



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

COVID-19 Vaccine
DELIVERY PARTNERSHIP



- **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

Current	1-Month Change	
13.3bn	94M	doses of COVID-19 vaccines have been administered globally
89 %	-0%	of health workers have received a complete primary series across WHO MS
82 %	-0%	of older adults have received a complete primary series across WHO MS
66 %	-0%	of the general population has received a complete primary series across WHO MS – 23% in LICs

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



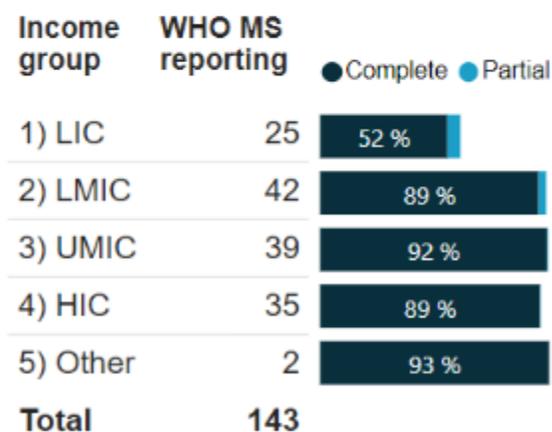
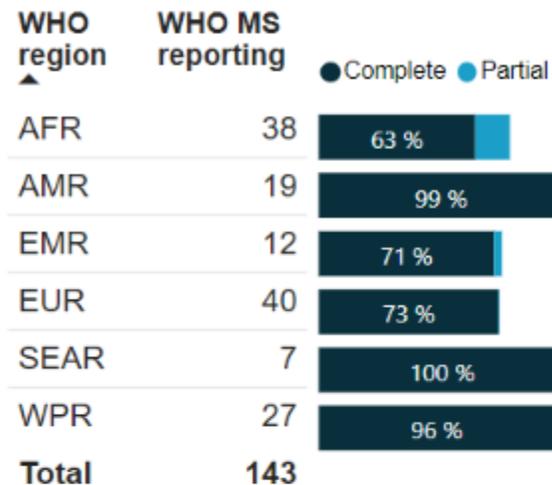
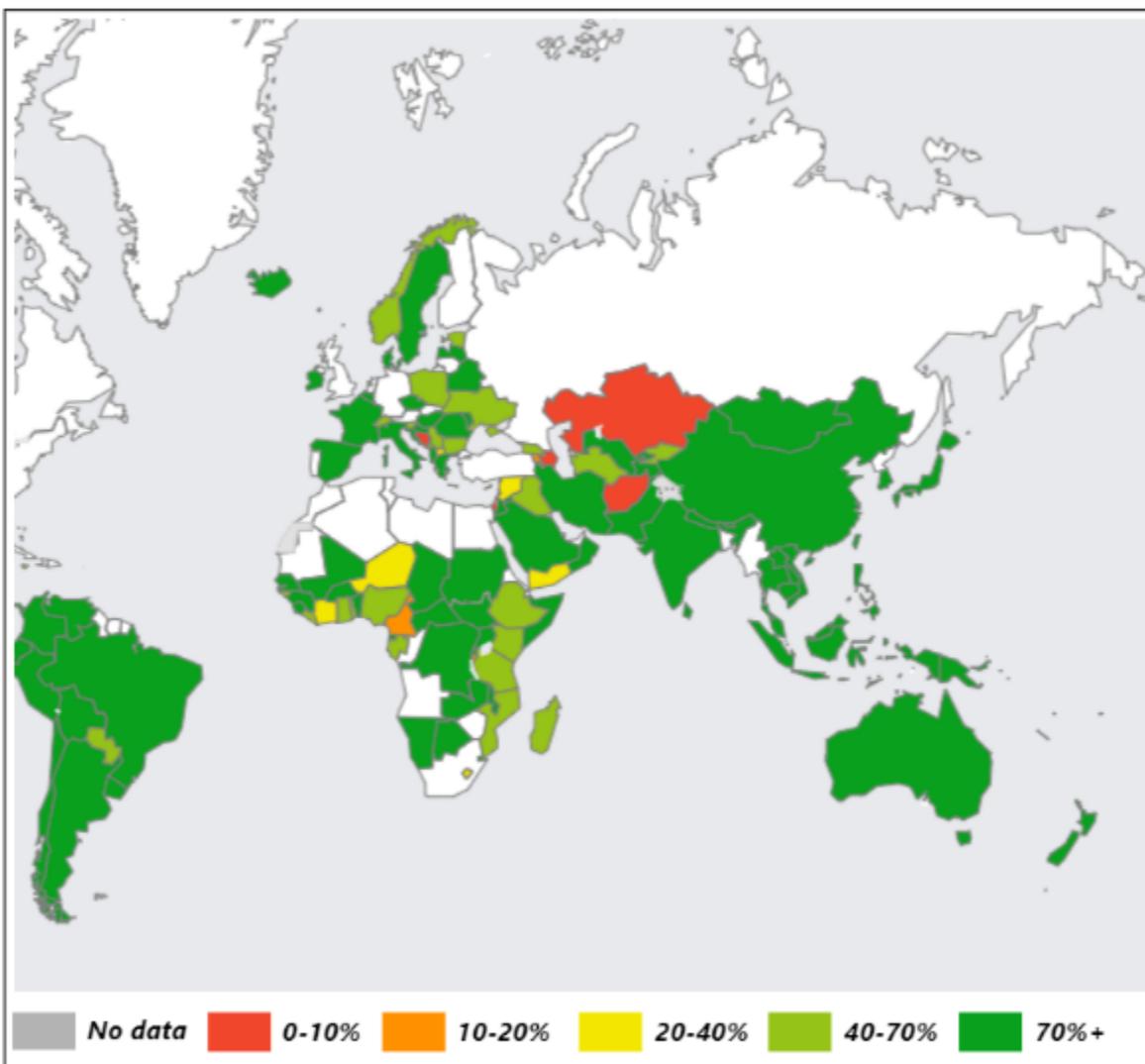
Member States have vaccinated **more than 10% of their population**

186



Member States have **started booster / additional dose programs**

Healthcare worker coverage across reporting WHO Member States



143

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

59 %

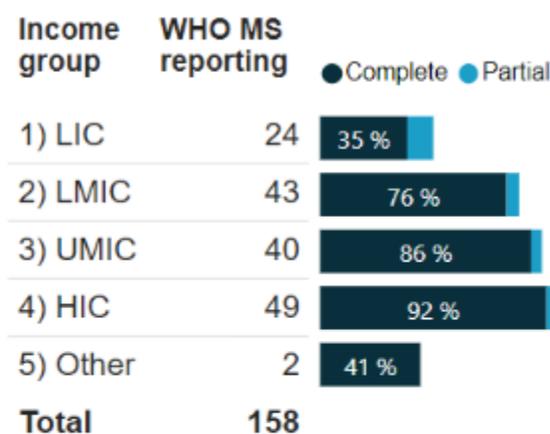
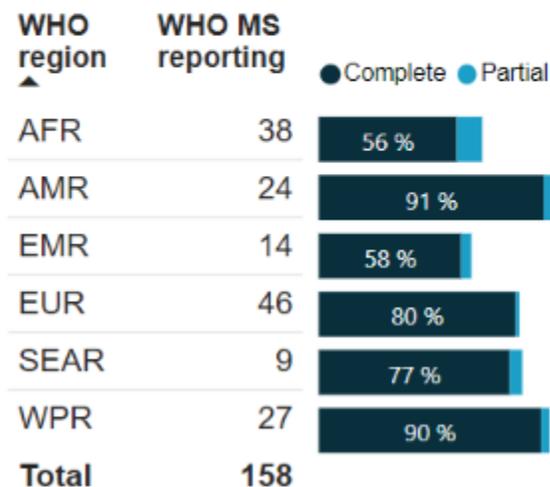
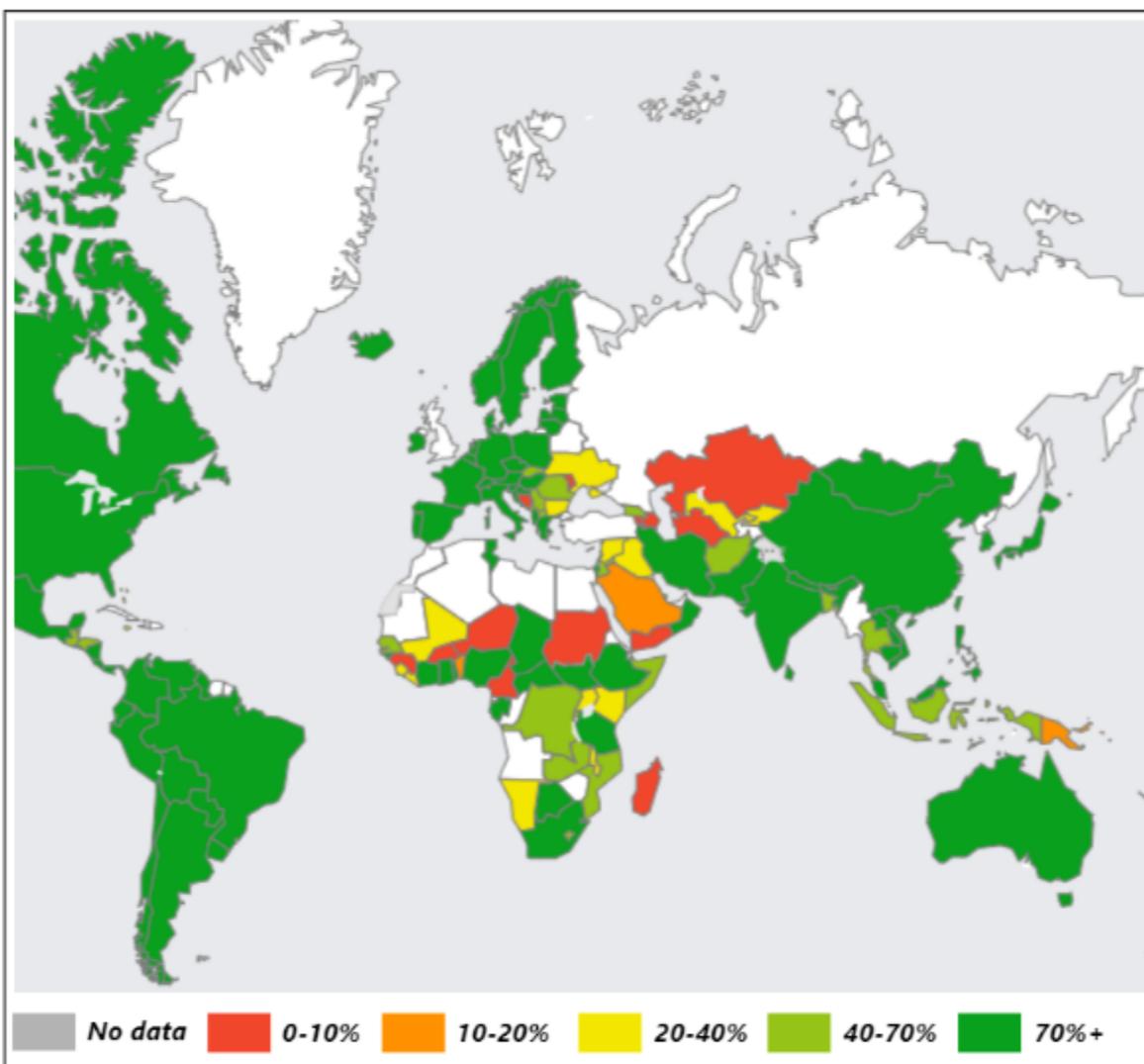
of healthcare workers are in reporting WHO MS of total healthcare workers in all WHO MS

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



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 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 / UNICEF Considerations for Integrating COVID-19 Vaccination

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)

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?
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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

	 Pregnant women	 Newborn (<24 hours)	 Infant (<1 year)	 Second year of life (12–23 months)	 Child (2–9 years)	 Adolescent (9–19 years)	 Adult (20–64 years)	 Older person (>65 years)
Vaccines recommended by WHO for all immunization programmes	TTCV Seasonal influenza COVID-19	BCG Hep B-BD	DTPCV Measles Rubella HepB PCV Rotavirus Hib PolioRota-virus	DTPCV booster Measles PCV3 (if 2+1 schedule) COVID-19	Diphtheria booster Tetanus booster COVID-19	Diphtheria booster Tetanus booster HPV COVID-19	Seasonal influenza COVID-19	Seasonal influenza COVID-19
Vaccines recommended by WHO for certain regions/high risk populations /immunization programmes with certain characteristics			Japanese encephalitis Meningococcus Rabies Seasonal influenza TCV Yellow fever	Cholera Hepatitis A Meningococcus Mumps Seasonal influenza Rabies TCV Varicella	Cholera Rabies TCV	Cholera Dengue Rabies TCV	Cholera Dengue Rabies	Cholera Pneumococcus Rabies
Pipeline of new life course vaccines*	Group B streptococcus RSV Zika	TB (next gen)	ETEC GAS Malaria (next gen) Norovirus RSV Shigella SPA	Malaria (next gen) GAS SPA RSV	Meningococcus	Chikungunya Gonococcus TB (next gen) CMV Meningococcus	Clostridium difficile Chikungunya TB (next gen) CMV HIV Pneumococcal	Clostridium difficile Chikungunya Norovirus RSV TB (next gen)
Nutrition Growth monitoring/nutrition counseling/vitamin A								
Malaria Distribution LLINs/IPT/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



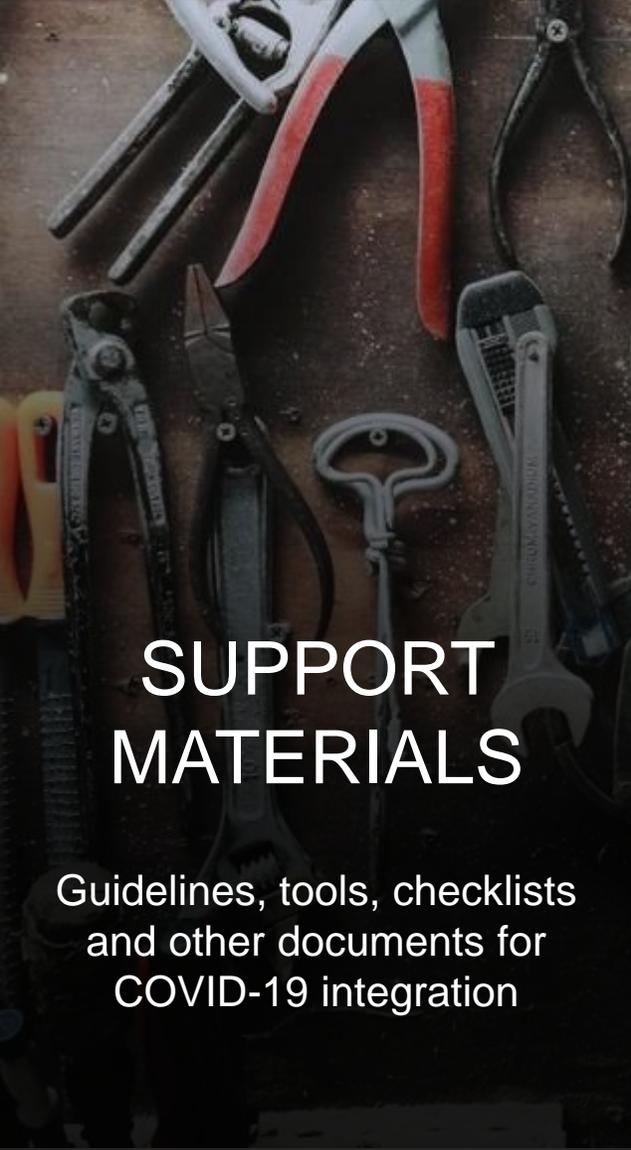
Health **governance** landscape

- **WHAT** is the global status of COVID-19 vaccination?
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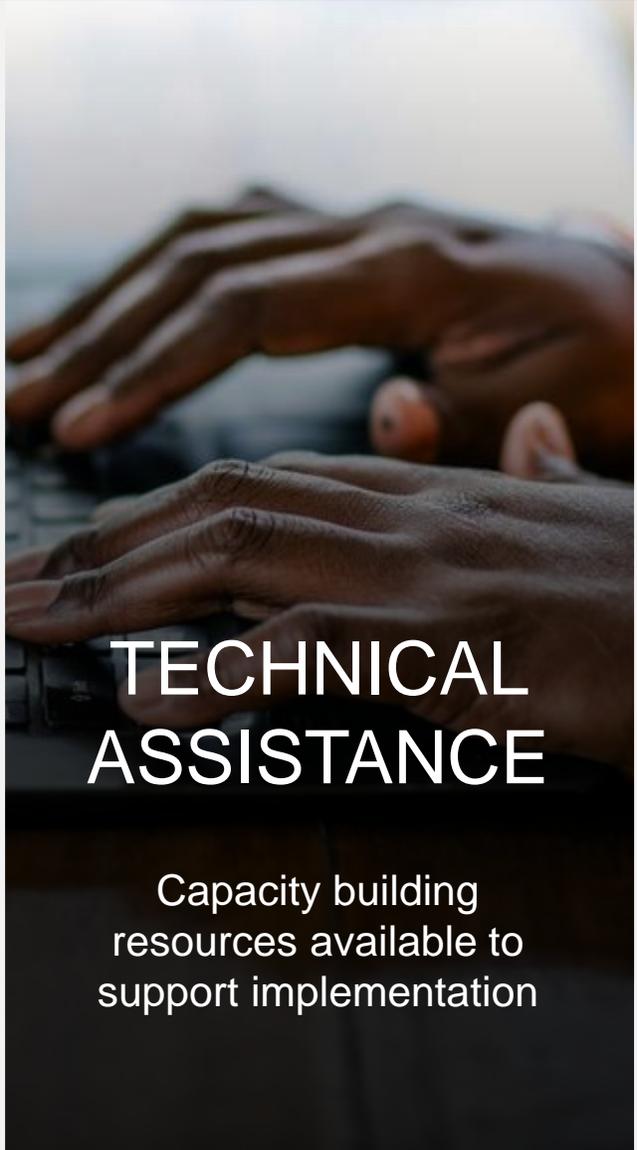


Four types of support available to integrating countries



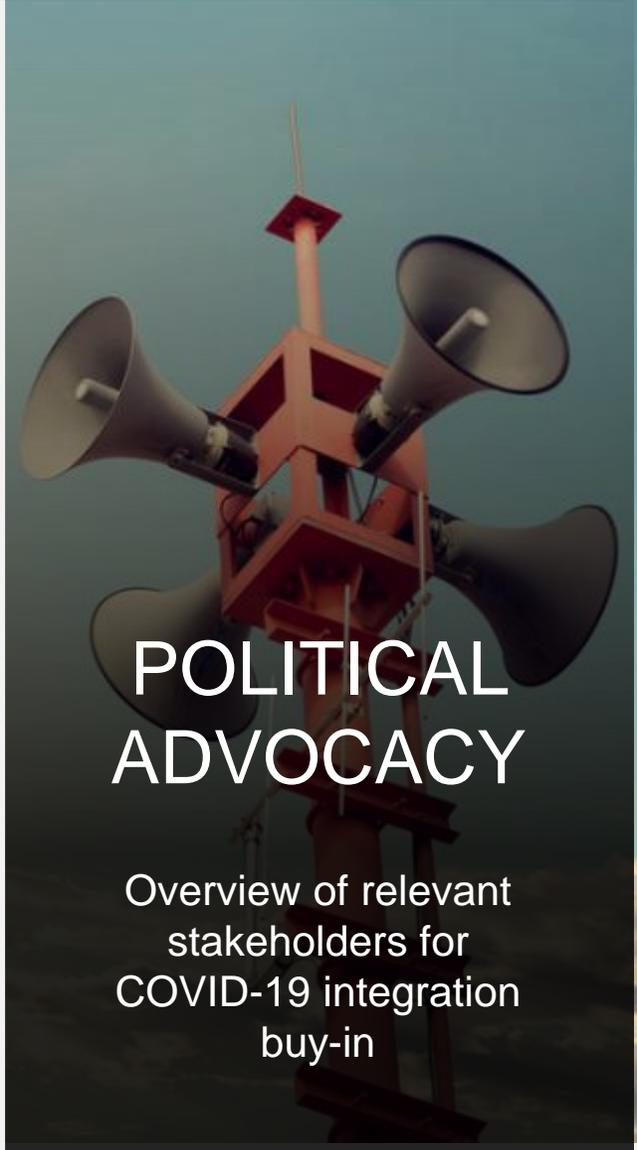
SUPPORT MATERIALS

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

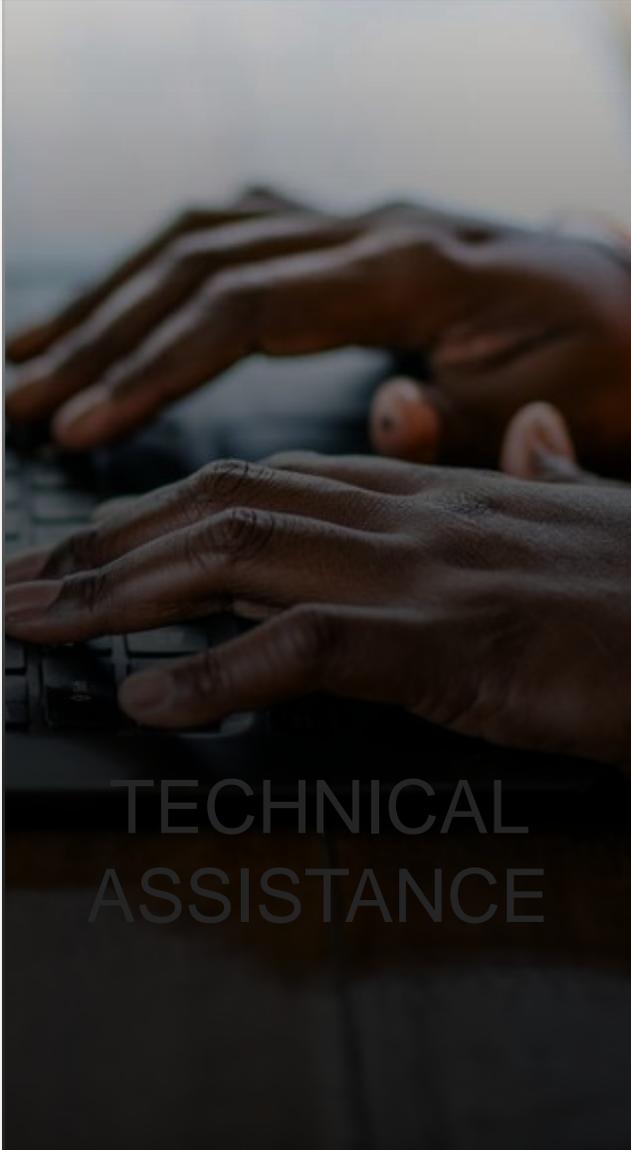
Training materials on deployment of Gavi CDS3 funding



Four types of support available to integrating countries



**SUPPORT
MATERIALS**



TECHNICAL
ASSISTANCE

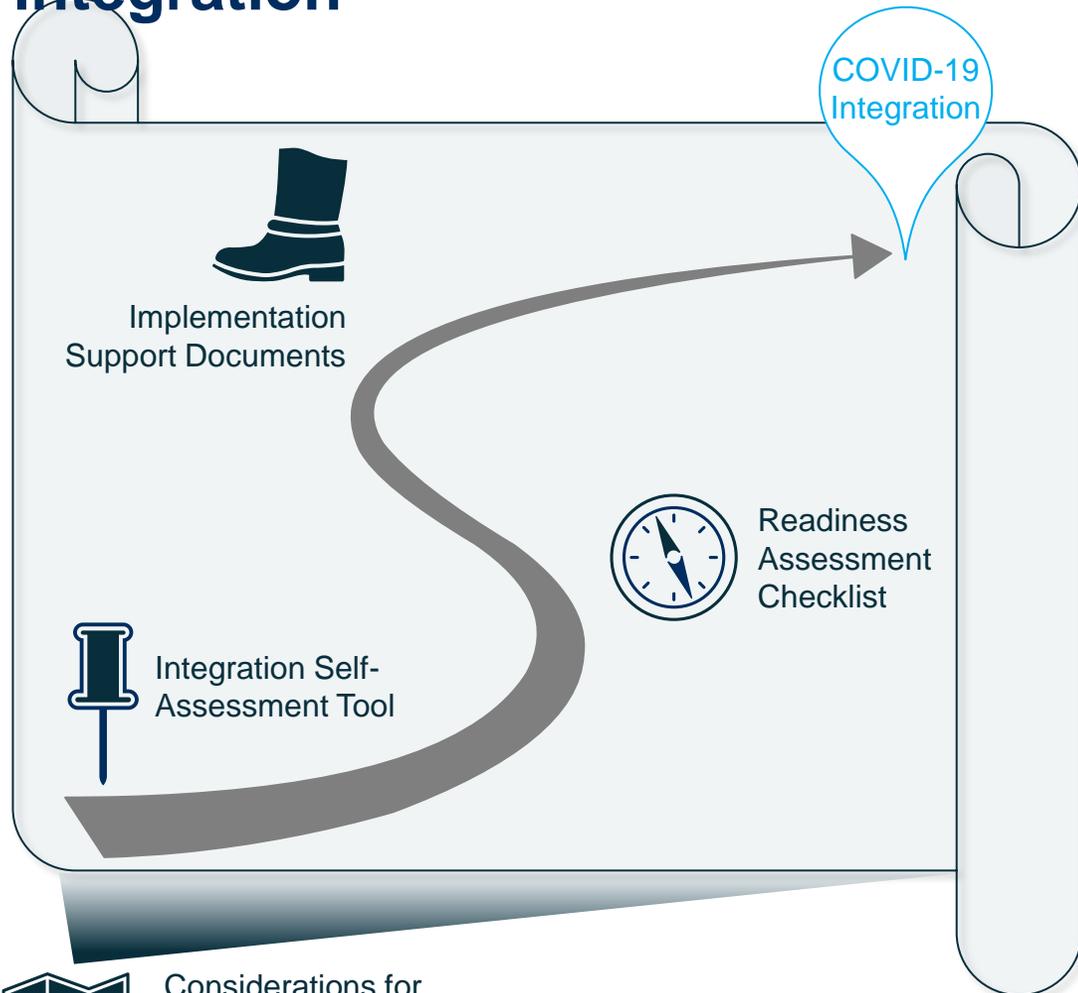


POLITICAL
ADVOCACY



FUNDING

Support package helps countries navigate towards COVID-19 integration



Considerations for 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

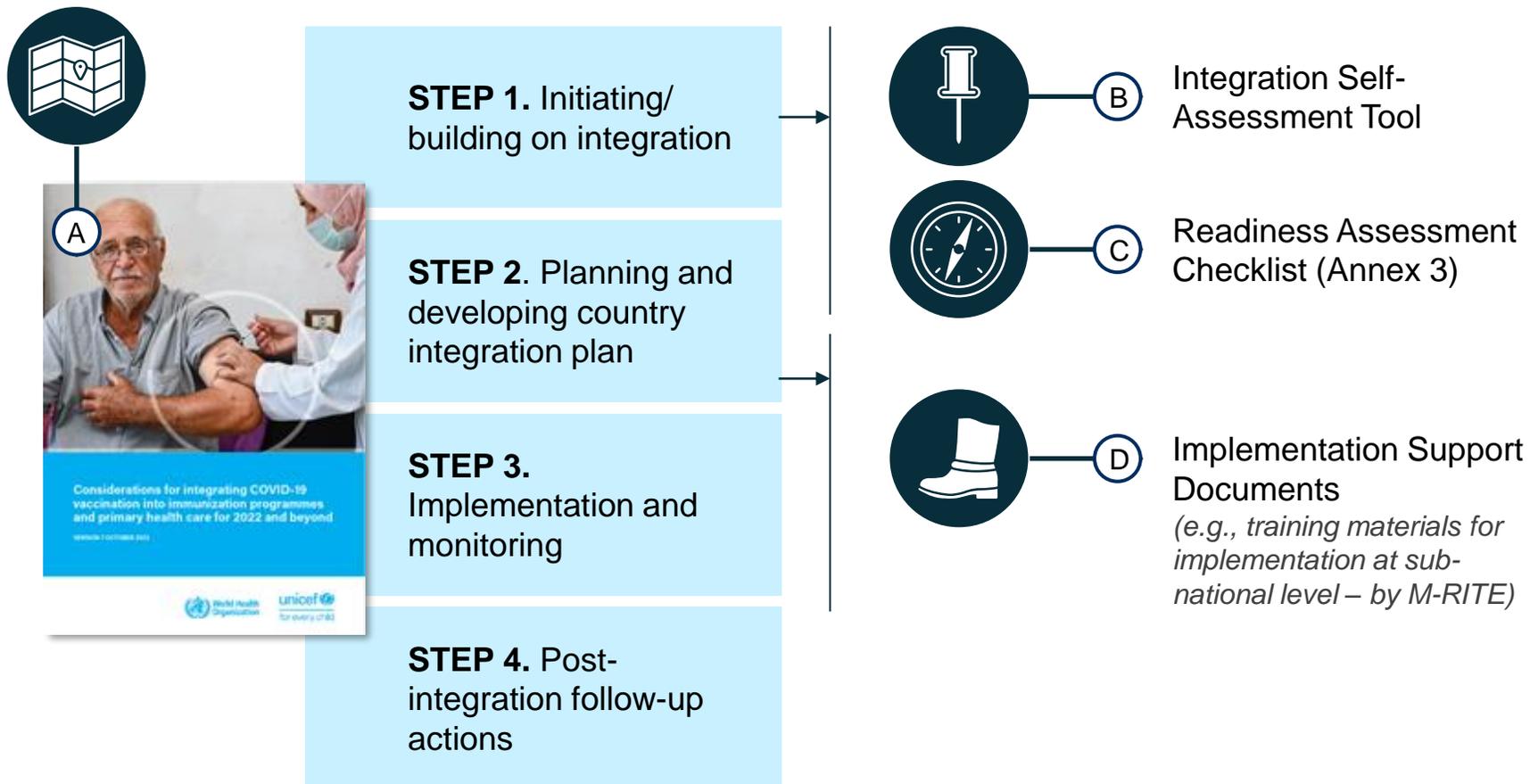


THE BOOTS

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

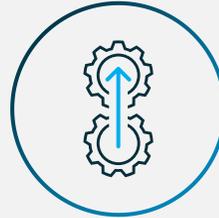
To reach their goal of COVID-19 integration, we suggest countries deploy support materials in order as depicted in guidance document...



...but can adapt approach based on context

Details on next slide

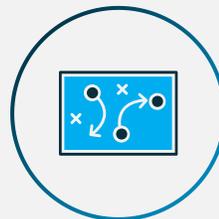
Purpose of this document



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



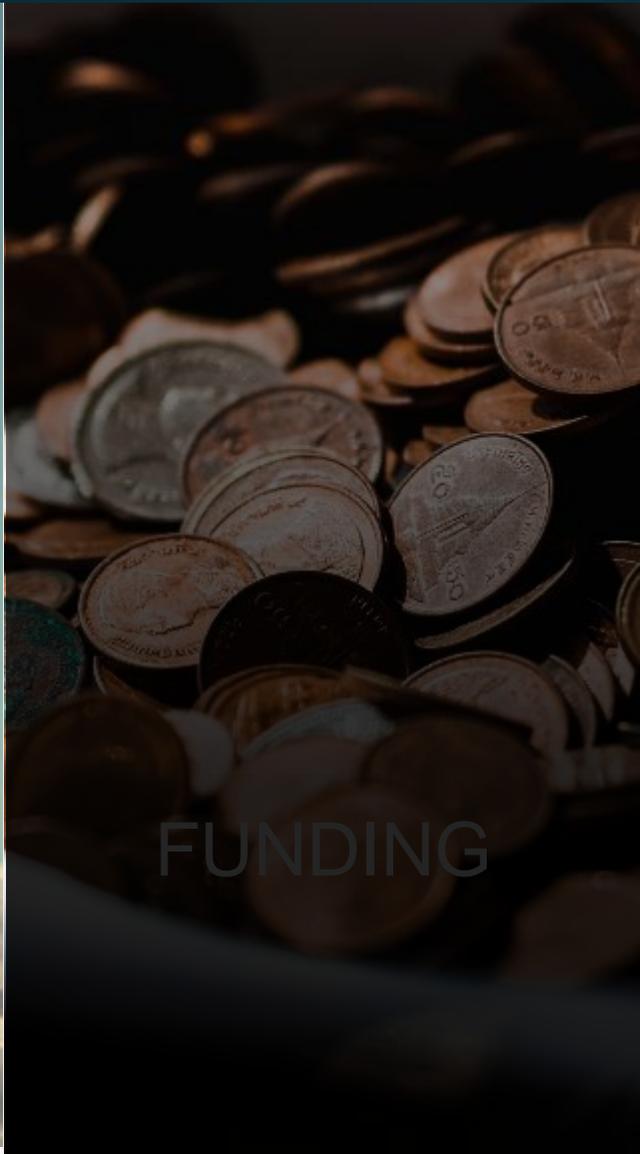
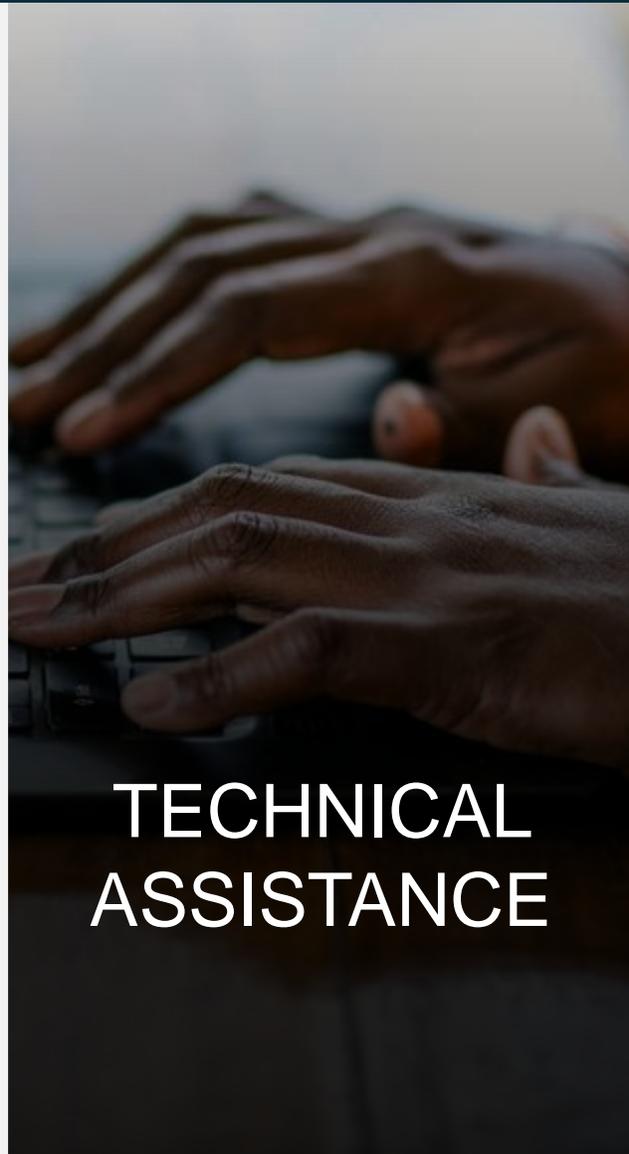
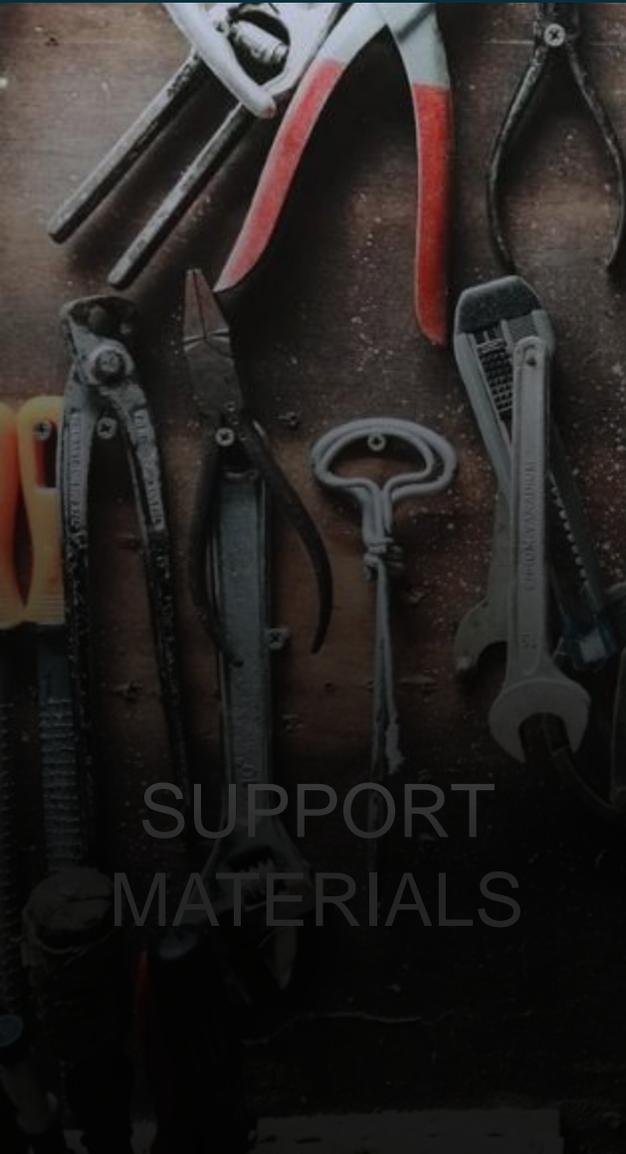
Provide **overview of when and how to use different integration support materials** and their linkages

Additional materials | Available and upcoming resources on vaccination

	On integration	Vax health workers	Vax older adults	Vax pregnant women	Vax adolescents
<p>COVID-19 vax specific</p>	<p>Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond</p> <p> DRAFT FAQ how to integrate COVID-19 vax</p>		<p> COMING SOON! Vaccinating older adults against COVID-19</p>	<p>Questions and Answers: COVID-19 vaccines and pregnancy</p>	
<p>Non-COVID-19 vax specific but relevant</p>	<p>Working Together: an integration resource guide for immunization services throughout the life course</p> <p>Under development Considerations for planning integrated campaigns: immunization and beyond</p>	<p>Implementation guide for vaccination of health workers</p> <p>How to implement seasonal influenza vaccination of health workers</p>		<p>How to implement seasonal influenza vaccination of pregnant women</p> <p>Protecting all against tetanus</p>	<p>Options for linking health interventions for adolescents with HPV vaccination</p> <p>Resource page for school-based immunization and vaccination checks</p>



Four types of support available to integrating countries



Several partners exist for Technical Assistance on country-level COVID-19 integration – immunization experts, non-immunization experts, and funders



Immunization Experts

non-exhaustive



Non-Immunization Experts

non-exhaustive



Funders

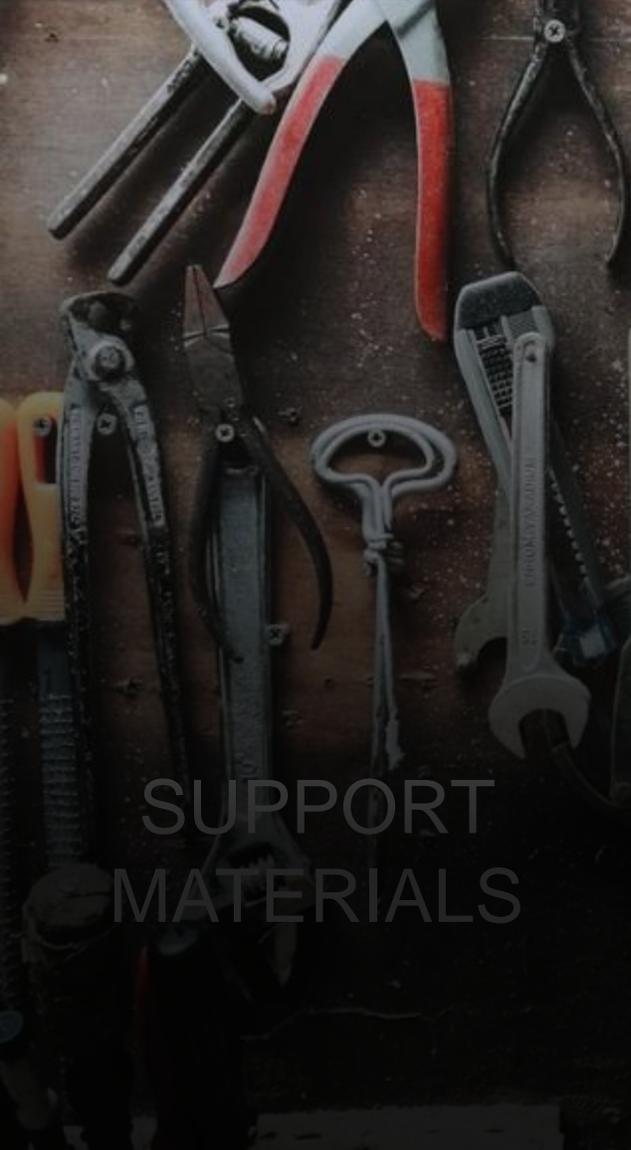
non-exhaustive



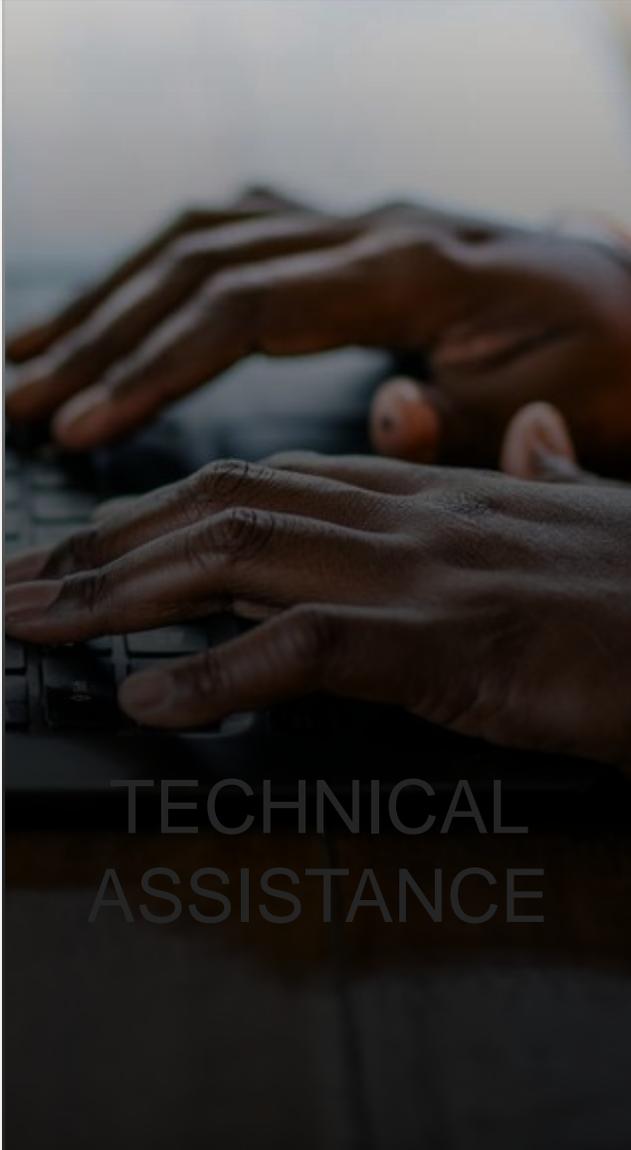
Note: Partners clustered based on their strongest presence in immunization/non-immunization activities, some actors involved in both across (e.g., UNICEF, WHO, JSI)



Four types of support available to integrating countries



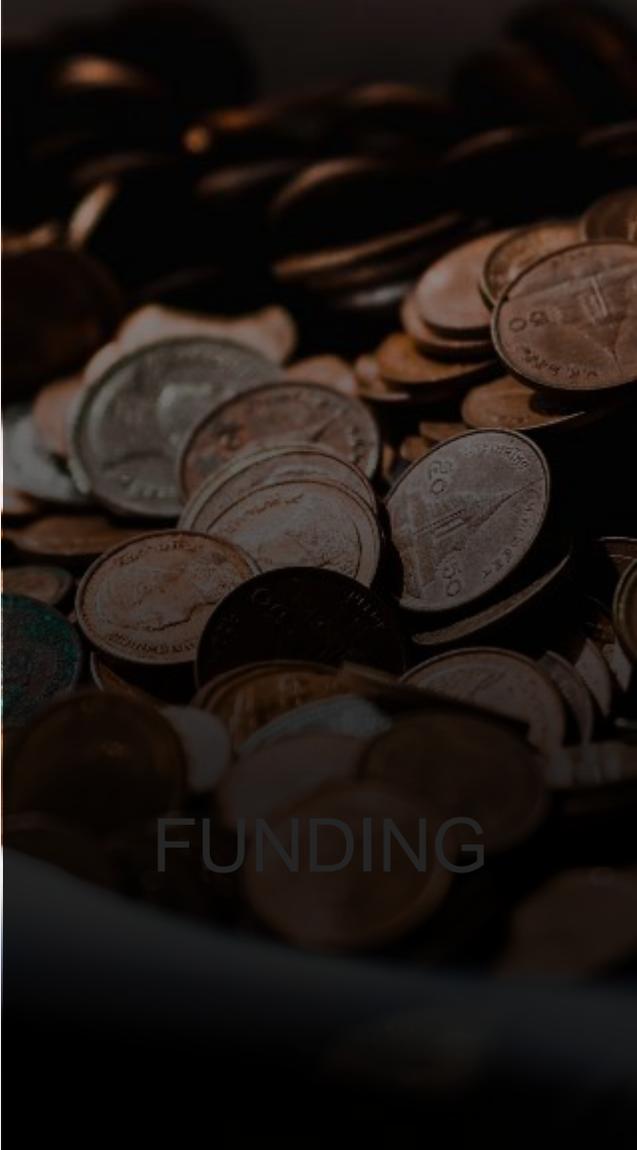
SUPPORT
MATERIALS



TECHNICAL
ASSISTANCE



POLITICAL
ADVOCACY



FUNDING

Dedicated network of contacts and platforms to be leveraged for support on political advocacy

non-exhaustive

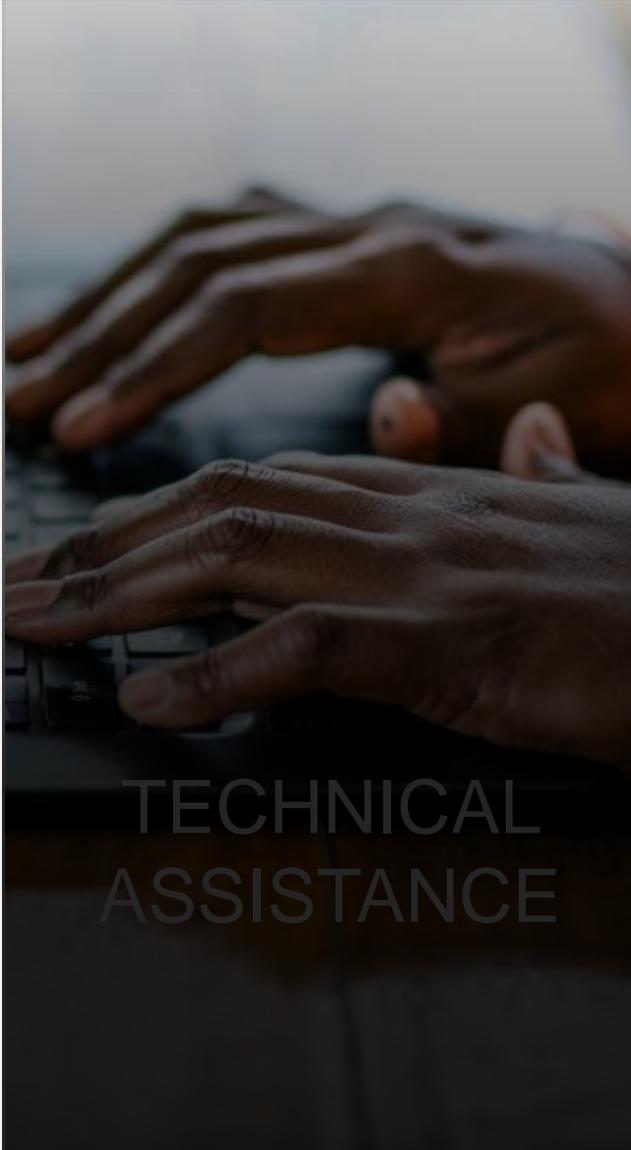




Four types of support available to integrating countries



SUPPORT
MATERIALS



TECHNICAL
ASSISTANCE



POLITICAL
ADVOCACY



FUNDING

APPLICATION FORM FOR COVID-19 VACCINE DELIVERY (CDS)

3rd FUNDING ENVELOPE OF SUPPORT



[Click here to access](#)



Purpose of this document

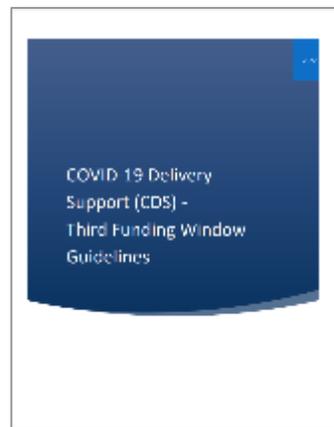
Collect countries' **CDS funding request** for the 3rd funding window, in particular for **activities related to integration** – until end of 2023

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



[Click here to access](#)



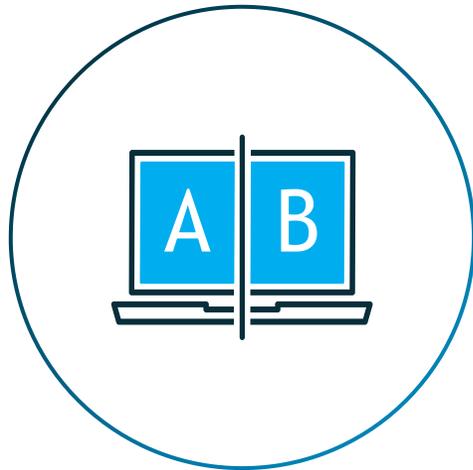
Purpose of this document

Provide **guidelines to request a CDS funding** with detailed explanation on CDS funding process, objectives and enablers

High-level content

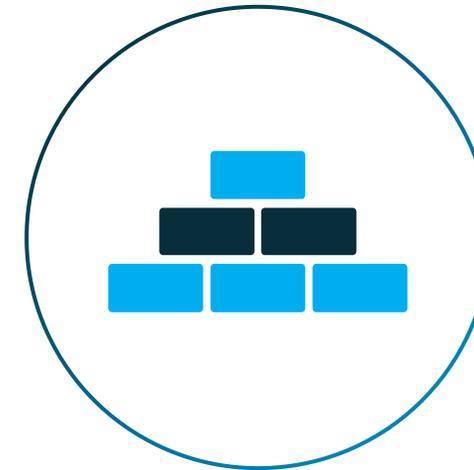
- Summary of key updates to third CDS funding window
- Guiding principles and objectives of the CDS 3rd funding window
- Enablers to achieve the objectives
- How to request support (financial request, budget template, reporting)

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



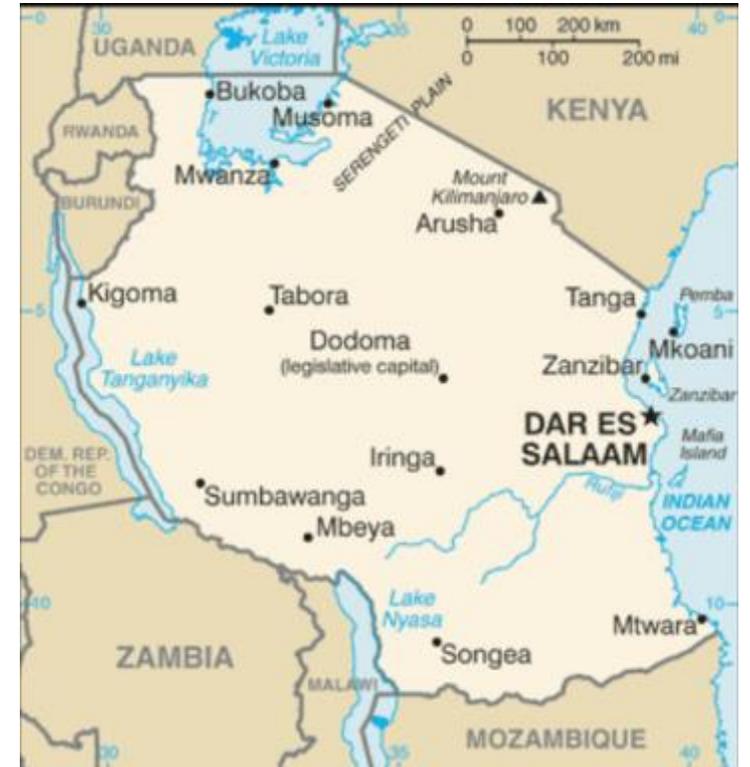
- Tanzania country brief and immunization status
- Rationale for integrating COVID-19 with Routine immunization
- Integration approaches used
- Policy /guidance materials & health worker orientations about integrated approach
- Lessons learned thus far on integrated approach



Tanzania country brief and immunization status – 1/3



- 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.

S/No	Type of vaccines	Fully vaccinated URT	Mainland	Zanzibar
		32,565,386	32,200,968	364,418
1	Janssen	27,659,631	27,401,241	258,390
2	Sinopharm	2,883,330	2,879,241	4,089
3	Pfizer	1,376,547	1,366,884	9,663
4	Moderna	93,415	93,415	0
5	Sinovac	527,511	460,235	67,276
6	Sputnik L	25,000	0	25,000



COVID-19 vaccine doses used in Tanzania

House to house Covid-19 vaccination during intensification in Babati district



Rationale for integrating COVID-19 with routine immunization in Tanzania



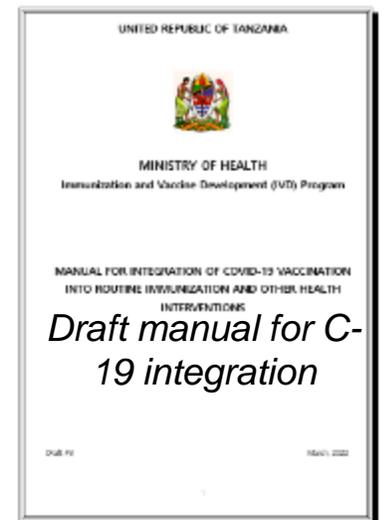
- Integrating COVID-19 vaccination with routine immunization /other services and program
 - *Disruption in routine immunization services that caused high number of zero-dose children and dropout rate for almost all type of vaccines in many districts (102/195; 52%)*
 - *An increased risk of Vaccine Preventable 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*



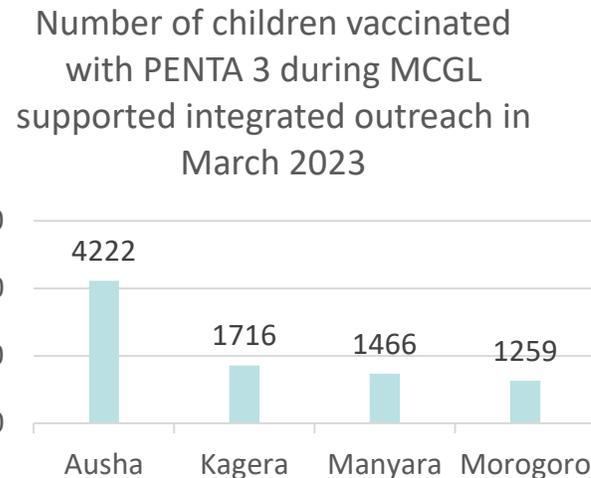
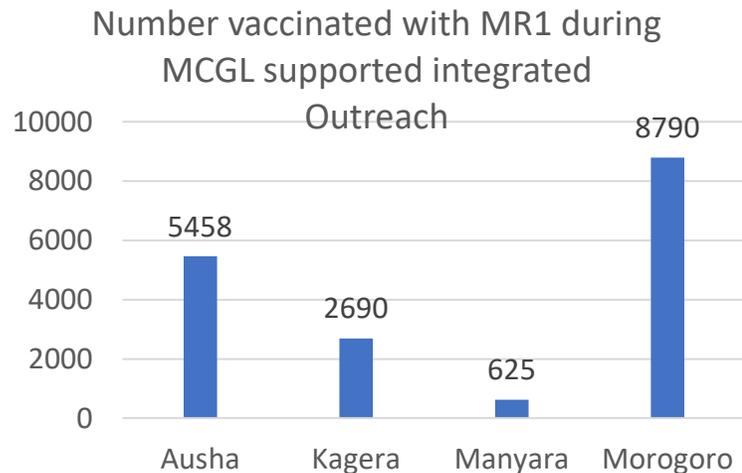
- Change mindset – *rationale for integration among supervisors & HCWs*
- Maximize existing resources to expand additional services/achieve more
- Joint planning with Regional/Council Health Management Teams (R/CHMTs) – Road Map
 - ***What to integrate*** – vaccination services, distribution of vaccines, 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



Region	Number of vaccinated clients		
	males	females	Regional total
Kagera	26,195	31,900	58,095
Arusha	1,987	3,325	5,312
Manyara	367	512	879
TOTAL	28549	35,737	64,286



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



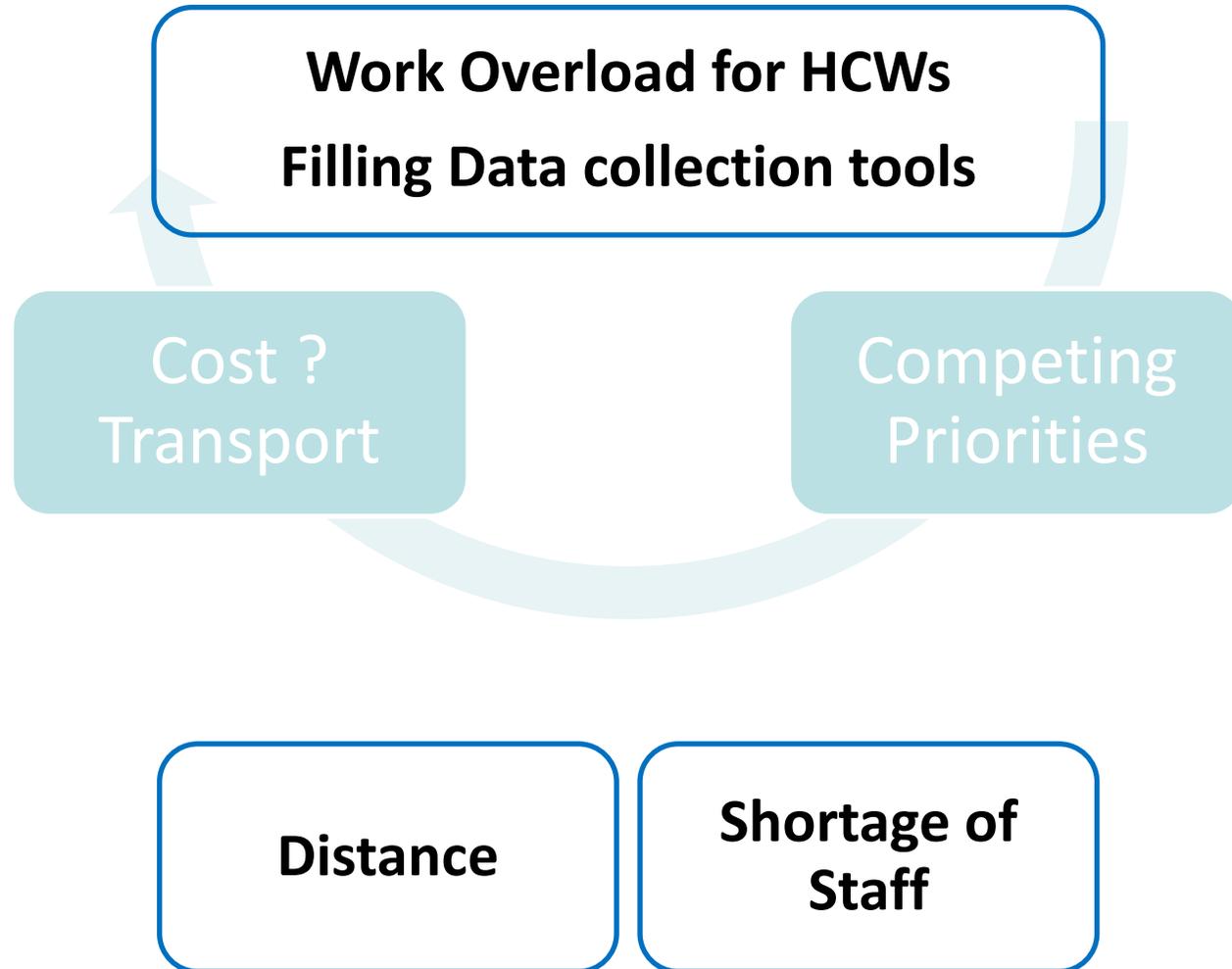
Lessons learnt on the integration approach – 2/2



- 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





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



USAID
FROM THE AMERICAN PEOPLE



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



TOPIC 01

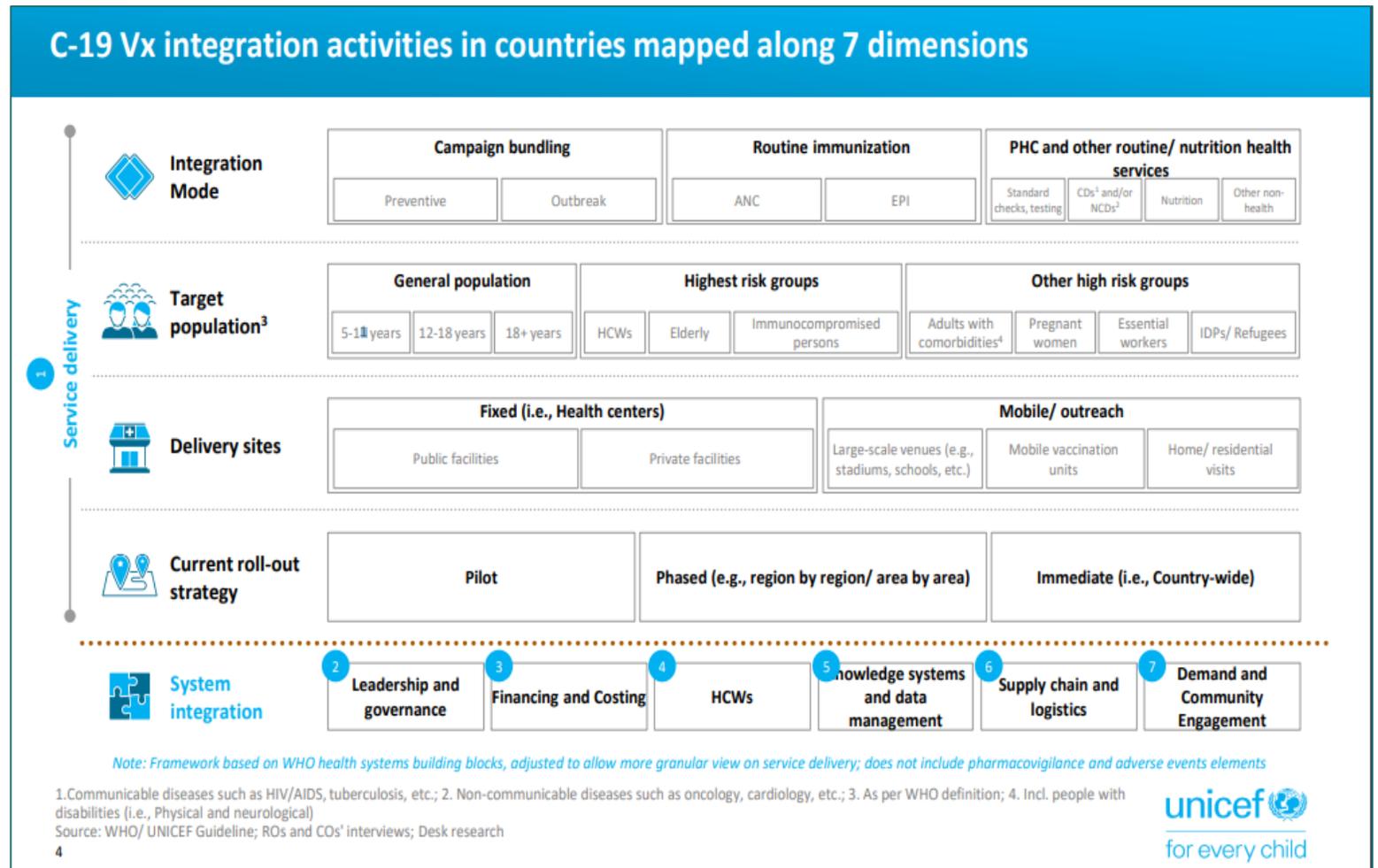
COUNTRY CASE STUDIES ON COVID-19 VACCINATION INTEGRATION



- **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:
 - Four in-person
 - 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

TOPIC 02

DEVELOPMENT OF A TRAINING/PLANNING PACKAGE ON COVID-19 VACCINATION INTEGRATION FOR SUBNATIONAL LEVELS



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



TOPIC 02

DEVELOPMENT OF A TRAINING/PLANNING PACKAGE ON COVID-19 VACCINATION INTEGRATION FOR SUBNATIONAL LEVELS



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



Considerations for integ
vaccination into immuni
and primary health care

Annex 3. Checklist for the COVID-19 vaccine integration readiness assessment

The following checklist is provided as a suggested list of questions to guide countries as they assess their readiness for planning and implementing COVID-19 integration. Countries may find items in the checklist more or less relevant depending on their context and the steps they have already taken towards integration. Table 1 can help to identify approaches for integrated service delivery and Table 2 to identify actions/investments.

Health system building block	Action	Yes	No	If no, specify action/investment required
Leadership and governance	Does the proposed integration of COVID-19 vaccination have high-level support among relevant government leadership (e.g. KC, COVID-19 task force, national managers of NIP and PHC programmes)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Is integration planning linked with relevant country policy and strategy documents (e.g. national health strategic plans, NDVP, NIS, national health promotion strategy)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Has a working group or equivalent to oversee the integration planning and implementation, including participation from relevant programmes, been defined? If yes, specify.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Have you agreed a timeline for integration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Health systems financing	Have costs of procuring COVID-19 vaccine products, supplies, cold chain equipment, and supplies and ancillaries been estimated and sourced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Have costs of HR, training, outreach and communication needs been estimated and sourced, including mapping of both current and future sources?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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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