



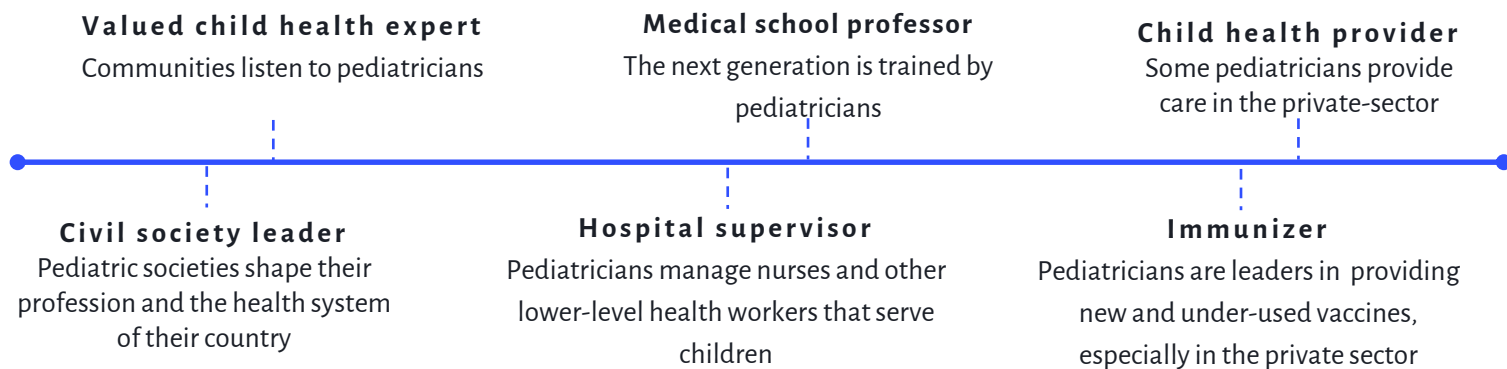
STRENGTHENING CAPACITY FOR GLOBAL PEDIATRIC IMMUNIZATION CHAMPIONS

Improvements in child healthcare delivery on a global scale have contributed to a 56% decline in the under-five mortality rate (from 91 deaths per 1,000 live births in 1990 to an estimated 41 in 2015) and cut the infant mortality rate by nearly half. But there is still more work to do. Though **vaccines** are one of the most successful and cost-effective health interventions in history, **one in five children** around the world—including 22 million infants—still **do not have access** to life-saving vaccines.

Through a collaborative agreement with the US Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP) is engaging pediatric leaders in priority countries to support **national immunization improvement** through advocacy, education, and targeted action.

WHY PEDIATRICIANS?

Pediatricians & pediatric societies are uniquely qualified to promote vaccination programs in their communities and countries. They reach children across the health system.



HOW WE WORK TOGETHER

Our approach leverages AAP's advancements in immunization uptake in the United States, but is **country-led** by our partner societies in:

Democratic Republic of the Congo, Ethiopia, Indonesia, Kenya, Nepal, Nigeria, the Philippines, Tanzania, and Uganda

ASSESSING the current engagement of pediatric societies in immunization advocacy and work together to understand national priorities and needs.

TRAINING champions to identify immunization advocacy issues and implement best practices and strategies by developing an advocacy plan.

IMPLEMENTING an advocacy activity to help champions develop their skills, strengthen the pediatric voice, and advance national immunization priorities.

LEARNING AND SUSTAINING will ensure ongoing platforms for pediatric involvement with the national immunization system.



KENYA PAEDIATRIC ASSOCIATION



Paediatric Association of Nigeria (PAN)



TOGETHER, WE ARE CHANGE MAKERS

Across nine countries and growing, Pediatric Societies are making real change in improving immunization access for children through training health workers, influencing Ministries of Health, and educating communities on the benefits of vaccines.

ETHIOPIA Priority: Strengthen routine immunization (RI) in two under-immunized districts.

Activities: Community-level advocacy to religious & community leaders to build demand; develop tools to strengthen immunizer communication during service delivery; build pediatric response to immunization issues by training pediatricians in advocacy skills and ensure awareness of immunization program needs.

KENYA Priority: Improve child health care worker ownership—especially pediatricians—of child vaccination status.

Activities: In coordination with the MOH, develop a pre-service training curriculum focused on immunizations, vaccinology, service delivery, and patient communication; disseminate curriculum to all health training institutions; train pediatricians in core advocacy skills.

NIGERIA Priority: Advocate for national and sub-national ownership and financing of RI and strengthen community outreach.

Activities: Advocate to national and regional government highlighting the importance of vaccine financing; educate communities around importance and safety of vaccines; strengthen society membership advocacy through advocacy trainings.

TANZANIA Priority: Increase awareness of public and health care providers on newly introduced immunizations and high drop-out rates for RI.

Activities: Train media and journalists in immunization communication; educate community through traditional media on importance of RI and newly introduced vaccines (HPV & IPV); train healthcare workers at regional levels on immunization communication and new vaccines.

INDONESIA Priority: Improve private sector engagement with public sector RI.

Activities: Develop electronic information system to collect private sector immunization data; provide private data and reporting to the Ministry of Health (MOH) for decision making; train new pediatrician and midwives in immunization service delivery, management, and advocacy in order to provide support to public sector providers; bridge sectors to coordinate national level campaigns.

NEPAL Priority: Support the MOH in making informed decisions on RI program and meet measles elimination goals.

Activities: Train frontline immunizers in patient communication and vaccine-preventable diseases, particularly measles; document needs of all immunizers and advocate to national immunization technical advisory group and MOH; increase awareness of new/underused vaccines in private sector.

PHILIPPINES Priority: Strengthen public/private coordination for RI and address vaccine hesitancy.

Activities: Develop linkage between private-sector and MOH for RI data for the first time; train pediatricians on advocacy and strengthening relationships with public health providers; develop vaccine hesitancy curriculum for provider interactions.

UGANDA Priority: Improve private sector engagement in RI, especially measles rubella containing vaccine.

Activities: Identify and connect private providers in two low-coverage districts and link with MOH; train private providers in data management and quality standards; train pediatricians in immunization communication to strengthen sub-national private sector engagement.

