

Promoting Immunization Equity in the Americas

Intersectoral Collaboration, Civil Society Participation, and Community Engagement

SUCRE, BOLIVIA (PLURINATIONAL STATE OF)

In Bolivia (Plurinational State of), public participation in the decision making, management, and monitoring of the public health system is enshrined in the national constitution.

The Family, Community, and Intercultural Health Model (*Salud Familiar Comunitaria Intercultural*–SAFCI) provides a guiding framework for such involvement through the establishment of the nonpartisan SAFCI social structure and participatory spaces of deliberation to assess public health priorities, policy compliance, and quality of care. Reflecting the Regional Immunization Action Plan’s strategic objective 2.1 to ensure that “immunization benefits extend equitably to all people and social groups,” the Expanded Program on Immunization (EPI) in Sucre, Bolivia (Plurinational State of), has applied the SAFCI model to promoting immunization equity. Through a case study design utilizing in-depth interviews, focus groups, and site visits conducted in October 2019, this research:

1. Documents strategies for promoting equitable access to and use of immunizations through community engagement, civil society participation, and intersectoral collaboration;
2. Describes the methods of collaboration involved in such strategies, including data sharing, immunization orientation, and joint operational planning; and
3. Identifies potential challenges, facilitating factors, and lessons learned regarding participatory immunization promotion. In doing so, this case study offers evidence-based insights that can help optimize the development and operation of such strategic alliances and their impact on immunization equity. This research was made possible thanks to funding provided by Gavi, the Vaccine Alliance.

11,513,100

Population (2020)

83%

DTP3 coverage (2018)

238,590

Average annual birth cohort

89%

MMR1 coverage (2018)



THE FAMILY, COMMUNITY, AND INTERCULTURAL HEALTH MODEL

Implemented in 2008, Supreme Decree No. 29601 established SAFCI with the objective of ensuring the right to comprehensive, integrated healthcare based on the principles of public participation, intersectorality, interculturality, and integrality. The primary strategy of SAFCI is health promotion and education through strategic civil society and intersectoral alliances to increase individuals' awareness of and control over their health. To do so, SAFCI provides a framework for public participation at all administrative levels, aligning the decentralized public health structure of Bolivia (Plurinational State of) with corresponding entities in the SAFCI-based social structure and collaborative spaces of deliberation at each level (see Figure 1 for overview).

The SAFCI social structure organizes the progressive, upward flow of public participation in the decision making, management, and monitoring of the public health system at the neighborhood, health center, municipal, departmental, and national levels with elected, nonpartisan representatives—Local Health Authorities (ALS, acronym in Spanish), Local Health Committees (CLS, acronym in Spanish), Municipal Health Social Councils (CSMS, acronym in Spanish), Departmental Health Social Councils, and the National Health Social Council, respectively (see column 5 of Figure 1). While the specific responsibilities of each social structure entity vary, their overall objectives are to represent community and civil society interests, facilitate public engagement in the determination of health priorities, and advocate on behalf of their constituents.

These objectives are accomplished through SAFCI's multilevel, collaborative spaces of deliberation (see column 4 of Figure 1), which facilitate the articulation of social structure entities with state-based public health authorities (see column 3 of Figure 1) for participatory health system management. Such participation begins with ALS-organized Community Health Planning meetings, during which neighborhood residents identify health problems, their causes, and potential solutions, and gradually moves upwards, with social structure entities ensuring the consideration of such community-derived insights in the design and evaluation of operational health plans at all levels. Methodologically, these spaces of deliberation are typically organized as information analysis committees (CAI, acronym in Spanish) focused on assessing the current health situation to inform public health planning through intersectoral data sharing, cooperative analysis, and collective deliberation by key actors, including healthcare providers, social structure representatives, and local governments, among others. The SAFCI model also encourages community and civil society engagement by the health sector through regular attendance at neighborhood council and civil society organization meetings, which establishes regular communication, builds interinstitutional and interpersonal rapport, and supports the long-term maintenance of strategic alliances.

We must go to these meetings so we can inform them about health policies, and they can tell us, 'We want to hold health fairs and be trained in what the EPI is,' whatever [it is] they want. ... The most important thing is this monthly coordination we have to have with them. That's why they support us.

– HEALTH NETWORK REPRESENTATIVE

Figure 1: Overview of the SAFCI Framework and Corresponding Public Health Structure

ADMINISTRATIVE LEVEL	UNIT	PUBLIC HEALTH STRUCTURE	SAFCI SPACES OF DELIBERATION	SAFCI SOCIAL STRUCTURE
» National	» Bolivia (Plurinational State of)	» Ministry of Health	» National Health Assembly	» National Health Social Council
» Departmental	» Chuquisaca	» Departmental Health Services	» Departmental Health Assembly	» Departmental Health Social Council
» Municipal	» Sucre	» Municipal Health Department	» Municipal Health Assembly	» Municipal Health Social Council
» Local	» Health Center	» Health Center Representatives	» Health Center Planning, Health Assessment	» Local Health Committee
» Community	» Neighborhood		» Community Health Planning	» Local Health Authority

PROMOTING IMMUNIZATION EQUITY: COLLABORATIVE, PARTICIPATORY STRATEGIES

The following illustrates how the EPI in Sucre has applied SAFCI to promoting immunization equity with three cases: 1) data-informed community outreach, 2) introduction of the human papilloma virus (HPV) vaccine, and 3) verification of vaccination status at school enrollment.

DATA-INFORMED COMMUNITY OUTREACH. Prior to SAFCI, the EPI in Sucre engaged in occasional intersectoral collaboration for immunization outreach, including university health science departments and local law enforcement for human resource support in mass immunization campaigns and door-to-door home visits. These alliances were organized locally through individual efforts and while the subsequent increased movement and visibility of healthcare personnel within neighborhoods was beneficial for improving rapport and vaccine awareness, health sector participants described mediocre impacts on vaccination coverage despite substantial investments of time and human resources. Desires to improve the efficiency of immunization outreach prompted the exploration of alternative strategies, eventually leading to a family and community-focused approach to public health based on the Cuban system. Engagement with local leaders and neighborhood councils was key to such an approach, opening up novel lines of communication and data sources. Through the participation of healthcare personnel in neighborhood council meetings, community leaders began informally sharing information about unvaccinated pregnant women and children, motivating a shift away from mass immunization campaigns towards data-informed outreach to target high-risk zones.

It is important to note that these alliances and advances in immunization outreach in Sucre took place locally and in an ad hoc fashion, without national guidance, legislative backing, or standard operation procedures. It was not until the 2008 establishment of SAFCI that the national public health system underwent a comprehensive paradigm shift focused on intersectoral collaboration, public participation, and risk analysis. The collection of family-focused health data was systematized and standardized across the country with SAFCI's Family Folders, enriching Sucre's existing data analysis and use. Additionally, the attendance of local healthcare personnel at civil society meetings provided innovative opportunities for community-led health education and immunization promotion through training with local leaders, expanding the reach and influence of EPI messaging.



We used to do our campaigns and home visits where the few staff or other personnel we had had to go to a certain neighborhood, and they sometimes found them [individuals to be vaccinated], sometimes not ... and the result of the vaccination outreach? It's an eight-hour workday and 'How many did you vaccinate?' 'Four, doctor. Five, doctor.' In other words, it was an effort that did not result in much.

– CHIEF COORDINATOR OF SUCRE'S HEALTH NETWORK

INTRODUCTION OF THE HPV VACCINE. In 2017, Bolivia (Plurinational State of) began nationwide introduction of the quadrivalent HPV vaccine, targeted at girls aged 10–12, through school-based vaccination campaigns supplemented by on-demand health center vaccination and outreach brigades. In Sucre, intersectoral collaboration and civil society participation at the department, municipal, and local levels were critical to the planning, execution, and monitoring of the HPV vaccine introduction. While interinstitutional agreements between the Ministry of Health and Ministry of Education were nationally established, operational, interinstitutional collaboration took place subnationally. Joint programmatic planning for school-based vaccination campaigns was carried out by Chuquisaca’s Departmental Health Services (SEDES, acronym in Spanish) and Departmental Education Services (SEDUCA, acronym in Spanish), including intersectoral data sharing. While the EPI typically uses national census data to establish target populations for routine immunizations, supply forecasting for school-based vaccination campaigns requires population data for each school. Further, health-sector personnel alluded to national census data quality concerns due to high internal migration and decennial data collection and described triangulation with school census data to verify targets in addition to forecasting HPV vaccine supplies.

Data sharing for health center microplanning was supported by Sucre’s municipal government and District Office of Education (DOE), which provided consolidated lists of all existing educational units, including contact information, enrollment data, and estimated time and human resource requirements. Such information was critical to local level planning and allowed for the assignment of educational units to nearby health centers to facilitate joint campaigns. Health center staff, school faculty, CLS, and ALS jointly organized HPV orientation sessions; prepared vaccines, data recording materials, and other supplies; scheduled visits; and planned social mobilization strategies. A critical aspect of which, was engagement with Sucre’s School Board Association to foster peer-to-peer vaccine promotion and parental sensitization. Other civil society allies, such as the Chuquisaca’s Confederation of Indigenous Peasant Women of Bolivia “Bartolina Sisa” and the Chuquisaca Pediatric Society, also participated in HPV vaccine orientations and led community-based immunization promotion within their realms of influence. Complementing these efforts, the EPI collaborated with local media to further expand the reach of HPV vaccine messaging.

School-based vaccination, including detailed data recording and campaign monitoring, were collaboratively executed by health center personnel and their education counterparts, while the social structure, school boards, and other civil society groups continued parental sensitization. With respect to vaccine equity, school faculty and civil society groups assisted healthcare personnel with identifying and targeting unvaccinated, vaccine-eligible students and nonenrolled individuals. Health-sector personnel also described triangulating intersectoral data sources to verify coverage accuracy and identify missed girls for targeted outreach. Each month, school-based HPV vaccine coverage data, alongside data from outreach brigades and health centers, was incorporated into the EPI’s standardized reporting.

Intersectoral and civil society partnerships also helped sustain the dissemination of effective and clear information about the burden of cervical cancer and the benefits of the HPV vaccine, particularly in response to negative public reactions to the vaccine. Health, education, and civil society participants consistently referenced the importance of such persistent messaging to alleviate concerns and promote informed decision making, in the face of growing disinformation and anti-vaccination propaganda, particularly on social media. Collaboration with the Chuquisaca Pediatric Society, the Regional Immunization Committee, and local media was also crucial for investigating events supposedly attributable to vaccination or immunization (ESAVIs) and notifying the public. Such strategic alliances reinforced peer-to-peer information sharing and community-based immunization promotion, resulting in consistent, unified messaging about the HPV vaccine. This collaborative approach to promoting the HPV vaccine undoubtedly played a significant role in Chuquisaca’s high coverage and low dropout during the 2017 introduction (HPV-1 at 89.5% and HPV-2 at 86.5%).



Our vision has always been to be close with the SEDES, to make this link, so that they could provide us with all the information and we can be the spokespersons in our communities, in the places we live.

—OFFICER FROM THE CHUQUISACA CHAPTER OF THE BARTOLINAS



They explained to me the scope of the vaccine, its characteristics, and then workshops were conducted. ... And then we authorized them to enter, one, the educational units, and two, the different training workshops... In parallel to the explanations given to me by the vaccination officials, we had to do outreach as parents, and mostly top-down. ... We had to explain why the vaccine was being given, we tried to conduct widespread socialization.

—PRESIDENT OF SUCRE’S SCHOOL BOARD ASSOCIATION

VERIFICATION OF VACCINATION STATUS AT SCHOOL

ENROLLMENT. While the Ministry of Education of Bolivia (Plurinational State of) has long maintained a policy requiring a child's vaccination card when enrolling in school, the tasks of assessing vaccination status and referring children with missing or late vaccines for follow-up have typically rested with school faculty who do not have vaccine-specific training. Following the introduction of the HPV vaccine, Sucre's EPI and other health authorities saw an opportunity to leverage the strategic alliances and data practices established during the HPV introduction to strengthen the practice of verifying vaccination status at school enrollment and optimize the opportunity to identify and address gaps in coverage.

At the municipal level, prior to the start of the 2018 school year, Sucre's Health Network Coordination Office (HNCO) organized data sharing with the DOE to identify all active kindergartens in the city, assign each one to a health center, and authorize entry of healthcare workers to review vaccination cards. Assigned health centers collaborated with the administrations and school boards of corresponding kindergartens to arrange sensitization sessions with school personnel and parents, ensure awareness of the vaccination card requirement at enrollment, and schedule verification of students' vaccination status. Because school enrollment takes place over several weeks and health centers are assigned various kindergartens, review of student vaccination cards occurs following the conclusion of enrollment, with health center nurses visiting the kindergarten on the designated day to review all the vaccination cards of newly enrolled children, identify missing and/or late vaccines, and determine necessary follow-up actions with parents and/or teachers. Health center personnel also address identified coverage gaps by organizing school-based vaccine administration, improving the likelihood of locating children.

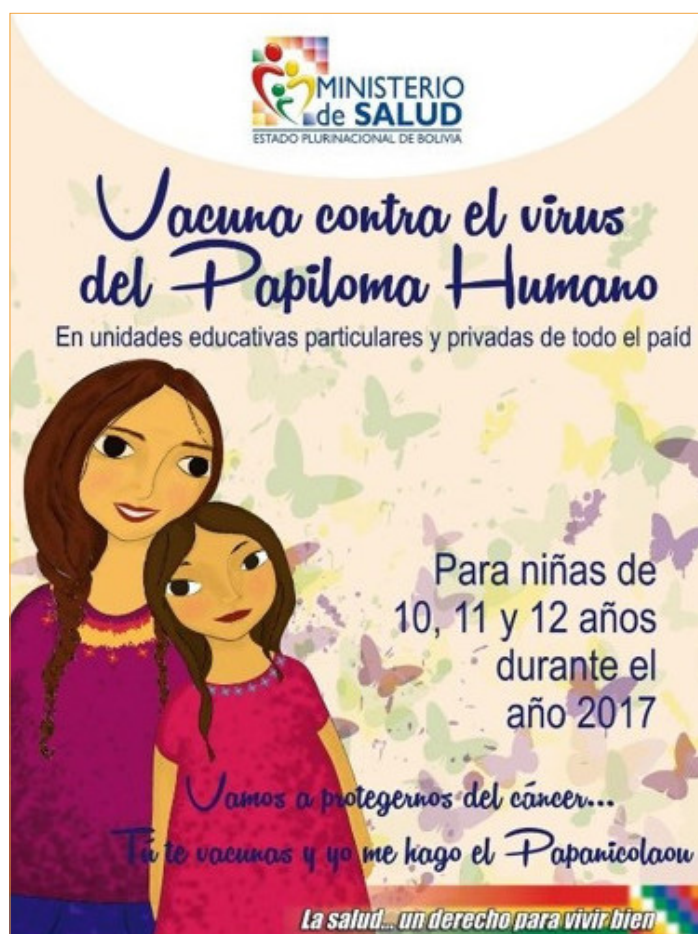
While the education sector provides key information and operational support for the verification of vaccination status, parent-led school boards play a critical role in promoting parental compliance with necessary follow-up actions and the national immunization schedule in general. In Sucre, school boards have not only applied the lessons learned during sensitization sessions and immunization workshops to their own lives and households but are generating a culture of routine immunization in their children's educational communities. During a kindergarten school board focus group, parents discussed at length their concerns about the risks unvaccinated children present in the school and the motivational significance of understanding the importance of timely and complete vaccination. Thus, while healthcare providers and educational staff collaborate to verify children's vaccination status at school enrollment and provide vaccination catch-up guidance, school boards and parents maintain the capacity to influence the social norms and public health practices of their children's educational communities.

BENEFITS. As these cases demonstrate, there are various benefits to promoting immunization equity through intersectoral collaboration, civil society engagement, and public participation, including expanding the reach and influence of EPI messaging focused on vaccine awareness, sensitization, and promotion; enhancing immunization data quality, analysis, and use through improved community rapport and intersectoral data sharing; and executing vaccination activities where children are concentrated to optimize resources and impacts.



So what am I going to use to make sure no one is missing? We have three types of censuses—the national census, the census we have of our populations [referring to Family Folder data], and now we have each educational units' [data] for all of Sucre. So here, we don't miss a single girl, not one. It has been difficult to implement this, it was not easy work, but I feel satisfied because this way, we will not miss any vaccinations.

—HNCO REPRESENTATIVE



FACILITATING STRENGTHS

POLITICAL COMMITMENT AND NATIONAL GUIDANCE. The 2008 establishment of SAFCI demonstrated national political commitment to ensuring the right to public participation in the design, management, and monitoring of the country's public health system. While a decentralized administrative system such as that in Bolivia (Plurinational State of) allows for community input regarding the adaptation of national policies and plans to subnational contexts, SAFCI provides national guidance for doing so through its social structure and spaces of deliberation, which have formalized and organized public participation.

STRONG MULTILEVEL ORGANIZATION. The parallel, multilevel administrative structure of the various government sectors in Bolivia (Plurinational State of), the SAFCI social structure, and civil society organizations aids the establishment of strategic alliances by clarifying corresponding counterparts and enabling a cascade of alliances, actions, and information. The social structure further facilitates such collaboration by serving as an independent body to support intersectoral coordination and cooperation at all administrative levels.

DEDICATED HEALTH SECTOR PERSONNEL AND SOCIAL STRUCTURE ACTORS. Although SAFCI is a national policy, not all municipalities in Bolivia (Plurinational State of) have effectively implemented the framework. What sets Sucre apart is the dedication and hard work of health-sector personnel and social structure representatives who have acted on the political will, national guidance, and strong multilevel organization to foster a culture of public participation, collaboration, and data-informed public health planning, including promoting immunization equity. Routine participation in neighborhood council meetings and other civil society organizations has allowed for the shared discussion of health concerns, influenced the integration of public health priorities into the agendas of other organizations, and, over time, ensured the maintenance of strategic alliances. Doing so facilitates local input in shaping vaccination activities, enhancing applicability and relevance as well as generating a sense of solidarity and commitment among allies.

COMPELLING PUBLIC HEALTH MESSAGING. Sucre's approach to immunization messaging, which promotes vaccination as a social responsibility, conceptualizes health information as empowering, and targets a broad variety of audiences. Such an approach underscores the reciprocal benefits of participatory immunization promotion, encourages peer-to-peer information sharing to empower others to make informed health decisions, and establishes consistent public health messaging across the health sector and beyond.



In my perspective, the information part is what influences many people to refuse to vaccinate their children or take them to health center. At some point, the nurse was giving a talk about vaccinations. She was asked if there could be more regular talks within the educational units, if the health center staff could come and give information about how important vaccines are for all children, not just for some children, but for the whole educational unit.

—SCHOOL BOARD MEMBER



The benefit of having contributed to the population, to society, and that the population has a sense of assurance that the healthcare system is responsive ... we feel that we fulfill a purpose, we have generated a more reflexive attitude in our culture, and if we see that the [government] authorities fulfill what we demand, we feel satisfied.

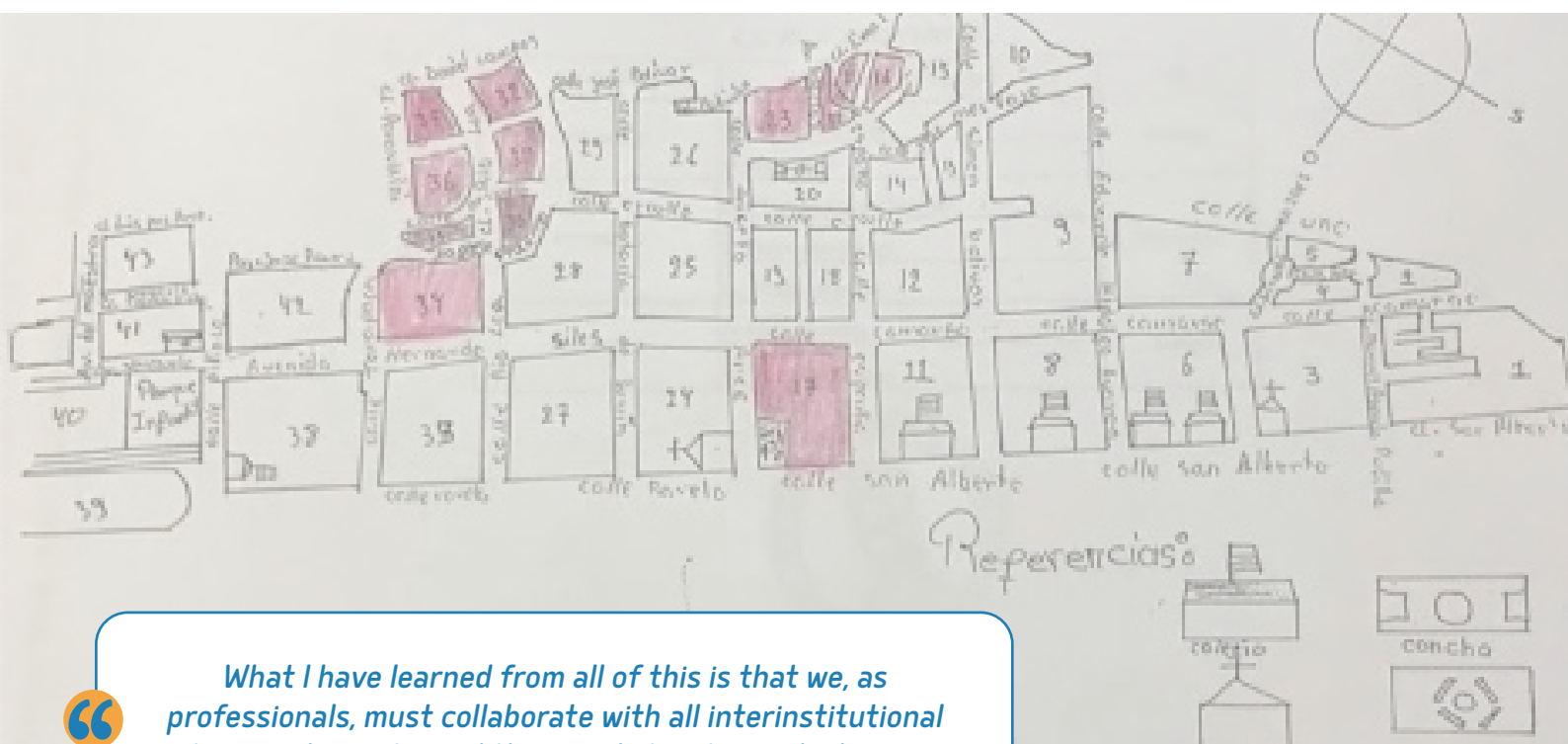
—CSMS REPRESENTATIVE

CHALLENGES ENCOUNTERED

- ! ENSURING ADEQUATE PROVISION OF IMMUNIZATION INFORMATION.** Based on the frequency with which a lack of adequate and accurate information was discussed as a barrier to vaccination, it can be inferred that in addition to motivating individual compliance, improved information provision could influence broader public interest and immunization demand.
- ! LACK OF SAFCI MONITORING.** Considering Sucre’s experience within the national context, a broader challenge emerges—an apparent lack of national SAFCI monitoring to ensure compliance and identify barriers to effective implementation. Thus, other municipalities may be undertaking similar efforts as Sucre, engaging in other collaboration methods, or struggling to establish strategic alliances all together, but without national monitoring, the specifics of these experiences remain unknown and the benefits are inconsistently realized across the country.

LESSONS LEARNED

- ✓ **INTERNAL ORGANIZATION, COOPERATIVE COORDINATION, AND INCLUSIVITY ARE KEY TO EFFECTIVELY PROMOTING IMMUNIZATION EQUITY** through intersectoral collaboration, civil society participation, and community engagement.
- ✓ **HIGHLIGHTING SHARED GOALS AND INTERESTS CAN MOTIVATE THE ESTABLISHMENT OF STRATEGIC ALLIANCES** with the EPI's activities by demonstrating the mutual benefits of partnership.
- ✓ **STRATEGIC ALLIANCES ARE RELATIONAL, DYNAMIC, AND ON-GOING, REQUIRING MAINTENANCE OVER TIME**, including open communication, mutual respect, and routine engagement.



What I have learned from all of this is that we, as professionals, must collaborate with all interinstitutional actors, civil society, and the social structure, which we can engage with through their representatives, to do what we have been taught: promotion and prevention measures. ... Here, health belongs to everyone. Public health requires the participation of all actors.

-CHIEF COORDINATOR OF HEALTH NETWORK ONE

Photo credit: PAHO

CONCLUSION

Sucre's approach to promoting immunization equity through intersectoral collaboration, civil society participation, and community engagement deserves recognition for its many achievements.

Political commitment, national SAFCI guidance, strong multilevel organization, dedicated healthcare and social structure personnel, and compelling public health messaging have been crucial to facilitating the establishment of strategic alliances to promote immunization equity. From engagement with social structure actors and neighborhood councils for improved community outreach to data sharing with the education sector for the introduction of the HPV vaccine, Sucre's EPI has employed a variety of collaboration methods to enhance the promotion of immunization equity. Moreover, intersectoral collaboration and civil society participation have helped address various challenges confronted by the EPI, including data quality concerns, limited human resources, and difficulty locating defaulters, among others. This documentation of Sucre's collaborative approach to promoting immunization equity offers evidence-based insight into the effective establishment of strategic alliances, illustrates various methods through which such alliances can benefit the promotion of equitable access to and use of vaccines, and synthesizes lessons learned, providing a learning opportunity for other EPIs seeking to enhance immunization equity and contributing to the evidence base of the Region and immunization equity worldwide.

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