Purpose of this document

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

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

Provide overview of when and how to use different integration support materials and their linkages
WHAT is C-19 integration?

WHY is C-19 integration important?

HOW can C-19 integration look like?

WHICH SUPPORT is available to countries for C-19 integration?

HOW can countries deploy this document to kick off C-19 integration?

FAQs
COVID-19 integration involves partial or full adoption of C19 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, PHC 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 PHC for 2022 and beyond" v7 Oct 2022 by WHO and UNICEF
Today, countries are at different stages of C-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 C-19 Vx into RI, PHC 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 coord. with other PHC partners)
Rationale for COVID-19 integration laid out in WHO-UNICEF guidance

1. **Epidemiology**: C-19 is expected to evolve, and severity of resulting disease might reduce over time as immunity increases. Also, periodic spikes may occur as immunity wanes, which may require periodic boosting or specific vaccines targeting new variants.

2. **Sustainability**: Mass vaccination campaigns have been used so far; however, this has strained health systems – health workers and resources have been diverted from providing essential health services.

3. **Leveraging COVID-19 resources**: There is room to capitalize on C19 vaccination investments triggered by the pandemic towards strengthening immunization programmes, PHC and pandemic preparedness.

4. **Life-course approach**: Integrating C-19 vaccination with other services increases opportunity for a more people-centred approach by delivering packages of health services, in alignment with the goals of IA2030.

Recent developments underline need to think about integration now

1. **Support of integrating countries**: Some countries have begun integration efforts at different speeds, scales and levels of success, and have requested additional support from WHO / UNICEF via the Regional Offices.

2. **Availability of dedicated funding**: Additional pandemic preparedness funds earmarked for integration (e.g., CDS3 funding) or for health systems strengthening (e.g., Global Fund) are currently available.

3. **Window to act is now**: Integration is currently a priority for many actors, but window of opportunity may close if another health challenge arises.

4. **Future Gavi C-19 program**: Gavi is currently designing its future C-19 program for 2024 and 2025 with a strong focus on integration.

Source: "Considerations for integrating COVID-19 vaccination into immunization programmes and PHC for 2022 and beyond" v7 Oct 2022 by WHO and UNICEF; Team analysis.
COVID-19 integration is highly relevant for PHC and other non-immunization programs…

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

Adopt learnings from COVID-19 vaccination
COVID-19 vaccination created an avenue for novel innovations and tools for pandemic response which PHC 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
PHC 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>Vaccines recommended by WHO for all immunization programmes</th>
<th>TTCV</th>
<th>BCG</th>
<th>DTPVC</th>
<th>PCV</th>
<th>DTPVC booster</th>
<th>Diphtheria booster</th>
<th>Seasonal influenza</th>
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<tbody>
<tr>
<td>Seasonal influenza COVID-19</td>
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<td>Polio/Rota-virus</td>
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<td>PCV3 (if 2+1 schedule)</td>
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<td>Hepatitis B</td>
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<td>COVID-19</td>
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<td>Seasonal influenza COVID-19</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Japanese encephalitis</th>
<th>Meningococcus</th>
<th>Rabies</th>
<th>Seasonal influenza</th>
<th>TCV</th>
<th>Yellow fever</th>
</tr>
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<tbody>
<tr>
<td>Cholera</td>
<td>Hepatitis A</td>
<td>Meningococcus</td>
<td>Mumps</td>
<td>Seasonal influenza</td>
<td>Rabies TCV</td>
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<tr>
<td>Cholera</td>
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<td>Rabies TCV</td>
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<td>Rabies</td>
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<td>Cholera</td>
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</tbody>
</table>

**Pipeline of new life course vaccines**

<table>
<thead>
<tr>
<th>Group B streptococcus</th>
<th>RSV</th>
<th>Zika</th>
<th>ETEC</th>
<th>GAS</th>
<th>Shigella</th>
</tr>
</thead>
<tbody>
<tr>
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<td>SPA</td>
<td>RSV</td>
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<tr>
<td>Norovirus</td>
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<td>Clostridium difficile</td>
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<td>Chikungunya</td>
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<td>Gonococcus</td>
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<td>TB (next gen)</td>
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<td>CMV</td>
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<td>Meningococcus</td>
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<td>Clostridium difficile</td>
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<tr>
<td>Chikungunya</td>
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<td>HIV</td>
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<tr>
<td>Pneumococcal</td>
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</tr>
<tr>
<td>RSV</td>
<td></td>
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</tbody>
</table>

[Table rows related to pipelines of new life course vaccines are filled with symbols representing the presence or absence of vaccines for specific conditions or regions.]

* 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
WHAT is C-19 integration?

WHY is C-19 integration important?

HOW can C-19 integration look like?

WHICH SUPPORT is available to countries for C-19 integration?

HOW can countries deploy this document to kick off C-19 integration?

FAQs
C-19 integration will look different across countries based on various factors. Some initial country examples on following pages.

Factors determining country specification of C-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
Good practices and innovation to mainstream/integrate COVID-19 vaccination

GOVERNANCE, PLANNING & FINANCING

POOING RESOURCES
Rwanda leveraged and pooled partner and domestic resources to procure COVID-19 and other vaccines and cold chain equipment for their national immunization programme.

INTEGRATION OF GOVERNANCE PROCESSES
India: Task forces in state/district/urban areas developed for monitoring polio data were integrated for EPI and are now starting to discuss COVID-19 vaccination.

JOINT PLANNING
Colombia conducted joint planning for procurement and delivery of COVID-19 and other essential vaccines in their national immunization programme.

Source: Country experiences with COVID-19 vaccination: Mainstreaming & integration with immunization programme services and PHC, 2022
Good practices and innovation to mainstream/integrate COVID-19 vaccination

SERVICE DELIVERY (1/3)

CO-ADMINISTRATION WITH INFLUENZA VACCINATION

Panama integrated the delivery of COVID-19 & influenza vaccination at health facilities and house-to-house during the Vaccination Week in the Americas.

INTEGRATED DELIVERY WITH MEASLES OUTBREAK RESPONSE VACCINATION

Angola integrated the delivery of COVID-19 vaccination with measles outbreak response vaccination in children.

MULTI-INTERVENTION CAMPAIGNS

Nigeria plans multi-intervention campaigns to concurrently deliver measles vaccines, other essential vaccines and vitamin A to children and COVID-19 vaccination to adults.

DELIVERING COVID-19 AND ESSENTIAL VACCINATIONS AT THE SAME FACILITY

India & Bangladesh deliver COVID-19 and essential vaccines at the same outreach and health facility vaccination sites on different days.

Maldives delivers COVID-19 and essential vaccination at the same outreach and health facility vaccination sites but at different times of the day.

INTEGRATION OF VACCINATION WITH IDENTIFICATION OF RISK GROUPS

Sri Lanka screens caretakers of children coming for essential vaccination to check their COVID-19 vaccination status and offer vaccination to those who require it.

Source: Country experiences with COVID-19 vaccination: Mainstreaming & integration with immunization programme services and PHC, 2022
Good practices and innovation to mainstream/integrate COVID-19 vaccination

SERVICE DELIVERY (2/3)

INTEGRATED DELIVERY OF SERVICES DURING OUTREACH SESSIONS
Philippines provides COVID-19 vaccine, essential vaccines, vitamin A supplementation and nutrition screening at different sites in a village during the same day.

COVID-19 VACCINATION FOR CAREGIVERS DURING ESSENTIAL IMMUNIZATION VISITS
Ethiopia screens care givers of children coming for essential immunization and provides COVID-19 vaccination.

INTEGRATING SOCIAL MOBILIZATION FOR COVID-19 WITH IDENTIFICATION OF MISSED CHILDREN
Iraq: community mobilizers for COVID-19 vaccination also check vaccination records to identify children who missed essential vaccination doses.

NCD SCREENING AT MASS VACCINATION SITES
Cambodia provided screening for non-communicable diseases at COVID-19 mass vaccination sites.

WHOLE FAMILY APPROACH TO COVID-19 VACCINATION
Nigeria: some states adopted a whole family approach combining COVID-19 vaccination with, nutritional and NCD screening and essential vaccines.

INTEGRATING COVID-19 VACCINATION WITH NCD SCREENING
Panama provided NCD and cervical cancer screening along with COVID-19 vaccination during the Vaccine Week in the Americas.

Source: Country experiences with COVID-19 vaccination: Mainstreaming & integration with immunization programme services and PHC, 2022
Good practices and innovation to mainstream/integrate COVID-19 vaccination

SERVICE DELIVERY (3/3)

**PARTNERING WITH OTHER PROGRAMMES**
The United Republic of Tanzania partnered with the HIV programme and with physicians treating NCDs to provide COVID-19 vaccination in the respective clinics along with clinical care.

**INTEGRATION OF COVID-19 VACCINATION & TESTING**
Liberia integrated COVID-19 vaccination and testing in the same facilities to improve vaccination uptake.

**INTEGRATED SERVICE DELIVERY**
Somalia: integrated outreach programmes provided COVID-19 vaccines along with other essential vaccines, vitamin A, zinc, ORS packets, and medical consultation to eligible persons in the community.

**INTEGRATED DELIVERY WITH ESSENTIAL VACCINES**
Honduras and Yemen: All health facilities offer COVID-19 vaccines and other essential vaccines for adults.

**INTEGRATED DELIVERY WITH ANC**
Fiji integrated COVID-19 vaccination with antenatal care services to allay fears among pregnant women about the safety of vaccines and improve uptake.

Source: Country experiences with COVID-19 vaccination: Mainstreaming & integration with immunization programme services and PHC, 2022
Good practices and innovation to mainstream/integrate COVID-19 vaccination

**SUPPLY CHAIN & WASTE MANAGEMENT**

**STRENGTHENING REGULATORY CAPACITY**

**Philippines and Indonesia:** Fast-tracked the process for emergency regulatory authorization, which could be capitalized for future emergency-related products.

**INTEGRATED APPROACH TO COLD CHAIN CAPACITY PLANNING**

**Cambodia:** Cold chain assessment and distribution for COVID-19 vaccine deployment was integrated with essential immunizations when planning cold chain capacity.

**LEVERAGING THE EXISTING E-LMIS FOR COVID-19 STOCK MANAGEMENT**

**Senegal** used the existing eLMIS, a real-time stock-monitoring tool in each health facility, for rationally redirecting COVID-19 stock flows to points of care based on consumption rates.

**LEVERAGING THE EXISTING E-LMIS FOR COVID-19 STOCK MANAGEMENT**

**India** adapted the existing eLMIS (eVIN) to accommodate COVID-19 vaccine roll-out needs while maintaining essential immunizations during the pandemic.

**THE iDRONE PROGRAMME FOR INTEGRATED DELIVERY OF SUPPLIES**

**India** used drones to deliver medical supplies in difficult geographic terrains, including COVID-19 vaccines, other vaccines, antenatal care medicines, multi-vitamins, syringes and gloves in the north-east of the country.

**STRENGTHENING OVERALL COLD CHAIN CAPACITY**

**Nepal** leveraged the opportunity of COVID-19 vaccine deployment to strengthen cold chain capacity for the overall national immunization programme.

Source: Country experiences with COVID-19 vaccination: Mainstreaming & integration with immunization programme services and PHC, 2022
Good practices and innovation to mainstream/integrate COVID-19 vaccination

HUMAN RESOURCES MANAGEMENT & TRAINING

TRAINING HEALTH WORKERS TO IDENTIFY AND ENLIST BENEFICIARIES
India trained health workers to conduct surveys to identify and enlist beneficiaries for essential immunization and COVID-19 vaccination.

LEVERAGING THE POLIO WORKFORCE
Somalia used the polio workforce to conduct training of trainers for COVID-19 vaccination, recruiting vaccinators and for developing micro plans.

Source: Country experiences with COVID-19 vaccination: Mainstreaming & integration with immunization programme services and PHC, 2022
Good practices and innovation to mainstream/integrate COVID-19 vaccination

DEMAND & COMMUNITY ENGAGEMENT

USE OF TRUSTED COMMUNITY INFLUENCERS
Yemen: Community midwives (trusted influencers) trained to provide COVID-19 and essential immunizations.

PROMOTING COVID-19 SAFETY MEASURES JOINTLY WITH CHILDHOOD IMMUNIZATION
Nepal promoted COVID-19 safety measures together with essential immunizations, particularly targeting children.

INTEGRATED HEALTH COMMUNICATION
Cameroon: Coupled vaccination with existing health communication activities.

COMMUNITY INVOLVEMENT AND INTEGRATION OF VACCINATION WITH ROUTINE ANC SERVICES
Fiji used community feedback and established a dedicated Social Listening Subgroup under a multi-partner RCCE initiative to improve demand for routine immunization and COVID-19 vaccination.

COMMUNITY ENGAGEMENT FOR COMMUNICATING EFFECTIVE HEALTH INTERVENTIONS
Afghanistan: Cross-sectoral community engagement activities to share information on safe water, hygiene and vaccination.

Source: Country experiences with COVID-19 vaccination: Mainstreaming & integration with immunization programme services and PHC, 2022
Good practices and innovation to mainstream/integrate COVID-19 vaccination

DATA SYSTEMS & MONITORING

LEVERAGING DIGITAL DATA SYSTEMS
Lao People’s Democratic Republic will leverage the COVID-19 Vaccination Registry (CVR), based on the DHIS2 software module, to establish an electronic registry for essential immunization.

LEVERAGING DIGITAL DATA SYSTEMS
India plans to expand the use of an electronic registration system (CoWIN) for COVID-19 vaccination to register priority groups, schedule appointments, generate vaccination certificates and monitor AEFIs to include all essential immunization.

LEVERAGING DIGITAL DATA SYSTEMS
Indonesia: the digital home-based immunization record, the PeduliLindungi app, is currently used as individual COVID-19 vaccination registry but will be expanded to include all essential vaccination.

INTEGRATING COVID-19 AND VPD SURVEILLANCE
Timor-Leste is planning to integrate COVID-19 and VPD surveillance programmes within a comprehensive surveillance programme.

ENHANCING SAFETY SURVEILLANCE CAPACITY
Philippines enhanced AEFI surveillance, and the structure and function of expertise of regional AEFI committee and national AEFI committee to conduct causality assessments using the opportunity of COVID-19 vaccination.

COMPLIANCE WITH VACCINE SAFETY STANDARDS
Bolivia established mass COVID-19 vaccination campaign sites complying with AEFI technical standards for prevention and care that can be reproduced for other mass vaccination campaigns.

Source: Country experiences with COVID-19 vaccination: Mainstreaming & integration with immunization programme services and PHC, 2022
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HOW can countries deploy this document to kick off C-19 integration?

FAQs
Four types of support available to integrating countries

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

TECHNICAL ASSISTANCE
Capacity building resources available to support implementation

POLITICAL ADVOCACY
Overview of relevant stakeholders for C-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 C-19 integration

**THE MAP**

*Considerations for Integrating COVID-19 Vaccination*

Establishes global principles and overall framework, supporting countries to define national objectives for integrating C-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 C-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.
Support package is directed at country-level integration efforts…

Package should be used by those supporting C-19 integration at country level

- **Government** stakeholders
  - National Ministry of Health
  - Health-related departments & agencies
  - …

- **WHO / UNICEF** Country Office

- Implementation partners

... taking into account different country contexts

Support package is meant to facilitate C-19 integration efforts for different country contexts

Countries at the start of their integration journey
(no / limited integration to date)

Countries already in the process of integration
(opportunistic / strategic integration)
To reach their goal of C-19 integration, we suggest countries deploy support materials in order as depicted in guidance document…

Backup | Countries can adapt approach to support package based on respective context

1. **No Integration Self-Assessment Tool**
   Countries may choose to not fill out the Self-Assessment Tool if they already have a **good understanding of their current state of integration** (e.g., from Readiness Assessment Checklist). In this case, countries can still use the rest of the support package for direction and may also complete the Self-Assessment Tool as a status check-in later in the integration journey.

2. **No Readiness Assessment Checklist**
   Countries may choose to not complete the Readiness Assessment Checklist if they already have a **strategy and set of technical actions for C-19 integration in place**. In this case, countries can still use the Self-Assessment Tool to identify their current strengths and focus areas for action.

3. **Bring forward Readiness Assessment Checklist**
   Countries may choose to fill the Readiness Assessment Checklist ahead of the Self-Assessment Tool if they have already **started working with the Considerations and its Annex**. In this case, countries may use the results of the Checklist to help fill the Self-Assessment Tool if needed.
Considerations for Integrating COVID-19 Vaccination

Objective

Establish **global principles and overall framework** for COVID-19 integration, supporting countries **define national objectives** for integrating COVID-19 vaccination along all health system building blocks.

High-level overview

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

- Repurpose existing EPI-related or C-19 vaccination technical working groups
- Conduct multisectoral consultations on potential C-19 vaccine integration
- Conduct a situation analysis to assess national/sub-national level readiness for integration

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

- Define national policy for C-19 booster doses, understand and map population in-scope and how integration will reach them, define other interventions & service delivery strategies to provide C-19 vaccination, and identify key actions or investments needed

**STEP 3. Implementation and monitoring**

- The existing repurposed taskforce or new temporary group should oversee progress on implementation and monitoring of COVID-19 vaccination integration and define indicators for monitoring progress

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

- Define key implementation research questions on integrating C-19 vaccination, i.e. factors affecting integration, outcomes of different integrated approaches, effect on efficiency and cost effectiveness of C-19 vaccination

Addressed at

**All levels of health-related MDAs** incl. leadership across immunization and non-immunization topics

Integration Self-Assessment Tool
Step(s) of Considerations: 1, 2

Objective
Enable countries to conduct a situational analysis and self-assess the current state of COVID-19 vaccination integration along all health system building blocks in order to identify current strengths and potential focus areas that may require further action/investment to advance integration.

High-level overview
The Integration Self-Assessment Tool can be used to assess the current state of COVID-19 vaccine integration along all health system building blocks in a country.

The tool has 3 main sections, excluding an instructions page:

1. Preparation for assessment
   - Countries fill in target population groups and target health services for COVID-19 integration
   - This ensures alignment on each country’s objectives for COVID-19 and provides the context required to interpret results

2. Country inputs
   - Self-assessment of current COVID-19 vaccine integration step along all dimensions and key actions based on 5pt scale

3. Output summary
   - Dashboard summary to visually illustrate the country’s inputs, including a heatmap and simple data visualizations in addition to more contextual information on the country’s target population groups and target health services

Addressed at
Technical experts at health-related MDAs (immunization and non-immunization topics) in conjunction with WHO/UNICEF country offices and implementation partners
Readiness Assessment Checklist (Annex 3)
Step(s) of Considerations: 1,2

Objective
Support countries identify specific technical actions which should be incorporated into the integration strategy and implemented in order to address potential gaps and challenges that have been identified in the diagnostic assessment.

High-level overview
The Readiness Assessment Checklist provides a list of questions categorized by the WHO Health Systems Building Blocks (including Demand & Community Engagement and Monitoring & Evaluation), to guide countries’ integration efforts as they plan for implementing actions to shore up areas for improvement or further strengthen the health systems.

Questions in the checklist would have varying levels of importance across countries depending on various factors including but not limited to:

- Integration progress
- Country context and existing programmes
- COVID-19 vaccination target populations
- Available funding
- Maturity of health digital systems
- Interconnectedness of service delivery across immunization areas
- Health governance landscape

Addressed at
Technical experts at health-related MDAs (immunization and non-immunization topics) in conjunction with WHO/UNICEF country offices and implementation partners.

# Implementation Support Documents

Step(s) of Considerations: 2,3

## Objective

Provides countries with **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**

## High-level overview

Different formats for support materials available along two interconnected lenses: (1) **WHO Health System Building Block** and (2) **Target Populations**

<table>
<thead>
<tr>
<th>Target population for COVID-19 vaccine integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old adults</td>
</tr>
</tbody>
</table>

[Diagram showing the relationship between WHO Health System Building Blocks and Target Populations]

1. **Overview of actions + available materials**
2. **Planning template**
Potential next steps for leadership and governance building block (tick actions that have been completed, actions that have not been ticked should be prioritized and listed in the ‘Actions to be taken’ column)

<table>
<thead>
<tr>
<th>Considerations from Readiness Assessment Checklist</th>
<th>National / Policy-level actions from Operational Framework for PHC</th>
<th>Actions to be taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Does the proposed integration of COVID-19 vaccination have high-level support among relevant governmental leadership (e.g., ICC, COVID-19 task force, national managers of NIP and PHC programmes)?</td>
<td>Political commitment and leadership</td>
<td>□ To be filled in</td>
</tr>
<tr>
<td>☐ Is integration planning linked with relevant country policy and strategy documents (e.g., national health strategic plans, MDVP, NIS, national health promotion strategy)?</td>
<td>Cultivate champions for PHC across influential sectors of society (government, community, religious, business), either through formal structures (for example, high-level groups) or individually (for example, ambassadors).</td>
<td></td>
</tr>
<tr>
<td>☐ Has a working group or equivalent to oversee the integration planning and implementation, including participation from relevant programmes, been defined? If yes, specify.</td>
<td>Develop a comprehensive vision of PHC and formalize commitment to PHC as a priority for the whole of government (through formal declarations, policies or laws; by integrating it as a core component of national strategies, including both broader development strategies, such as national development plans and plans to achieve the SDGs; and health sector-specific policies, strategies and plans) and by ensuring that there are adequate cross-governmental structures in place to oversee PHC.</td>
<td></td>
</tr>
<tr>
<td>☐ Have you agreed a timeline for integration?</td>
<td>Communicate extensively about the commitment to improve PHC.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensure that the rhetoric on commitment is matched by the provision of adequate financing for PHC.</td>
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</tr>
<tr>
<td></td>
<td>Hold accountable those responsible for the implementation of PHC (including not only health ministry officials but also other government leaders, such as parliamentarians, and officials of other ministries required to address other determinants of health).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Create an enabling environment for participation of communities, including marginalized and vulnerable people across all age groups, by proactively identifying barriers and opportunities for empowering people and communities, by building community capacities for meaningful dialogue, and by provoking and regularly evaluating policy dialogue mechanisms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Follow through on commitments to adopt human-rights based approaches</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Governance and policy frameworks</td>
<td>Strengthen the Ministry’s stewardship role and technical capacities to facilitate multistakeholder engagements with other ministries and institutions and to enable engagement of or partnerships with the private sectors and other actors (such as professional associations and trade unions) when and where useful and appropriate</td>
</tr>
</tbody>
</table>
## 2 Target population for COVID-19 vaccine integration | Guidance to identify potential actions

<table>
<thead>
<tr>
<th>Target population</th>
<th>Connected health programs / services</th>
<th>Relevant stakeholder groups</th>
<th>Activities / tasks to be launched</th>
<th>Implementation start time (estimate)</th>
<th>Kick-off funding requirement (estimate)</th>
<th>Responsibility / focal point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health workers</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Immuno-compromised persons (e.g., people living with HIV)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Please indicate current CDS2 funding and linkage to these activities.
# 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>C-19 vax specific</td>
<td>Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond</td>
<td>Vaxing older adults against COVID-19</td>
<td>Questions and Answers: COVID-19 vaccines and pregnancy</td>
<td></td>
</tr>
<tr>
<td>Non-C-19 vax specific but relevant</td>
<td>Working Together: an integration resource guide for immunization services throughout the life course</td>
<td>Implementation guide for vaccination of health workers</td>
<td>How to implement seasonal influenza vaccination of pregnant women</td>
<td>Options for linking health interventions for adolescents with HPV vaccination</td>
</tr>
<tr>
<td></td>
<td>Under development: Considerations for planning integrated campaigns: immunization and beyond</td>
<td>How to implement seasonal influenza vaccination of health workers</td>
<td>Protecting all against tetanus</td>
<td>Resource page for school-based immunization and vaccination checks</td>
</tr>
</tbody>
</table>
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** (non-exhaustive)
- World Health Organization
- UNICEF
- Gavi

**Non-Immunization Experts** (non-exhaustive)
- JSI
- Clinton Health Access Initiative
- PEPFAR
- UNAIDS

**Funders** (non-exhaustive)
- The World Bank
- The Global Fund
- USAID

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

Additional partners to be added
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

Additional stakeholders to be added as needed
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
WHAT is C-19 integration?

WHY is C-19 integration important?

HOW can C-19 integration look like?

WHICH SUPPORT is available to countries for C-19 integration?

HOW can countries deploy this document to kick off C-19 integration?

FAQs
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
Virtual working session enables remote collaboration across key stakeholders to conduct integration self-assessment.

Key objective

- Introduce integration support package based on WHO-UNICEF Considerations for Integrating COVID-19 Vaccination
- Collect information on country’s integration status via Self-Assessment Tool

Duration of session

- Approximately 2 hours

Participants

- WHO & UNICEF CO colleagues (immunization & non-immunization)
- WHO & UNICEF HQ/RO colleagues (immunization & non-immunization)
- Gavi Senior Country Manager (SCM)
- Optional: In-country partners e.g., ACDC, CHAI, etc.
- Country gov’t stakeholders (e.g., Ministry of Health) – after testing phase

Agenda

- Explanation of context and importance of integration
- Overview of integration support package
- Introduction of integration Self-Assessment Tool
- Joint completion of Self-Assessment Tool
- Synthesis of findings
## 2-hour session with focus on joint completion of Self-Assessment tool

### Virtual session (~2 hours)

<table>
<thead>
<tr>
<th>Agenda item</th>
<th>Description</th>
<th>Type</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>Explanation of <strong>context and importance</strong> of integration</td>
<td>Icebreaker, Presentation</td>
<td>10min</td>
</tr>
<tr>
<td>Country support package</td>
<td>Overview of <strong>integration support package</strong> and how to use these elements to achieve integration objective</td>
<td>Presentation</td>
<td>10min</td>
</tr>
<tr>
<td>Integration self-assessment tool</td>
<td><strong>Introduction of integration Self-Assessment Tool</strong> as part of the integration support package</td>
<td>Presentation</td>
<td>10min</td>
</tr>
<tr>
<td>Self-assessment tool completion</td>
<td><strong>Joint completion of Self-Assessment Tool</strong>, incl. guided discussions to identify strengths and areas for development</td>
<td>Workshop</td>
<td>1hour 15min</td>
</tr>
<tr>
<td>Reflections on the tool and findings</td>
<td><strong>Synthesis of findings</strong> and overall reflections (<strong>during testing phase</strong>) on the Self-Assessment Tool</td>
<td>Facilitator-led discussion</td>
<td>15min</td>
</tr>
</tbody>
</table>
Materials required to introduce integration package and jointly complete Self-Assessment tool

- Explanation of context and importance of integration
- Overview of integration support package
- Introduction and joint completion of integration Self-Assessment Tool
- Synthesis of findings
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.
**Key objective**

- Introduce **integration support package** based on WHO-UNICEF Considerations for Integrating COVID-19 Vaccination
- Collect information on **country's integration status** via Self-Assessment Tool
- Support initial country **implementation planning**

**Duration of session**

- Approximately **11 hours spread over 2 days**

**Participants**

- WHO & UNICEF CO colleagues (immunization & non-immunization)
- WHO & UNICEF HQ/RO colleagues (immunization & non-immunization)
- Gavi Senior Country Manager (**SCM**)  
- **In-country partners** e.g., ACDC, CHAI, etc.
- Country **gov't stakeholders** (e.g., Ministry of Health)

**Agenda**

- Explanation of **context and importance** of integration incl. **lessons learned**
- Country **CDS application review**
- Overview of **integration support package** incl. **Self-Assessment Tool**
- **Joint completion** of Self-Assessment Tool
- Synthesis of **findings** and development of initial implementation plan
- Assessment of results and **implications for CDS3 funding**
### Agenda item Description Type Duration

**Introduction**  
Explanation of context and importance of integration  
Icebreaker, Presentation  
15mins

**Lessons learnt from integration**  
Presentation of lessons learned so far from different countries’ integration experiences  
Presentation  
30mins

**Country CDS application**  
Review of country’s plans as stated in CDS application  
Facilitator-led discussion  
45min

**Country support package**  
Overview of integration support package and how to use these elements to achieve integration objective  
Presentation  
30mins

**Break**  
30mins

**Integration self-assessment tool**  
Introduction / recap of integration self-assessment tool as a part of the integration support package  
Presentation  
15mins

**Self-assessment tool completion**  
Joint completion of Self-Assessment Tool, incl. guided discussions to identify strengths and areas for development  
Workshop  
2hr 30mins

**Synthesis**  
Synthesis of findings and overall reflections (during testing phase) on the Self-Assessment Tool  
Facilitator-led discussion  
30mins

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**Day 1 (~ 6 hours)**  

Smaller core team to stay behind after the session to start populating country implementation roadmap.
2-day field test mission with primary focus to complete Self-Assessment tool and develop initial implementation plan (II/II)

### Day 2 (~ 5 hours)

<table>
<thead>
<tr>
<th>Agenda item</th>
<th>Description</th>
<th>Type</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial implementation plan</td>
<td>Smaller core team to continue development of initial draft implementation plan, using Readiness Assessment Checklist in Annex 3 of Considerations and other support documents</td>
<td>Workshop</td>
<td>4hr</td>
</tr>
<tr>
<td>Restitution</td>
<td>Recap from previous day’s session, outline of initial implementation roadmap and implications for CDS3 funding</td>
<td>Presentation</td>
<td>1hr</td>
</tr>
</tbody>
</table>
Materials required to introduce integration package and jointly complete Self-Assessment tool

- Explanation of context and importance of integration incl. lessons learned so far
- Country CDS application review
- Overview of integration support package and joint completion of Self-Assessment Tool
- Synthesis of findings
- Initial implementation plan, roadmap, and implications for CDS3 funding

Non-exhaustive
WHAT is C-19 integration?

WHY is C-19 integration important?

HOW can C-19 integration look like?

WHICH SUPPORT is available to countries for C-19 integration?

HOW can countries deploy this document to kick off C-19 integration?

FAQs
FAQ list under development by WHO – to be added and potentially supplemented, e.g., with questions on Self-Assessment Tool

**List of frequently asked questions**

- My country has not started considering C-19 integration. Can we get started with these support materials?
- My country has already started considering C-19 integration. Can we still use these support materials?
- ...