REDEFINING ACCESS: COVID19 VACCINE DELIVERY IN SIERRA LEONE



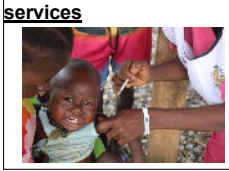


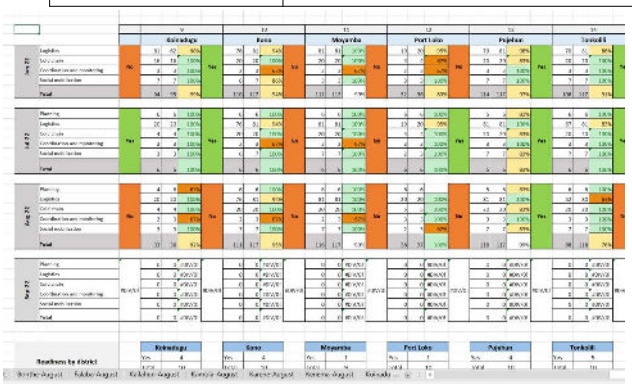

Background:

Getting vaccines onto the airport tarmac in Low and Middle Income Countries does not solve the problem of administering them, service providers and partners and donors need to redefine their understanding of access to include choice, information appropriate provider as well as physical/ geographical access.

Concern with funding from EU-ECHO implemented a nationwide COVID-19 vaccination programme in partnership with the Sierra Leone Ministry of Health and Sanitation (MOHS) and EPI (Expanded Programme on Immunisation) with the aim of improving access to vaccines for hard to reach populations.

Redefining access

Access Domain	Our approach	Recommendations
Vaccines 	• Mobile team set up in locally appropriate setting. • District specific targeting of locations and times to increase access for women and marginalised groups. • Vaccination team operation at work places e.g. farms, Markets, bike rider meeting places. • Mobile vaccine teams comprised of Health, Monitoring and evaluation and social mobilisation staff. • National support for first and last mile distribution. • Cold chain and vehicle maintenance. • Fuel and/ or vehicle hire.	• Vaccine donation planning with recipient Ministries of Health. • Donated vaccines must have a reasonable expiry date on arrival. • Funding needs to accommodate all vaccination supplies. • Donors and partners need to balance the Global health security agenda and vaccination coverage targets against the reality of health priorities in a multitude of settings.
Information 	• Linked with local leaders and agents of change in every community to be the advocate for vaccine uptake. • Held chiefdom level dialogues with access to health care and social mobilisation staff who could articulate messages in local languages. • Did not use posters and other printed materials. • Held radio discussion programs at local small radio stations with inclusive panellists. • Used community reporters to inform the adaptation of messaging for specific locations.	• Messaging campaigns cannot be designed centrally patient representative groups need to be collaborated with. • There needs to be a clear understanding of what information format will lead to knowledge gain. • Public information methods cannot be one sided recipients and communities must have space for conversation.
Informed choice 	• Community dialogues discussed the process of vaccine development, action and efficacy. • Recipients were given information and space to discuss the relative benefit of vaccination type including 1 does vaccine Vs 2 dose.	• Vaccination team training needs to include soft skill aspects of vaccine delivery. • Social mobilisation campaigns need to recognise and mitigate the risk of un ethical information delivery. • Global vaccination / health campaigns must provide equal access to choice of vaccine/ service.
Appropriate provider 	• Mobile vaccine teams comprised of Health, Monitoring and evaluation and social mobilisation staff. • Teams were supported with supervision to course correct and ensure quality. • Teams were residents of their operational district and were existing volunteer health workers. • Teams have a gender balance.	• Vaccinations teams should not be outsiders to their operational area. • Training must be comprehensive and needs to be supported with regular supportive supervision. • Vaccination teams cannot remove skills from the essential health workforce.
Essential health services 	• Used mobile activity as an opportunity to link communities with routine services or support planning or outreach. • Included routine immunisation in mobile activities. • Designed hybrid and phase out approach.	• There needs to be an understanding and recognition that without a commitment to health system strengthening and universal health coverage global health security will never be achieved.



Screen shot of National readiness checklist dashboard

Innovation:

A readiness checklist developed in partnership with MoHS and with input from WHO and UNICEF was able to identify bottlenecks and barriers to the vaccine roll out at district level. The tool is developed in excel to ensure easy access and management of the data at all levels including a national level dashboard.
The tool has been adapted by the MoHS to guide the roll out of nationwide HPV vaccination.

Anna Canteh, 24, was vaccinated by the Bombali mobile vaccination team in Madif market which is a 1 hour walk to the nearest health centre.

"My name is Anna, I am a farmer. I came today to get my second dose, I will tell my family that everyone can come here and take this vaccine.
I showed my card and they said they can do it here (in the market place). I was glad to get it. I tell them thank you so much."

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