Opportunities for integrating COVID-19 vaccine with essential immunization services within primary health care

19 April 2023

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COVID-19 Integration

IA2030 Life Course & Integration webinar
19 April 2023
**WHAT** is the global status of COVID-19 vaccination?

**WHAT** is COVID-19 integration?

**WHY** is COVID-19 integration important?

**WHICH SUPPORT** is available to countries for COVID-19 integration?
### Key global figures on COVID-19 vaccination

<table>
<thead>
<tr>
<th>Current</th>
<th>1-Month Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.3bn</td>
<td>94M</td>
</tr>
<tr>
<td>89 %</td>
<td>-0%</td>
</tr>
<tr>
<td>82 %</td>
<td>-0%</td>
</tr>
<tr>
<td>66 %</td>
<td>-0%</td>
</tr>
</tbody>
</table>

- **doses of COVID-19 vaccines** have been administered globally
- **of health workers** have received a complete primary series across WHO MS
- **of older adults** have received a complete primary series across WHO MS
- **of the general population** has received a complete primary series across WHO MS – 23% in LICs

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**Out of 194 WHO Member States**

- **68** **Member States** have vaccinated **more than 70%** of their population
- **138** **Member States** have vaccinated **more than 40%** of their population
- **186** **Member States** have vaccinated **more than 10%** of their population
- **186** **Member States** have started booster / additional dose programs
Healthcare worker coverage across reporting WHO Member States

WHO MS have reported at least once on healthcare worker vaccination coverage

59% of healthcare workers are in reporting WHO MS of total healthcare workers in all WHO MS

89% of total healthcare workers with a complete primary series across reporting WHO MS

Notes: Coverage figures are capped at 100%. Target population definitions vary, especially across HICs, this can impact uptake figures reported. Estimated healthcare worker population sizes vary by source (ILO vs. country reports). A correction factor was applied to countries reporting inconsistent figures. Cook Islands and Niue are not categorized in an income group by the World Bank.
**Older adult coverage across reporting WHO Member States**

**WHO region** | **WHO MS reporting** | Complete | Partial | Total |
--- | --- | --- | --- | ---
AFR | 38 | 56% | 44% | 56% |
AMR | 24 | 91% | 9% | 91% |
EMR | 14 | 58% | 42% | 58% |
EUR | 46 | 80% | 20% | 80% |
SEAR | 9 | 77% | 23% | 77% |
WPR | 27 | 90% | 10% | 90% |
Total | 158 | 69% | 31% |

**Income group** | **WHO MS reporting** | Complete | Partial | Total |
--- | --- | --- | --- | ---
1) LIC | 24 | 35% | 65% | 35% |
2) LMIC | 43 | 76% | 24% | 76% |
3) UMIC | 40 | 85% | 15% | 85% |
4) HIC | 49 | 92% | 8% | 92% |
5) Other | 2 | 41% | 59% | 41% |
Total | 158 |

**158**
WHO MS have reported at least once on older adult vaccination coverage

**90%**
of older adults are in reporting WHO MS of total older adults in all WHO MS

**82%**
of total older adults with a complete primary series across reporting WHO MS

**Notes:** Coverage figures are capped at 100%. Target population definitions vary, country-specific definitions of older adults are used to calculate older adult population denominators using data from the United Nations Population Division. Cook Islands and Niue are not categorized in an income group by the World Bank.
**WHAT** is the global status of COVID-19 vaccination?

**WHAT** is COVID-19 integration?

**WHY** is COVID-19 integration important?

**WHICH SUPPORT** is available to countries for COVID-19 integration?
COVID-19 integration involves partial or full adoption of COVID-19 vaccination into other health services across WHO health system building blocks.

The partial or full adoption of COVID-19 vaccination into national immunization programme services, Primary Health Care and any other relevant health services with the overall aim of improving programme efficiency and sustainability, enhancing demand and improving user satisfaction, achieving and maintaining satisfactory coverage, and addressing inequities.

WHO Health System Building Blocks

- Leadership and governance
- Health systems financing
- Demand and community engagement
- Service delivery
- Health workforce
- Health information systems
- Access to essential medicines (incl. quality vaccines)

WHO / UNICEF Considerations for Integrating COVID-19 Vaccination

Source: "Considerations for integrating COVID-19 vaccination into immunization programmes and Primary Health Care for 2022 and beyond" v7 Oct 2022 by WHO and UNICEF
Today, countries are at different stages of COVID-19 integration

**Limited integration efforts**

Limited integration activities launched to date, esp. at service delivery level, with Covid-19 Vx acceleration still as the main focus

**Planned integration**

Transition plan to integrate COVID-19 Vx into RI, Primary Health Care and other relevant health services, but no execution to date

**Opportunistic integration**

Short-term/ad-hoc activities driven out of necessity/resource constraints without clear strategy/plan in place

**Structured integration**

Strategic activities to enable systematic integration, reaching key target groups (incl. cross-sector coordination with other Primary Health Care partners)
WHAT is the global status of COVID-19 vaccination?

WHAT is COVID-19 integration?

WHY is COVID-19 integration important?

WHICH SUPPORT is available to countries for COVID-19 integration?
COVID-19 integration is highly relevant for Primary Health Care and other non-immunization programs…

Strengthen health system collaboration
Integration of COVID-19 into Primary Health Care and non-immunization programs provides an opportunity to strengthen collaboration across critical Primary Health Care stakeholders

Adopt learnings from COVID-19 vaccination
COVID-19 vaccination created an avenue for novel innovations and tools for pandemic response which Primary Health Care and non-immunization programs could leverage to improve performance in critical areas e.g., service delivery, logistics, political commitment, etc.

Opportunity to benefit from priority funding for COVID-19
Primary Health Care and other non-immunization programs can benefit from large funding envelopes available over coming months dedicated to COVID-19 integration and broader interest from donors
...but will also create platform for other upcoming life course vaccines

**Fig. 1. COVID-19 vaccine as part of a life course immunization approach to other health interventions**

<table>
<thead>
<tr>
<th>Pregnant women</th>
<th>Newborn (&lt;24 hours)</th>
<th>Infant (&lt;1 year)</th>
<th>Second year of life (12-23 months)</th>
<th>Child (2-8 years)</th>
<th>Adolescent (9-19 years)</th>
<th>Adult (20-64 years)</th>
<th>Older person (&gt;65 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTCV</td>
<td>BCG</td>
<td>DTPCV</td>
<td>PCV</td>
<td>DTPCV booster</td>
<td>Diphtheria booster</td>
<td>Seasonal influenza</td>
<td>Seasonal influenza</td>
</tr>
</tbody>
</table>

**Vaccines recommended by WHO for all immunization programmes**

**Vaccines recommended by WHO for certain regions/high risk populations/immunization programmes with certain characteristics**

<table>
<thead>
<tr>
<th>Pipeline of new life course vaccines*</th>
<th>Group B streptococcus RSV Zika</th>
<th>ETEC GAS Malaria (next gen) Norovirus RSV Shigella SPA</th>
<th>Malaria (next gen) GAS SPA RSV</th>
<th>Meningococcus</th>
<th>Chikungunya Gonococcus TB (next gen) CMV Meningococcus</th>
<th>Clostridium difficile Chikungunya TB (next gen) CMV HIV Pneumococcal</th>
<th>Clostridium difficile Chikungunya Norovirus RSV</th>
</tr>
</thead>
</table>

**Nutrition** Growth monitoring/nutrition counseling/vitamin A

**Malaria** Distribution LLINs/IPTi/SMC

**Neglected tropical diseases** Deworming

**Reproductive and maternal health services** Family planning services

**HIV services**

**WASH** Hygiene kit distribution

**Health promotion** Health counselling

**Noncommunicable disease screening**

* Based on data available as of March 2023; ** for caregiver

Source: WHO-UNICEF Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2023 and beyond
COVID-19 integration will look different across countries based on various factors

Factors determining country specification of COVID-19 integration *(non-exhaustive list)*

- Integration progress
- Country context and existing programmes
- COVID-19 vaccination target population
- Available funding
- Maturity of health digital systems
- Interconnectedness of service delivery across immunization areas
- Health governance landscape
WHAT is the global status of COVID-19 vaccination?

WHAT is COVID-19 integration?

WHY is COVID-19 integration important?

WHICH SUPPORT is available to countries for COVID-19 integration?
Four types of support available to integrating countries

**SUPPORT MATERIALS**
Guidelines, tools, checklists and other documents for COVID-19 integration

**TECHNICAL ASSISTANCE**
Capacity building resources available to support implementation

**POLITICAL ADVOCACY**
Overview of relevant stakeholders for COVID-19 integration buy-in

**FUNDING**
Training materials on deployment of Gavi CDS3 funding
Four types of support available to integrating countries

- SUPPORT MATERIALS
- TECHNICAL ASSISTANCE
- POLITICAL ADVOCACY
- FUNDING
Support package helps countries navigate towards COVID-19 integration

**THE MAP**
**Considerations for Integrating COVID-19 Vaccination**
Establishes global principles and overall framework, supporting countries to define national objectives for integrating COVID-19 vaccination along all health system building blocks

**THE LOCATION PIN**
**Integration Self-Assessment Tool**
Enables countries to conduct a situational analysis of the current state of COVID-19 integration along all health system building blocks in order to identify current strengths and focus areas

**THE COMPASS**
**Readiness Assessment Checklist (Annex 3 of Considerations)**
Supports countries to identify specific technical actions for incorporation in integration strategy and implementation in order to address gaps and challenges identified in self-assessment

**THE BOOTS**
**Implementation Support Documents**
Provides practical and action-oriented support (e.g., best practices, lessons learned) for implementation of global guidelines along health system building blocks and/or target population
To reach their goal of COVID-19 integration, we suggest countries deploy support materials in order as depicted in guidance document…

**STEP 1.** Initiating/building on integration

**STEP 2.** Planning and developing country integration plan

**STEP 3.** Implementation and monitoring

**STEP 4.** Post-integration follow-up actions

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**Integration Self-Assessment Tool**

**Readiness Assessment Checklist (Annex 3)**

**Implementation Support Documents**

(e.g., training materials for implementation at sub-national level – by M-RITE)

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Purpose of this document

Give explanation of COVID-19 integration, its relevance and examples of in-country implementation

Serve as repository for HQ, RO, and CO stakeholders on COVID-19 integration materials and support available

Provide overview of when and how to use different integration support materials and their linkages
## Additional materials | Available and upcoming resources on vaccination

<table>
<thead>
<tr>
<th>On integration</th>
<th>Vax health workers</th>
<th>Vax older adults</th>
<th>Vax pregnant women</th>
<th>Vax adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVID-19 vax specific</strong></td>
<td><strong>Compendium of best practices for COVID-19 vaccination</strong></td>
<td><strong>COMING SOON!</strong> Vaccinating older adults against COVID-19</td>
<td><strong>Questions and Answers: COVID-19 vaccines and pregnancy</strong></td>
<td><strong>FAQ how to integrate COVID-19 vax</strong></td>
</tr>
<tr>
<td><strong>DRAFT</strong> FAQ how to integrate COVID-19 vax</td>
<td><strong>Implementation guide for vaccination of health workers</strong></td>
<td><strong>How to implement seasonal influenza vaccination of health workers</strong></td>
<td><strong>How to implement seasonal influenza vaccination of pregnant women</strong></td>
<td><strong>Options for linking health interventions for adolescents with HPV vaccination</strong></td>
</tr>
<tr>
<td><strong>Non-COVID-19 vax specific but relevant</strong></td>
<td><strong>Working Together: an integration resource guide for immunization services throughout the life course</strong></td>
<td><strong>Under development</strong> Considerations for planning integrated campaigns: immunization and beyond</td>
<td><strong>Protecting all against tetanus</strong></td>
<td><strong>Resource page for school-based immunization and vaccination checks</strong></td>
</tr>
<tr>
<td><strong>Under development</strong> Considerations for planning integrated campaigns: immunization and beyond</td>
<td><strong>How to implement seasonal influenza vaccination of health workers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COVID-19 Vaccine Delivery Partnership**
Four types of support available to integrating countries

- SUPPORT MATERIALS
- TECHNICAL ASSISTANCE
- POLITICAL ADVOCACY
- FUNDING
Several partners exist for Technical Assistance on country-level COVID-19 integration – immunization experts, non-immunization experts, and funders.

**Immunization Experts**
- World Health Organization
- UNICEF
- Gavi

**Non-Immunization Experts**
- JSI
- Clinton Health Access Initiative
- PEPFAR

**Funders**
- The World Bank
- The Global Fund
- PEPFAR
- UNAIDS

Note: Partners clustered based on their strongest presence in immunization/non-immunization activities, some actors involved in both across (e.g., UNICEF, WHO, JSI)
Four types of support available to integrating countries

- SUPPORT MATERIALS
- TECHNICAL ASSISTANCE
- POLITICAL ADVOCACY
- FUNDING
Dedicated network of contacts and platforms to be leveraged for support on political advocacy

Access to **WHO Intercountry Support Team (ISTs)** for cross-agency coordination, across all immunization activities

Access to **UNICEF Country Office** for support across all immunization activities

Direct **Gavi Senior Country Manager support** on Gavi grant management cycle, for all vaccine programmes, HSS and support types

Access to the **Interagency Coordinating Committee (ICC)**, to coordinate with partners and get support on immunization programmes as well as prevention and control of VPDs

*non-exhaustive*
Four types of support available to integrating countries

- SUPPORT MATERIALS
- TECHNICAL ASSISTANCE
- POLITICAL ADVOCACY
- FUNDING
APPLICATION FORM FOR COVID-19 VACCINE DELIVERY (CDS)

3rd FUNDING ENVELOPE OF SUPPORT

Purpose of this document
Collect countries’ CDS funding request for the 3rd funding window, in particular for activities related to integration – until end of 2023

High-level content
- Part A: Minister’s signatures
- Part B: Checklist for mandatory attachments
- Part C: Key application data and absorption of past CDS funds
- Part D: Summary of Application, Technical Assistance & Financial Support

Purpose of this document
Provide guidelines to request a CDS funding with detailed explanation on CDS funding process, objectives and enablers

High-level content
- Summary of key updates to third CDS funding window
- Guiding principles and objectives of the CDS 3rd funding window
- Enablers to achieve the objectives
- How to request support (financial request, budget template, reporting)

Source: COVAX AMC Application Documents, Available in English and French
Countries can kick off COVID-19 integration with the support package via virtual working session or field mission

Virtual working session
Session held remotely with WHO, UNICEF and Gavi Country Office and in-country stakeholders (e.g., ACDC, CHAI, etc.) to introduce integration support package and collect information on country's integration status via Self-Assessment Tool

In-country field mission
In-country session with WHO, UNICEF and Gavi Country Office, govt stakeholders, and in-country partners (e.g., ACDC, CHAI, etc.) to introduce integration support package, collect information on country's integration status, and support initial implementation planning
Integration of COVID-19 vaccination with routine immunization and primary healthcare interventions: Experience from the United Republic of Tanzania

Dr. TINUGA, Florian – Program Manager, Immunization and Vaccines Development Program (IVD), Ministry of Health, Tanzania.

19th April, 2023
Presentation outline

• Tanzania country brief and immunization status
• Rationale for integrating COVID-19 with Routine immunization
• Integration approaches used
• Policy /guidance materials & health worker orientations about integrated approach
• Lessons learned thus far on integrated approach
• Tanzania is a country in East Africa with 947,300 km² and an estimated population of 61,280,743 (NBS, 2022).
• The national immunization program (EPI) was established in 1975
• The immunization target is over 2 million surviving infants, and 30.7 million people aged +18 years, for routine immunization and Covid-19, respectively.

Map showing countries bordering Tanzania
Courtesy of Wikipedia
COVID-19 vaccination status in Tanzania

- As of 11th April, 2023 a total of 30.7m (53.14% of country population) were fully vaccinated
- This is an increase of 75% full vaccination coverage since March, 2022.

<table>
<thead>
<tr>
<th>S/No</th>
<th>Type of vaccines</th>
<th>Fully vaccinated URT</th>
<th>Mainland</th>
<th>Zanzibar</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Janssen</td>
<td>27,659,631</td>
<td>27,401,241</td>
<td>258,390</td>
</tr>
<tr>
<td>2</td>
<td>Sinopharm</td>
<td>2,883,330</td>
<td>2,879,241</td>
<td>4,089</td>
</tr>
<tr>
<td>3</td>
<td>Pfizer</td>
<td>1,376,547</td>
<td>1,366,884</td>
<td>9,663</td>
</tr>
<tr>
<td>4</td>
<td>Moderna</td>
<td>93,415</td>
<td>93,415</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Sinovac</td>
<td>527,511</td>
<td>460,235</td>
<td>67,276</td>
</tr>
<tr>
<td>6</td>
<td>Sputnik L</td>
<td>25,000</td>
<td>0</td>
<td>25,000</td>
</tr>
</tbody>
</table>

COVID-19 vaccine doses used in Tanzania
Rationale for integrating COVID-19 with routine immunization in Tanzania

- Integrating COVID-19 vaccination with routine immunization /other services and program
  - Disruption in routine immunization services that caused high number of zero-dose children and dropout rate for almost all type of vaccines in many districts (102/195; 52%)
  - An increased risk of Vaccine Preventable Diseases (VPD) outbreaks
  - Increases the opportunity for a more client-centred approach by delivering packages of health services that better respond to clients' needs across their life course
  - Provides greater opportunity to improve coverage, access, acceptability, effectiveness and cost effectiveness of Immunization Services
Integration approaches used – national level

- Engagement of key stakeholders – National Immunization TWGs, Donors, Implementing Partners, Politicians and religious leaders
- Development of the National COVID-19 vaccination integration guidelines including tools for performance monitoring
  - Draft available
- Key Consideration
  - Designing contextually sustainable integration model
  - Identifying entry points – target group, services, programs
  - Discuss challenges and enablers of a successful integration approach
  - Using evidence and field level experience to address Immunization service uptake barriers
  - Using existing service delivery platform/approaches – to reinforce integration
Integration approaches used – *sub-national* level

- Change mindset – *rationale for integration among supervisors & HCWs*
- Maximize existing resources to expand additional services/achieve more
- Joint planning with Regional/Council Health Management Teams (R/CHMTs) – Road Map
  - **What to integrate** – vaccination services, distribution of vaccines, resources (*human, financial, materials*), messages and using other service platform to integrate vaccination services (FP, OPD, HIV etc)
  - **How to integrate** – same roof with integrated services or same HCWs support multiple services or outline services and days for outreach session, select - *Vaccination TEAM for Integrated Service delivery*
  - **Where to integrate**
    - Both Facility and community services for both - COVID-19 & RI including HPV and other health services like NCD clinics, and HIV services
    - Household-COVID 19 & RI, School-HPV * COVID 19
  - Orientation of supervisors, HCWs and CHWs/Mobilizers
Integration approaches used – achievement

- CDC was able to integrate COVID-19 vaccination in routine facility and community HIV/TB services in 11 supported regions and Zanzibar where they were able to vaccinate 781,170 (~98%) of total People living with HIV (PHIV) by Feb 2023.
- The following data indicates achievement during a 7 days COVID-19/RI Integrated Outreach contribution in March 2023, Arusha, Kagera, Morogoro for 3 days in Manyara.

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of vaccinated clients</th>
<th>males</th>
<th>females</th>
<th>Regional total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kagera</td>
<td></td>
<td>26,195</td>
<td>31,900</td>
<td>58,095</td>
</tr>
<tr>
<td>Arusha</td>
<td></td>
<td>1,987</td>
<td>3,325</td>
<td>5,312</td>
</tr>
<tr>
<td>Manyara</td>
<td></td>
<td>367</td>
<td>512</td>
<td>879</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>28549</td>
<td>35,737</td>
<td>64,286</td>
</tr>
</tbody>
</table>

Number of children vaccinated with PENTA 3 during MCGL supported integrated outreach in March 2023:

- Ausha: 4222
- Kagera: 1716
- Manyara: 1466
- Morogoro: 1259

Number vaccinated with MR1 during MCGL supported integrated Outreach:

- Ausha: 5458
- Kagera: 2690
- Manyara: 625
- Morogoro: 8790
Lessons learnt on the integration approach – 1/2

- Change in mindset among health workers and their supervisors – *great success factor at all levels*
- Practical and doable approach – *if use existing platform of service delivery points /settings*
- For effective integration, *joint planning and orientation of key actors* from all levels on the ground is key from the beginning of implementation
- Mapping and focusing on high volume sites and low coverage areas is critical to maximize uptake of integrated immunization services
- Engagement of CHWs, Community leaders is key during implementation – play significant role to inform community and track performance
Lessons learnt on the integration approach – 2/2

• Development of integrated monitoring tool that captures performance for integrated services is crucial

• Creating vaccinations teams and outlining roles and responsibilities from the beginning is key (vaccination, documentation, community sensitization/mobilization)

• Opportunity exist to integrate immunization with other services/programs i.e., HIV, TB, Family Planning, MNCH, Non communicable diseases etc
Operational challenges

Work Overload for HCWs
Filling Data collection tools

Cost? Transport
Competing Priorities
Distance
Shortage of Staff
Thank you for listening
Asanteni!
MOMENTUM Routine Immunization Transformation and Equity

Developments to support COVID-19 vaccination integration
April 19, 2023
Rebecca Fields, Immunization Technical Lead
TOPICS TO BE DISCUSSED

**TOPIC 01**
Country case studies on COVID-19 vaccination integration

**TOPIC 02**
Development of a training/planning package on COVID-19 vaccination integration for subnational levels
• **Background:** Countries are transitioning from broad campaign-style strategies for COVID-19 vaccination to more targeted approaches to reach priority groups.

• **Management of case studies:** Collaborative effort led by two USAID-supported projects: MOMENTUM Routine Immunization Transformation and Equity and Health System Strengthening Accelerator.

• **Objective of case studies is to generate:**
  1. Evidence on COVID-19 vaccination integration with routine immunization and/or other health interventions, assessing what has or has not worked well concerning integration.

  2. Considerations and ideas for future delivery of COVID-19 vaccination (focus performance, integration, and sustainability) in the eventual post-resource abundant context.

• **Goal:** Results will be used to assist lower and middle income countries learn what they can do for effective integration of the functions of COVID-19 vaccination efforts.
OVERALL APPROACH TO CASE STUDIES ON COVID-19 INTEGRATION

• Protocol organized around health system building blocks

• Approach broadly corresponds to UNICEF’s framework for COVID-19 vaccination integration

• Eight country case studies:
  o Four in-person
  o Four virtual

• To be conducted over next 3-4 months
MULTI AGENCY ADVISORY GROUP FOR COUNTRY CASE STUDIES

REPRESENTATIVES FROM
• USAID
• CDC
• WHO
• UNICEF
• Gavi
• CSO
• National immunization program

TERMS OF REFERENCE
1. Participate in three meetings
2. Provide feedback on overall approach
3. Provide complementary documents and information
4. Facilitate collaboration
5. Review findings from first country/pilot
6. Review and provide feedback on assessment findings and recommendations
7. Assist with dissemination of products
CRITERIA FOR COUNTRY SELECTION

COUNTRIES THAT REPRESENT A MIX:

- Innovators in integration
- Geographic diversity
- Performance for COVID-19 vaccination and routine immunization
- USAID priority countries
- Presence of MOMENTUM Routine Immunization and Health System Strengthening Accelerator project

Provincial workshop in Mozambique on COVID-19 integration, March 2023
AGENDA FOR IN-COUNTRY VISITS (APPROXIMATELY 10 DAYS)

Interviews and group discussions with:

- MOH; National Immunization Program; health programs serving priority groups (HIV, TB, MCH, NCDs); national health insurance authorities; PHC, systems, and financing leaders
- Other government bodies involved with the Covid-19 response (e.g., prime minister’s office, presidency, emergency response agencies)
- Representatives of priority groups (health-oriented CSOs/NGOs, diabetes and heart health associations, PLHIV, older adults, etc.)
- Representatives of private providers who collaborated on COVID-19 vaccination
- Managers responsible for COVID-19 vaccination at subnational levels
- External partners (WHO, UNICEF, bilateral agencies and projects supporting health)

Optional: field visit to observe integrated (or not) COVID-19 vaccination

Collection and review of key documents not obtained in advance

Debriefing to share key findings
Integrating covid-19 vaccination into existing services poses new managerial challenges at district and service delivery point levels:

- Identifying which services to integrate with in order to reach high priority populations
- Recognizing and addressing contextual variations across districts (e.g., urban/rural)
- Adapting existing management functions such as cold chain, data management, etc. to support integrated service delivery
- Assessing how integration affects the workload and responsibilities of health workers who have not previously provided vaccination
BACKGROUND:
Decisions about COVID-19 vaccination integration are largely made at national levels but implemented at subnational levels.

OBJECTIVE:
Provide practical guidance that enables provincial and district health managers to prepare and support district health personnel in identifying and planning steps needed to integrate COVID-19 vaccination into existing services in their own health care settings.

PROPOSED FORMAT:
Facilitators guide plus tools for two-day workshop
FACILITATING TWO-DAY SUBNATIONAL TRAINING AND PLANNING WORKSHOP: (under development)

BEFORE
- Assemble national policy decisions on covid vaccination
- Gather information on size, location of high priority populations for covid vaccination
- Identify and invite appropriate stakeholders

DURING
- Jointly review national policies on covid vaccination
- Agree on context-specific service delivery strategies to reach high priority groups
- Plan for changes needed for management functions (e.g., human resources, supply chain, communication)
- Identify resource needs for integration
- Identify next steps and roles/responsibilities

AFTER
- Assess feasibility and impact of proposed changes
- Revise existing microplans for immunization
- Secure resources for implementation
- Adapt or create new materials (e.g., training and supervision materials, SOPs for vaccine management, data collection tools and processes)
- Follow-up monitoring
POLL QUESTIONS

1. If you were working at district level to integrate COVID-19 vaccination into PHC, what would you see as the TOP CHALLENGES to successful implementation?

2. If you were working at district level to integrate COVID-19 vaccination into primary health care, what would you see as the TOP ENABLERS (things needed) for successful implementation?

3. At district level, who would be the most important people from outside of immunization to involve in planning for integrating COVID-19 vaccination into primary health care?
THANK YOU

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Q&A and Discussion