

Strengthening routine immunisation and vaccine engagement in Togo (StRIVE-Togo)

Increasing malaria vaccine uptake in communities receiving seasonal malaria chemoprevention

Background

In 2024, Togo recorded 2.37 million cases and approximately 3,600 deaths due to malaria.^[1] Alongside this burden, routine childhood immunisation coverage has historically been below the 90 percent target.^[2] In particular, Togo's northern regions — Central, Kara, Plateaux and Savanes — are characterised by a high malaria burden, routine childhood immunisation coverage of 64 to 74 percent (2024 vaccine coverage survey), low vaccine awareness and demand, and limited community health outreach.

The R21 malaria vaccine was introduced to Togo in September 2025, and has been integrated into the routine Essential Programme on Immunisation (EPI). The vaccine is administered to children at five, six, seven and 15 months, requiring additional contact points in the childhood immunisation schedule. Early results show low coverage of the first two doses of malaria vaccine (49 and 24 percent, respectively), mainly due to lack of communication around the new integrated schedule.

The StRIVE project introduces a year-round community engagement model that complements existing health platforms and routine outreach. StRIVE is an extension of the Zero Dose project (2024–2026),^[3] which demonstrated the feasibility of community health worker-led household identification and tracking of children who had either missed or never received routine immunisations.

Country

Togo

Funder

Malaria Consortium US

Length of project

August 2025–August 2027

Partners

Essential Programme on Immunisation Division
National Malaria Control Programme,
Community Health Division
Red Cross Togo



Project outline and objectives

The StRIVE implementation project aims to strengthen routine immunisation and support effective uptake of the R21 vaccine. It builds on the Zero Dose project, which integrated vaccine data collection and communication into Togo's seasonal malaria chemoprevention (SMC) campaign. (SMC involves door-to-door delivery of antimalarial medicines to children under five at regular intervals during peak malaria transmission season.) The Zero Dose project strengthened coordination between the EPI and Malaria Consortium and has informed a more sustainable, community-centred approach that aligns with the R21 schedule. StRIVE is being implemented year round across 23 high-burden districts in Togo's four northern regions, complementing existing health platforms and targeting approximately 300,000 children aged under two years.

The project addresses malaria and routine vaccine-preventable diseases through community engagement, identification of zero-dose and under-immunised children, data-driven outreach and strengthened partner coordination.

Project objectives:

- Increase demand for and awareness of malaria and routine vaccines through community and caregiver engagement.
- Reduce the number of zero-dose and under-immunised children through improved identification, referral and targeted outreach.
- Strengthen learning, coordination and advocacy for sustainable, community-based malaria vaccine delivery.

Activities

The project team will train and supervise community health workers, Mothers' Clubs (888 groups) and Papa Champions (156 groups) to carry out door-to-door awareness-raising activities in their communities on vaccine promotion, identification of zero-dose and under-immunised children, tracing children who have missed vaccines, referral and community feedback.

References

1. World Health Organization (WHO). World malaria report 2025. WHO; 2025.
2. WHO. Country disease outlook — Togo. WHO; 2023.
3. Malaria Consortium. Zero dose project. Malaria Consortium; 2024. Available from: www.malariaconsortium.org/resources/zero-dose-project

Mothers' Clubs are groups of women volunteers trained to share information with their communities on maternal and child health. Papa Champions are equivalent groups for men who are trained in family planning and women's reproductive health and who act as role models in their communities.

Health facility staff will be trained to use immunisation dashboards to guide microplanning and outreach. Monthly review meetings and mentorship will reinforce continuous quality improvement. Learning sessions will be organised to identify best practices and the factors that support or limit the implementation of the project. Monitoring and evaluation activities will be conducted through a monitoring, evaluation and learning (MEAL) plan developed to assess the performance of the project.

Outcomes and impact

Increased awareness of and demand for malaria and routine vaccines. Through targeted community engagement, the project will improve identification of zero-dose and under-immunised children, helping to reduce missed follow-up doses of malaria and other vaccines. Given that this outreach is the primary means of informing caregivers of the changes in the vaccination calendar, community engagement will raise awareness among caregivers on the importance of the vaccines for child health and provide critical information on when children should receive their doses, ultimately encouraging improved vaccine uptake.

Strengthened local capacity for effective vaccine delivery. Developing the capability of community volunteers, community health workers and health facility staff to reach under-immunised children ensures a sustainable approach that is embedded within the local health system.

By taking an approach to year-round community-based vaccine delivery and demand generation that complements and aligns with a range of existing health platforms, this project will inform vaccine delivery programmes across a wide range of contexts.

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Cover image: Community dialogue with mothers and caregivers on the importance of malaria vaccine, Togo.

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