From 2019-2023, the USAID-funded Health Systems Strengthening Accelerator facilitated a co-creation process to support Guinea’s Ministry of Health (MoH) to implement the National Community Health Policy, unveiled in 2018 in response to longstanding health system challenges. Leveraging the Accelerator’s ongoing work with the MoH and its regional expertise and experience supporting health systems initiatives in Guinea, the Accelerator was well positioned to support Guinea’s efforts to reach zero-dose and under-immunized children in low coverage areas – an effort that is also well aligned with Gavi’s new five-year strategy, “Gavi 5.0,” to ensure equitable and sustainable use of vaccines by 2025<sup>1</sup>.

### Box 1: Key terms and definitions

**Governance** refers to the implementation of regulations and policies governing immunization, the framework for coordinating immunization activities at national and district levels, and the involvement of administrative and local authorities and community leaders in the implementation of immunization services.

**Accountability** refers to the principle that individuals, organizations, and the community are responsible for their actions and may be required to explain them to others. The common understanding of accountability is that Guinea’s EPI can mandate providers or organizations to meet certain goals or objectives.

**Coordination** in immunization may include aspects such as recruitment and accreditation, training, supervision, compensation/reward and advancement, data reports and information systems, supply chain management, financial mobilization and management, system design and policies, leadership, governance, and community engagement.

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<sup>1</sup> Organization, W. H. (2022). *Immunization, Vaccines and Biologicals*. Retrieved from The WHO Immunization Data Portal: Providing access to important immunization data and insights: <https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/data-statistics-and-graphics>.



This learning brief assesses how the Accelerator’s immunization activities strengthened Guinea’s routine immunization program through improved governance, accountability, and coordination (Box 1).

## Description of the Accelerator’s Approaches and Activities

The Accelerator promotes innovation through participatory approaches that unite diverse stakeholders, contextualized analyses, and shared decision-making and responsibility. The program’s inclusive method of “co-creation” also engages people who have historically been excluded from decision-making opportunities to identify solutions to their own personal or collective challenges. With support from USAID, the Accelerator applied this co-creation approach to improve Guinea’s immunization program by providing a platform for local stakeholders and change agents to identify challenges, root causes, and solutions.

The Accelerator worked closely with Guinea’s Expanded Program on Immunization (EPI) and the National Directorate of Community Health and Traditional Medicine (DNSCMT), both units within the MoH. The team focused on the following activities to enable improved governance, accountability, and coordination of Guinea’s national immunization program:

### Mapping the Landscape

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The Accelerator began the activity’s country engagement in Guinea by completing a landscaping exercise to identify the root causes of Guinea’s low immunization coverage. The first step of this landscaping exercise was conducting a rapid document review and interviews with key informants from the government and partner organizations at all health system levels. The initial document review and interviews highlighted how low quality of health services, lack of qualified human resources, low community commitment, insufficient funding for immunization, poor coordination of partner activities, and weak leadership of district management teams were primary drivers of the low coverage. Guinea’s community health policy stipulates that Community Health Workers (CHWs) should provide immunization-related services; however, consultations with local Guinean stakeholders indicated that CHWs were under-utilized for identifying and referring under-immunized children and outreach to vulnerable communities.



## Subnational Community Dialogues

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The second step of the landscaping exercise was hosting two subnational dialogues on systems challenges facing the immunization program in Kindia and Dubreka -- two health districts located near Conakry selected because of their low immunization coverage rates and data quality challenges. The dialogues included health center directors, CHWs, community relays (RECOs)<sup>2</sup>, EPI officials, and mothers from each district. Participants worked together to identify key challenges facing Guinea's immunization program, conducted a root cause analysis to unearth the systems-level factors influencing these challenges, and drafted preliminary action plans to address challenges to be rectified at the health district level. Key challenges identified during these dialogues were similar to findings from the first step of the landscaping exercises. The key challenges included:

- A need for greater coordination and engagement between the EPI and the DNSCMT within the MoH, as their lack of coordination results in missed opportunities regarding human resource issues, health worker supervision, financing, planning, and community engagement.
- Low participation of Community leaders, CHWS, and RECOs in activity planning for immunization.
- Health Center Directors need to be better engaged by the EPI in developing the immunization operational action plan (PAO).

## Multi-stakeholder Action Planning

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In response to key challenges raised during the landscaping exercise, the Accelerator led a multi-stakeholder action planning session to identify strategies to improve the coordination of the EPI with the DNSCMT. Participants during the action planning session proposed activities to improve coordination and communication and encourage community health engagement. Those included:

- Organizing monthly coordination meetings for immunization and community health officials.
- Advocating for financing strategies to improve immunization coverage, especially reaching the zero-dose and under-immunized children, as well as promoting capacity building for local staff on the best use of currently available resources.

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<sup>2</sup> RECOs: Relais Communautaires or Community Mobilizers



## Coordination Committee

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To improve coordination and communication between the EPI and DNSCMT, the Accelerator organized a coordination committee between the EPI, DNSCMT, and the National Health Promotion Service (SNPS). Through monthly convenings, the committee aims to ensure coordination between the three participating entities in monitoring CHWs and RECOs' implementation of community-based immunization activities.

## Resource Mobilization

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The Accelerator facilitated local resource mobilization workshops in three districts, Téliimélé, Boffa, and Forécariah, in support of national efforts to better finance immunization programming in Guinea. Workshop participants were trained on identifying priority funding needs (e.g., transportation to provide immunization services in hard-to-reach areas) and how to advocate for increased financial contributions from public and private sources. During the workshop, financial contributions and commitments to provide these donations monthly were secured from some private businesses and religious leaders. The Accelerator, in collaboration with the EPI, provided additional follow-up support in Téliimélé and Forécariah to ensure accountability and sustainability for any mobilized resources. The Accelerator and EPI worked with district officials who had participated in the initial resource mobilization workshops to establish a community fund for immunization managed by a committee of local elected officials, civil society members, and health officials from each district. Funds collected from local businesses and governments would be deposited into this fund. The Accelerator and EPI drafted the fund's management guidelines, which were then reviewed and validated by the newly appointed committee officials. 2,240,000 GNF was initially raised in Téliimélé, with local business owners pledging to pay 10,000 GNF monthly, and 3,347,000 GNF was raised in Forecariah, with twenty-one individuals and entities committed to providing a monthly contribution. Resources from the community fund financed the following immunization and health-related activities in each district:

- Implementation of the advanced immunization strategy, which aims to improve outreach services to remote areas and the relationship between the health system and users.
- Structural improvements, such as building health facilities and purchasing motorcycles and fuel for transportation to hard-to-reach areas.
- Improved and increased training of health personnel on immunization and maternal, adolescent, and child health services.



## Social Mobilization Training for Local Elected Officials and CSOs

The Accelerator led capacity-building workshops with local government officials and CSOs from Forécariah and Dubréka on social mobilization efforts and leading community health talks. Participants were trained to promote community participation in immunization activities, raise awareness and transparency on the benefits of immunization, and address any vaccine hesitancy or misinformation. CSOs committed to improving community health outcomes in their respective districts were tasked with conducting weekly educational sessions on immunization with groups of households, and local elected officials were coached on how to organize mass awareness activities promoting the benefits of immunization and encouraging parents to vaccinate their children.

### **Learning Activity Methodology**

The Accelerator conducted a learning activity to assess how its support contributed to strengthening Guinea's routine immunization program through improved governance, accountability, and coordination. The learning activity aimed to provide lessons learned and valuable information for the EPI, DNSCMT, and other key immunization stakeholders in Guinea as the country continues to strengthen its efforts to increase routine immunization coverage.

In January 2023, the learning activity team reviewed documentation on completed activities in Guinea to understand the Accelerator's approaches and technical support. In addition, the team reviewed Guinea's National Community Health Policy (PNSC) and secondary data on Guinea's routine immunization coverage rates. In June 2023, key immunization stakeholders who participated in the activities and represented a diverse range of organizations and positions within the Guinean health system were selected for semi-structured interviews. The learning activity team confirmed with the president of Guinea's Institutional Review Board (IRB) that this activity did not require formal IRB review. In August 2023, a total of 19 interviews were conducted: two interviews with members of the Accelerator team; nine interviews with central and local administrative authorities, namely the DNSCMT, the EPI, and District Health Offices; and eight interviews with representatives from various non-governmental organizations (NGOs). Recurring patterns and themes were identified and organized using inductive thematic analysis under key learnings.



## Findings

### Governance, Accountability, and Coordination

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#### CAPACITATING LOCAL ELECTED OFFICIALS TO BOOST IMMUNIZATION RATES THROUGH SOCIAL MOBILIZATION TRAINING

Respondents who participated in leadership and social mobilization trainings in Dubréka and Forécariah reported greater awareness of how they, as local elected officials, could support efforts to increase immunization coverage rates within their respective communities. Respondents also reported that the Accelerator’s training increased their awareness that the health of their constituents is not solely the responsibility of health personnel but also falls under local elected officials’ civic responsibility.

Respondents noted taking actions following the Accelerator-led capacity-building training to strengthen local elected officials’ and CSOs’ involvement in immunization programming. At the community level, they had advocated for the reinvigoration of *Comités Santé et Hygiène* (COSAH)—Health and Hygiene Committees—which are formal community-led committees mandated to oversee community health centers. Traditionally, according to the local elected officials, COSAHs have seven members. Before the Accelerator’s capacity strengthening training, only one or two members were consistently active. Respondents reported that COSAHs now meet monthly with increased participation from local CSOs to identify and document community health issues before reporting them to the district officials.

Respondents from Dubréka and Forécariah reported that increased collaboration among community health and immunization officials improved the resilience of the local health system by strengthening information collection and sharing. Monthly meetings at the community and prefectural levels have evolved as a real-time surveillance system where administrative challenges and disease outbreaks are quickly shared with the relevant authorities for swift consideration and action. In managing and reporting disease outbreaks, CHWs are required to report Mandatory Diseases Declarations (*Maladies à Déclaration Obligatoire*) to health centers. Health centers inform the District Public Health Service (DPS) of the disease outbreaks, who then, in turn, relay this information to regional and central authorities. The increase in information collection and sharing has also enabled local elected officials in Dubréka and Forécariah to provide targeted support to communities with low coverage rates, such as organizing community meetings to raise awareness about the importance of routine immunization.



## IDENTIFYING AND OPTIMIZING LOCAL DOMESTIC RESOURCES TO SUPPORT ROUTINE IMMUNIZATION

Respondents who participated in the Accelerator’s resource mobilization workshops reported increased outreach to local businesses to encourage them to provide financial contributions towards the community fund to support better community health outcomes and improve immunization services. Respondents reported that several businesses agreed to fund community gatherings where parents are encouraged to bring their children to immunization appointments. Respondents also reported that they now had an expanded definition of “resources, ” including non-financial resources. They initiated an effort to mobilize local human resources to improve their districts’ immunization programs by involving COSAHs in immunization activities.

## IMPROVING COORDINATION AND COMMUNICATION AMONG VACCINATION STAKEHOLDERS AT THE CENTRAL LEVEL

Respondents reported increased communication and coordination between the EPI, SNPS, and DNSCMT following the Accelerator’s organization of the coordination committee. Respondents also stated that the EPI and DNSCMT have now harmonized their Annual Operational Plans to minimize duplications and keep each other informed on their specific interventions.

## FUTURE CHALLENGE: REDUCING INDIRECT COSTS OF IMMUNIZATION

While not the direct focus of the Accelerator’s activities, respondents frequently reported that indirect costs remain a substantial barrier to accessing immunization services in Guinea. Many families in Dubréka and Forécariah have long journeys to reach the closest health facility for routine immunization services. These travel costs are, to most, too high to justify travel. Many families in those areas are daily wage earners and will lose pay if they miss work to seek health care. Even though vaccines are free of charge in Guinea, these indirect costs remain an obstacle and contribute to inequities in coverage.

## Conclusion

Despite the country's efforts to boost coverage, Guinea’s routine immunization coverage remains low because of various systems-level challenges. By engaging local change agents in identifying challenges and solutions, the Accelerator supported the immunization program’s efforts to overcome barriers to access through improved governance, accountability, and coordination.

This learning activity showcased the transformative potential of empowering local stakeholders to advocate for immunization programming. By increasing





local elected officials' involvement in immunization services at the community level in Dubréka and Forécariah, the Accelerator emphasized their critical role in boosting immunization services. Local elected officials became more politically aware of the benefit of integrating community health and immunization and learned how to revitalize COSAHs to participate in immunization advocacy efforts. Enhanced coordination between local elected officials and community health officials expanded information sharing for surveillance. It will improve real-time outbreak identification and response, bolstering the healthcare system's ability to withstand external shocks in the future. The central-level immunization coordination committee, established with Accelerator support to connect Guinea's EPI, DNSCMT, and the National Health Promotion Service (SNPS), improved the overall harmonization of immunization efforts, increasing efficiency. The Accelerator's trainings on domestic resource mobilization and advocacy empowered local elected officials to engage local businesses and mobilize new resources for immunization outreach.

The Accelerator's comprehensive approach in Guinea -- empowering local elected officials, optimizing local resources, strengthening information sharing, and improving coordination at the central level -- collectively contributed to enhanced immunization programming.



## About the Health Systems Strengthening Accelerator

The Health Systems Strengthening Accelerator (Accelerator) is a global initiative funded by the United States Agency for International Development, with co-funding from the Bill & Melinda Gates Foundation. Its goal is to partner with countries to build resilient, high-performing health systems that respond to persistent and emerging health challenges that disproportionately impact vulnerable populations. The Accelerator contributes to USAID's strategy for achieving improved health equity, quality, and resource optimization by helping countries apply a whole-of-systems lens to intractable health systems issues, connecting local innovation and global knowledge, strengthening local ownership and processes, and building the institutional architecture needed to ensure lasting change.

### The Health Systems Strengthening Accelerator

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The Accelerator systematically learns and shares new knowledge about building sustainable, country-led institutions for iterative health systems strengthening, which ultimately helps countries and development partners develop new strategies, partnership models, and approaches.

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