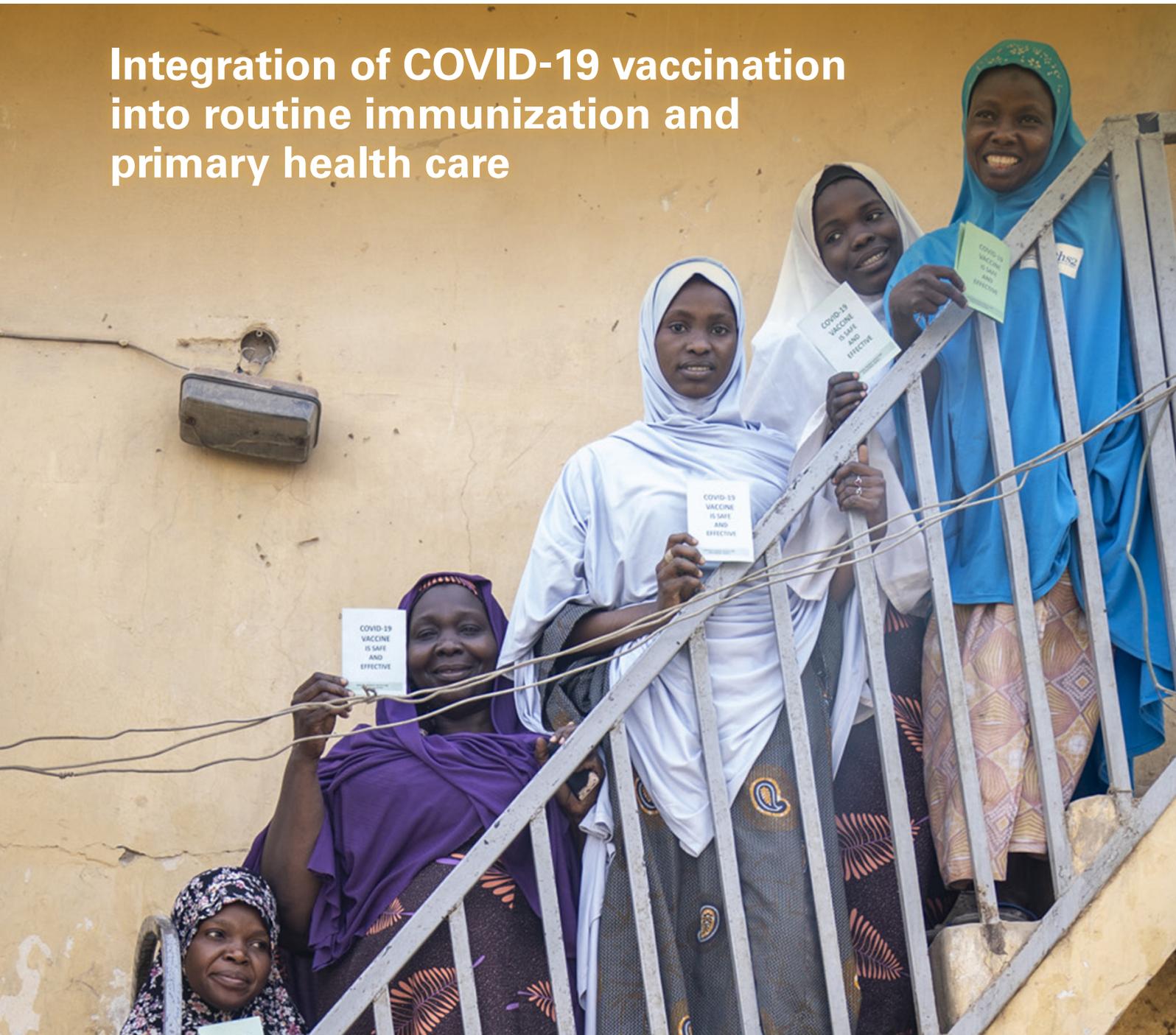


# OPERATIONAL FRAMEWORK FOR DEMAND PROMOTION

Integration of COVID-19 vaccination into routine immunization and primary health care





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# Acknowledgements

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A key theme of the meeting was the integration of COVID-19 vaccination into routine immunization services and primary health care (PHC) across the life course. We thank the meeting participants who generously shared their knowledge and experience on integration. The feedback gathered was invaluable to the development of this framework.

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# Acronyms and abbreviations

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ACSM	Advocacy Communication and Social Mobilization
ANC	antenatal care
BeSd	Behavioural social drivers
BMGF	Bill & Melinda Gates Foundation
CDC	Centers for Disease Control and Prevention
EPI	Essential Programme of Immunization
Gavi	Gavi, the Vaccine Alliance
HCD	human-centred design
IA2030	Immunization Agenda 2030
IFRC	International Federation of Red Cross and Red Crescent
JHU/CCP	Johns Hopkins University/Center for Communication Programs
JSI	John Snow, Inc
MoH	Ministry of Health
PHC	primary health care
SBC	social and behaviour change
SP	Strategic Priority
UHC	universal health coverage
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization



# Introduction

The COVID-19 pandemic swept across almost every corner of the world, disrupting people's lives and livelihoods, and countries' systems and economies. The rapid development and roll out of COVID-19 vaccines saved millions of lives and averted long-term disability for millions more. Many countries accelerated COVID-19 coverage within a short timeframe through intensified vaccination campaigns. At the same time, health systems were overstretched, and resources diverted from routine services to COVID-19 vaccination campaigns. Many countries fought to sustain coverage of health services in the face of disruptions and loss of lives, including those of health workers. However, global, routine childhood immunization coverage has dropped and missed birth cohorts have led to an increase of zero-dose children. Health workers are fatigued, and in some settings, their motivation is low.

More than three years after the declaration of COVID-19 pandemic as a Public Health Emergency of International Concern, on the 5th of May 2023 the World Health Organization (WHO) declared an end to the emergency phase of COVID-19. Despite the lifting of the emergency, the importance and value of vaccination to prevent deaths and protect health especially of high-risk populations remains. Uncertainties exist around the potential evolution of the virus and the emergence of new variants. The WHO is working on the transition to long-term management of COVID-19 and encourages countries to integrate COVID-19 vaccination into life course vaccination programmes.<sup>1</sup>

Integration across the life course is the future of immunization.

In addition to the next generation of COVID-19 vaccines, other vaccines in the pipeline are those that protect against malaria, TB, chikungunya, and the *revitalization* of human papilloma virus (HPV) vaccine programmes by Gavi and its partners.<sup>4</sup> The global immunization strategy, Immunization Agenda 2030 (IA2030), recognizes that the increasing number of new vaccines administered beyond childhood will require new methods and approaches of delivery.<sup>5</sup>

In the case of COVID-19 vaccination, most countries have shifted away from the delivery of COVID-19 vaccines through mass campaigns designed to rapidly scale up coverage, to a more targeted approach of vaccinating high-risk groups: people aged 60 years and over, those with

## Meaning of integration

Integration can have different meanings and be approached in different ways to serve health system objectives. This operational framework uses integration as defined by *Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond* (WHO UNICEF).<sup>2</sup>

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.<sup>1</sup>

*Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond* applies WHO's building blocks on health systems as a framework to plan integration across immunization programmes and the broader health system. In alignment with the operational framework for primary health care (PHC), it emphasizes the particular importance of engaging with communities on vaccination demand, uptake, and hesitancy as a pillar of integration.<sup>3</sup>

1 [https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic), accessed 31 May, 2023

2 *Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond*. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2022. <https://www.who.int/publications/i/item/9789240064454>, p.11, accessed 3 February, 2023

3 Ibid p.12 WHO health system building blocks: governance and leadership, health systems financing, service delivery, health workforce, health information systems and access to essential medicines (including quality vaccines)

4 <https://www.gavi.org/news/media-room/immunisation-partners-outline-ambitious-plan-protect-millions-girls-against-cervical-cancer#:~:text=Recognising%20this%2C%20in%20December%202022,investment%20by%20end%20of%202025>. Accessed 2 June 2023

5 IA2030, <https://www.immunizationagenda2030.org/> p.25



co-morbidities, those who are immuno-compromised, and pregnant women, as well as booster shots for health workers. Reaching these groups requires delivering outside of traditional childhood immunization programmes. For cost efficiency and sustainability, COVID-19 vaccines need to be integrated into a package of primary health care (PHC)<sup>6</sup> services delivered at key entry points and through platforms across the different points of the life course. Countries will determine the scale and progress of integration according to their context, health needs and priority groups.

As primary health care services are delivered at the community level and are often people's first and most trusted point of contact with the health care system, PHC provides an optimal platform for reaching high-risk populations with COVID-19 vaccination and achieving high coverage of immunization and other services. There are four key action areas in which PHC can be leveraged for successful vaccination efforts:

1. Reduce vaccine hesitancy and build interest and trust in COVID-19 vaccination;
2. Design an equitable COVID-19 vaccination strategy;
3. Safely distribute and administer quality vaccines; and
4. Verify coverage and monitor vaccine program implementation.

The Operational Framework is a starting point to strategize demand programming for integrated COVID-19 vaccination. The framework uses the core components of vaccination demand to help guide thinking along a strategic pathway that is broad and flexible enough to be applied to any country situation.

<sup>6</sup> "Primary health care is a whole-of-society approach to health that aims at ensuring the highest-possible level of health and well-being, and their equitable distribution by focusing on people's needs as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment."

A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals. In: WHO/Newsroom/Fact sheets [website]. Geneva: World Health Organization; 2021. <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>, accessed 31 March, 2023

# Global immunization policy: Strategic importance of demand promotion and community engagement

The integration of COVID-19 vaccination is an opportunity to support the broader goals of universal health coverage.<sup>7</sup> Placing immunization at the core of a package of PHC services delivered across the life course will benefit the health and well-being of children and adults. It will help to build stronger, more streamlined PHC services, strengthen health worker capacity, and expand the reach of services designed around the changing health needs of people. Integration will create sustainable cost efficiencies and improve access to and coverage of a wider range of services.

Global immunization strategies, IA2030<sup>8</sup> and *Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond* (WHO and UNICEF),<sup>9</sup> are aligned to the critical importance of integrating immunization into PHC and the **strategic importance of demand promotion and community engagement to deliver people-centred health services**.

IA2030's overarching strategic priority (SP 1) is "to ensure that immunization programmes are an integral part of primary health care to achieve universal health coverage." Its second strategic priority (SP 2) is commitment and community demand. These first two strategic priorities are framed as the "basis of an immunization programme and are essential to deliver people-centred, demand-driven health services to individuals and communities."<sup>10</sup> "Empowered People and Communities is one of the four strategic levers of the IA2030 *Immunization for Primary Health Care: Framework for Action*."<sup>11</sup>

Global guidance on integration, *Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond*, highlights the importance of "engaging and co-creating strategies and approaches for demand promotion and uptake within communities. This is particularly important in the case of COVID-19 vaccination demand, uptake and hesitancy..."<sup>12</sup>

7 Universal health coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course. [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)), accessed 31 March, 2023

8 IA2030. <https://www.immunizationagenda2030.org/> accessed 3 March 2023

9 Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2022. <https://www.who.int/publications/item/9789240064454>, accessed 20 February, 2023

10 IA2030. <https://www.immunizationagenda2030.org/> p.31

11 IA2030 Immunization for PHC Framework for Action. [https://immunizationagenda2030.org/images/documents/IA2030\\_Immunization\\_for\\_PHC\\_Framework\\_for\\_Action\\_slides\\_EN.pdf](https://immunizationagenda2030.org/images/documents/IA2030_Immunization_for_PHC_Framework_for_Action_slides_EN.pdf)

12 Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2022 p.12. <https://www.who.int/publications/item/9789240064454>

# Integration of COVID-19 vaccination into routine immunization services and PHC: Opportunities and Challenges

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Integration of COVID-19 vaccination into routine services provides several new opportunities to expand service delivery and build demand for PHC. Key is the opportunity to *reimagine* primary health care with immunization at its core: providing a package of people-centred services delivered in different combinations, at different points of delivery, for different age groups with different needs across the life course.<sup>13</sup> Existing delivery platforms can be optimized to reach populations beyond the usual remit of EPI. For example, not only vaccinating pregnant women through antenatal care (ANC), but also people with co-morbidities through diabetes clinics, or people who are immuno-compromised through HIV/AIDs clinics.

Integration can help build new partnerships and strengthen coordination with existing partners. To reach priority populations, EPI will build engagement and share resources with a range of new PHC programme partners, such as diabetes and nutrition networks, and non-traditional partners such as aged care and social services. At the global level, integration will necessitate stronger coordination by donors, funders and implementing agencies to ensure that resources are not fragmented, and that budgets, funding flows and results frameworks are not siloed along specific programmes, but rather are designed to support integrated programming.

Integration of vaccination across the life course can expand and strengthen delivery of services and community engagement among populations who have previously not accessed or who miss out on health services. Community engagement is particularly important for zero-dose populations who are often among the most marginalized and vulnerable. Participatory design approaches and methodologies, such as human-centred design, can engage communities and high-risk populations in dialogue and help programmers design services tailored to their needs. Monitoring peoples' concerns through social listening can facilitate an effective and evidence-based approach to integration.

## Reaching older adults

Vaccinating older adults with COVID-19 vaccines presents an important challenge. Recent WHO and CDC data on COVID-19 mortality reports that over 80 per cent of recorded deaths were among the over-60-years-old population, yet data suggests primary COVID-19 vaccination coverage of this age group is lagging, especially in low-income countries. According to WHO, the median overall completed primary series of COVID-19 vaccination coverage was 59 per cent, ranging from a low of 21 per cent (low-income countries), 50 per cent (upper-middle-income countries) and 51 per cent (lower-middle-income countries) to a high of 74 per cent (high-income countries).<sup>14</sup>

New approaches are needed to increase primary coverage and boosters among people aged 60 years and over, not only to reduce COVID-19 deaths but also to deliver other vaccines integrated with primary health care.<sup>15</sup> However, reaching older adults is a major challenge. Identifying the needs of older adults and ways to reach them is vital to providing appropriate services and generating demand. For example, this could be done through social services where available, adult health days and innovative approaches at the community and household levels.

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<sup>13</sup> Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2022. <https://www.who.int/publications/item/9789240064454>, accessed 23 February 2023

<sup>14</sup> <https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7205a1-H.pdf>

<sup>15</sup> IA2030. p 7 "New approaches are required to reach older age groups and to deliver people-centred immunization services, integrated with primary health care." <https://www.immunizationagenda2030.org/>



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However, just as the COVID-19 pandemic revealed weaknesses in health systems, so too will integration. An important lesson from COVID-19 vaccination was the difficulty in reaching older people, a segment of the population at high risk of COVID-19 mortality and a priority group for vaccination. The need to provide routine services to older people should help to provide the impetus to strengthen routine health systems across the life course.

A further challenge is the higher cost of delivering vaccines where no routine services are available. Experiences in the introduction of HPV vaccines demonstrated that the costs of delivering vaccines to an age group outside of under-five childhood immunizations are higher. Reaching adolescents, especially in settings where there were no school health programmes or children were out of school, increased delivery costs and constrained the amount of resources available for community mobilization activities. A priority action for partners, stakeholders and decision makers is to advocate for and secure adequate resources for demand promotion programming.<sup>16</sup>

<sup>16</sup> Priority investment for action is “to advocate for adequate human and financial resources for integrated demand promotion.” Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond. Geneva: World Health Organization and the United Nations Children’s Fund (UNICEF), 2022. <https://www.who.int/publications/item/9789240064454>, accessed 23 February 2023. p. 25 Table 2

# Components of Demand Promotion

The operational framework applies the core components of vaccination demand developed for the COVID-19 National Deployment Vaccination Plan (NDVP) by stakeholders and experts in the demand sub-working group of the Country Readiness and Delivery (CRD) workstream of COVAX, the vaccine pillar of ACT-A.<sup>17</sup> The components are drawn from a paradigm developed by the Vaccination Demand Hub, a network of technical partners. Although developed for COVID-19 vaccination, they can be applied in designing demand programming for all routine immunization as well as other PHC services.

The components are a useful framework for programme planners, and policy makers to structure integration and demand promotion to country specificities. The components are as follows:

- ▶ Coordination and Planning
- ▶ Data and Evidence
- ▶ Communication Strategies and Plans
- ▶ Service Experience
- ▶ Community Engagement and Social Mobilisation

**Figure 1 Demand core components**

	Demand core components	Components	Sample points of integration for COVID 19 vaccination	Sample measures of success of integration (demand)
	<b>Coordination and Planning</b>	Partnerships Coordination committees Financial resources/streams	Structural coordination: health promotion and ACSM Partnerships traditional on demand: Immunization, MCH etc.. Partnerships non traditional/multi sectoral e.g. MoE, Min of Transport, Min Social Services Engagement with national association groups concerning demand e.g., parent-teacher associations diabetes support groups	Non-fragmented or pooled funding for demand integrated services Adequate lead time for planning and implementation of demand activities before integrated services are rolled out Representation by SBC/demand stakeholders in coordinating/decision making bodies for integration
	<b>Data and Evidence</b>	<b>Qualitative data</b> BeSD tools, Anthropological research Social listening (traditional media and social media) Rumor monitoring, FGDs Media surveys <b>Quantitative data</b> MICs, DHS, RCTs, LQAS	Data repository Shared mapping e.g. Polio Social listening and infodemic management insights reports which gather information on community perceptions of integrated PHC services including C-19 vaccines, with feedback loop to MoH Monitor social networks, identify disinformation and misinformation	Integrate C-19 vaccines and integrated services into qualitative and quantitative data gathering. Data gathering and analysis on progress with integration implemented Social Behavioral data repository accessible to all Rumors and misinformation tracked, analysed and fed back to communities as proactive messaging
	<b>Communication Strategies and Plans</b>	National integrated communication strategy Vaccine hesitancy plan to counter public distrust of delivering multiple antigens Risk communication plan Key Messages integrated	Integrated communication strategy and messaging for Immunization and PHC, tailored to new priority groups (older adults, people with co-morbidities, or Immuno-compromised) Social listening platform provides real time data to proactively develop messages and provide technical assistance to HWs and community influencers to counter misinformation or disinformation	National communication strategy and integrated messages pre-tested Regional/district-level communication platforms provide community input on perceptions of integration and misinformation AEFI and risk communication plans in place
	<b>Service Experience</b>	HW acceptance of integrated services HW confidence and motivation to deliver integrated services HW IPC skills in training curriculum	Training curriculum of HW, medical practitioners, diabetic clinics, HIV/AIDS workers, includes empathy to and well being of HWs, and IPC skills to communicate about C-19 vaccination and other services Incentivisation and/or recognition of HWs to increase motivation and to address additional burden of delivering Integrated services	High HW knowledge on C-19 safety and effectiveness of C-19 vaccines for themselves and other priority groups (eg pregnant women) High HW acceptance of C-19 vaccines HWs motivated to deliver C-19 vaccines Wider range of HWs, Diabetes, MNH, private sector etc., equipped with IPC skills to communicate about vaccines and reaching high priority groups
	<b>Community Engagement Social Mobilisation</b>	Influentials HWs Champions Religious leaders Mobiliser networks	Integrated messaging and advocacy for PHC services Local forum or merge into existing frameworks e.g., local town hall meetings) and feedback loop to MoH	Adequate lead time to prepare communities for integrated services through CE and soc mob activities Community mobilisers across PHC promoting integrated messages Engagement of traditional leaders in developing communication/ mobilization plan Funding allocated to CSOs for community mobilisation around integrated service delivery

<sup>17</sup> <https://www.who.int/initiatives/act-accelerator/covax/covid-19-vaccine-country-readiness-and-delivery/acceptance-and-demand>



## Coordination and Planning

### Coordination

The Health Promotion unit is often the lead for coordination and planning of demand-related programming across health sectors. However, in countries with strong national immunization programmes, responsibility for demand promotion often lies with the Advocacy Communication and Social Mobilization (ACSM) or a similar group that sits within Essential Programme on Immunization (EPI). As immunization programmes move towards integration of COVID-19 vaccination with PHC and intersect with other sectors (e.g., education, transport, aged services), ministries of health will need to determine how to integrate and/or strengthen coordination between the Health Promotion units and ACSM to reduce fragmentation.

### Identify delivery platforms across the life course

A first step for countries is to identify potential delivery platforms for COVID-19 vaccination across the life course to best achieve uptake among priority groups.<sup>18</sup> Global guidance provides examples of platforms where broader routine adult health services are delivered, such as pharmacies, clinics for curative care or routine screening, long-term care facilities and outposts.<sup>19</sup> The private sector with its wide networks of pharmacies and medical practitioners can be an important delivery point for services,<sup>20</sup> especially in localities where few government facilities may exist, such as urban slums. People who are immuno-compromised and those suffering from co-morbidities can be reached through existing platforms, notably diabetes clinics and HIV/AIDS services. Communities can contribute to the identification of entry points and combined services to best meet local needs.

Evidence-based communication strategies and tailored plans for priority groups, and social behavioural change programming will need to be designed to generate demand for and acceptance of integrated services. See the Communication Strategies and Plans, and Community Engagement components.



### Country examples

In **Cameroon**, where over half of the deaths attributed to COVID-19 were among people with diabetes, COVID-19 vaccines are being delivered through diabetes clinics.

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

**Panama** provided cervical cancer screening along with COVID-19 vaccination during the Vaccine Week in the Americas.

**Somalia** integrated COVID-19 vaccines outreach programmes with other essential vaccines, vitamin A, zinc and oral rehydration salts (ORS).

**Syria** integrated COVID-19 vaccination into routine immunization and infant and young child feeding (IYFC).

<sup>18</sup> IA2030's Strategic Priority 4 establish integrated delivery points for different target age groups IA2030. <https://www.immunizationagenda2030.org/>

<sup>19</sup> Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2022 p.15. <https://www.who.int/publications/i/item/9789240064454>

<sup>20</sup> IA2030 Immunization for PHC: Framework for Action – private sector is an operational lever. [https://immunizationagenda2030.org/images/documents/IA2030\\_Immunization\\_for\\_PHC\\_Framework\\_for\\_Action\\_slides\\_EN.pdf](https://immunizationagenda2030.org/images/documents/IA2030_Immunization_for_PHC_Framework_for_Action_slides_EN.pdf)

**Figure 2** COVID-19 vaccine as part of a life course immunization approach and other health interventions<sup>21</sup>

	 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)	
<b>Vaccines recommended by WHO for all immunization programmes</b>	TTCV Seasonal influenza COVID-19	BCG Hep B-BD	DTPCV Measles Rubella HepB	PCV Rotavirus Hib Polio Rotavirus	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
<b>Vaccines recommended by WHO for certain regions/high risk populations/immunization programmes with certain characteristics</b>			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	
<b>Pipeline of new life course vaccines**</b>	<i>Group B streptococcus</i> <i>RSV</i> <i>Zika</i>	<i>TB (next gen)</i>	<i>ETEC GAS</i> <i>Malaria (next gen)</i> <i>Norovirus</i> <i>RSV</i> <i>Shigella SPA</i>	<i>Malaria (next gen)</i> <i>GAS</i> <i>SPA</i> <i>RSV</i>		<i>Chikungunya</i> <i>Gonococcus</i> <i>TB (next gen)</i>	<i>Clostridium difficile</i> <i>Chikungunya</i> <i>TB (next gen)</i>	<i>Clostridium difficile</i> <i>Chikungunya</i> <i>Norovirus</i> <i>RSV</i> <i>TB (next gen)</i>	
<b>Nutrition</b> Growth monitoring/nutrition counseling/vitamin A									
<b>Malaria</b> Distribution LLINs/IPTi/SMC									
<b>Neglected tropical diseases</b> Deworming									
<b>Reproductive and maternal health services</b> Family planning services		 ***	 ***	 ***	 ***				
<b>HIV services</b>									
<b>WASH</b> Hygiene kit distribution									
<b>Health promotion</b> Health counselling									
<b>Noncommunicable disease screening</b>									

\* For updated recommendations, refer to WHO SAGE Roadmap on uses of COVID 19 vaccines in context of Omicron and substantial population immunity, <https://apps.who.int/iris/handle/10665/366671>, accessed 20 June 2023; \*\* Based on data available as of July 2022; \*\*\* for caregiver.

Source: Adapted from (10).

BCG: bacillus Calmette–Guérin; COVID-19: coronavirus disease; DTPCV: diphtheria, tetanus, pertussis-containing vaccine; ETEC: enterotoxigenic Escherichia coli; GAS: Group A streptococcus; Hep B-BD: birth dose of hepatitis B vaccine; Hib: Haemophilus influenzae type b; HPV: human papillomavirus; IPTi: intermittent preventive treatment during infancy; LLINs: long-lasting insecticidal nets; PCV: pneumococcal conjugate vaccine; RSV: respiratory syncytial virus; SMC: seasonal malaria chemoprevention; SPA: Salmonella enterica ser. Paratyphi A; TB: tuberculosis; TCV: typhoid conjugate vaccine; TTCV: tetanus toxoid containing vaccine; WASH: water, sanitation and hygiene; WHO: World Health Organization.

21 Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond. Geneva: World Health Organization and the United Nations Children’s Fund (UNICEF), 2022 pp 8-9. <https://www.who.int/publications/i/item/9789240064454>, accessed 23 February 2023

## Coordinating demand with new multi-sectoral partners

One of the four core principles of the IA2030 is the alignment and coordination with immunization partners and involvement of other sectors, to maximize benefits.<sup>22</sup> In the context of SP 2 Commitment and Demand, IA2030: “New partnerships will be built among multiple actors to increase knowledge and raise awareness of the value of immunization, to build community trust and to overcome barriers to equity, including gender-related barriers.”<sup>23</sup>

In the context of COVID-19 vaccination, reaching priority groups and expanding demand for the delivery of vaccination services across the life course will require alignment and coordination with health and new non-health partners, e.g., malaria control, non-communicable diseases (NCDs), aged services, at both national and sub-national levels.

New partnerships are needed for demand promotion of COVID-19 vaccination among communities. Civil society organizations (CSOs) in many countries play an important role in community mobilization and providing services for hard-to-reach populations, such as refugees and internally displaced persons. National associations such as diabetes support groups and heart associations, have wide networks that can reach priority groups for COVID-19 vaccination and coordinate community mobilization interventions to drive demand. It is important that they are included as equal partners in coordination.

## Planning

COVID-19 vaccination, routine immunization and other relevant PHC interventions should be integrated into national and sub-national planning for demand. The involvement of community representatives in planning processes for integration is important to ensure that they have ownership for the process and that the community feedback is well incorporated.

Some countries have already started to integrate COVID-19 vaccines into microplanning for various immunization activities (e.g., polio outbreak campaigns, supplementary immunization activities for yellow fever and cholera) and a range of health and non-health services (e.g., ANC, routine health checks, civil services, birth registration, etc.) Global guidance recommends a priority investment is to engage communities in microplanning and co-creating local solutions to address barriers to uptake of services.<sup>24</sup> Microplanning is an important entry point to include community engagement programming.



### Madagascar: Building partnerships across sectors

Madagascar’s Ministry of Health partnered with the Ministry of Education to vaccinate teachers and children, with the Ministry of Population to reach the vulnerable and people aged 60 years and over, Ministry of Transport to ensure people travelling are fully vaccinated, and Ministry of Tourism to vaccinate hospitality workers. As partnerships expand, so does the need for strong coordination and planning with different ministries, and ongoing advocacy for immunization.



### Liberia: Joint planning for COVID-19 vaccination and malaria control

In Liberia, Breakthrough ACTION is working closely with several ministries to integrate COVID-19 vaccination and malaria programmes. Initially, there was public mistrust and safety concerns of COVID-19 vaccines that impacted the distribution of insecticide-treated bed nets (ITNs).

The National Malaria Control Program, Essential Programme on Immunization (lead COVID-19 vaccines), National Community Health Program, and the National Health Promotion Unit worked collaboratively to plan activities, including communicators guide and fact sheets about malaria and ITNs, COVID-19 virus, and benefits of COVID-19 vaccines. Technical social and behaviour change (SBC) guidance and support were provided to media institutions (public and private) across Liberia, and linkages built with the Ministry of Health (MoH). As a result, there is now a feedback loop between radio stations and MoH, and rumours are promptly addressed through radio broadcasts to the general population. Planning with government partners – at both national and sub national levels – was key to securing the buy-in of all stakeholders.<sup>25</sup>

<sup>22</sup> IA2030 p. 31 “Immunization partners should align and coordinate their actions to increase efficiency, build on complementarity and involve sectors beyond immunization for mutual benefit.” <https://www.immunizationagenda2030.org/> accessed 3 March 2023

<sup>23</sup> IA2030 p. 35 <https://www.immunizationagenda2030.org/> accessed 3 March 2023

<sup>24</sup> Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond. Geneva: World Health Organization and the United Nations Children’s Fund (UNICEF), 2022 p. 25 <https://www.who.int/publications/i/item/9789240064454>, accessed 15 February 2023

<sup>25</sup> <https://breakthroughactionandresearch.org/where-we-work/liberia/> <https://onehealthbehaviors.org/countries/liberia/>

## Gender

Gender should be cross cutting in all communication strategies and demand programming. Understanding and overcoming **gender-related barriers** to accessing integrated services are especially important in relation to recipients, caregivers and health workers, and needs to be included early in planning demand for integrated services. In line with Sustainable Development Goal 5 (SDG) 5<sup>26</sup> and IA2030 Strategic Priority 3 (SP 3),<sup>27</sup> countries should develop “gender-responsive strategies aimed at understanding and addressing the direct and indirect barriers, including those related to the gender of caregivers and health workers, and increasing women’s full equal participation in decision making at all levels.”<sup>28</sup>

Human-centred design (HCD) is a valuable methodology to ensure that programmes and services are designed around the end user and gender-related barriers are identified and addressed. To ensure that SBC approaches are tailored to target audiences, gender needs to be stratified with other determinants such as wealth, education, literacy and access to media. A comprehensive set of gender in immunization resources are available on the **Vaccination Demand Hub** website.<sup>29</sup> Gender and Immunization: Opportunities for Action (USAID Momentum)<sup>30</sup> and the Gender and Immunization checklist<sup>31</sup> helps guide countries step by step on key gender considerations in planning, implementation, monitoring and evaluation of gender-responsive or transformative demand interventions for immunization. More broadly, the checklist can be applied for all PHC services.



### Tip: Adequate lead time to plan with partners and prepare communities

Kenya and Ethiopia developed integrated PHC plans that included COVID-19 vaccination. A challenge was partners’ concerns about the integration of COVID-19 vaccines on community acceptance of other services. Planning should include sufficient time to engage with partners, and address any of their concerns about integrated services.

Adequate lead time also needs to be factored into planning processes to prepare communities prior to the roll out of integrated services. This is particularly true where social behavioural data identifies that priority groups or communities are distrustful or hesitant towards COVID-19 vaccines, or where barriers to services exist that need to be addressed.



### Pakistan: Leveraging EPI and polio infrastructure

**Pakistan** leveraged its large EPI and polio infrastructure for the COVID-19 vaccine rollout. A few months into the campaign, up to one million people a day were being vaccinated. However, among those vaccinated with the first dose, only 40 per cent were women. In response to the gender disparity, additional mobile vaccination units and more female vaccinators were deployed. As a result, the gap between number of male and females vaccinated narrowed significantly.<sup>32</sup>

26 IA2030 p 14, <https://www.immunizationagenda2030.org/>

27 IA2030 SP 3: Coverage and Equity p 36, <https://www.immunizationagenda2030.org/>

28 IA2030 p 25, <https://www.immunizationagenda2030.org/>

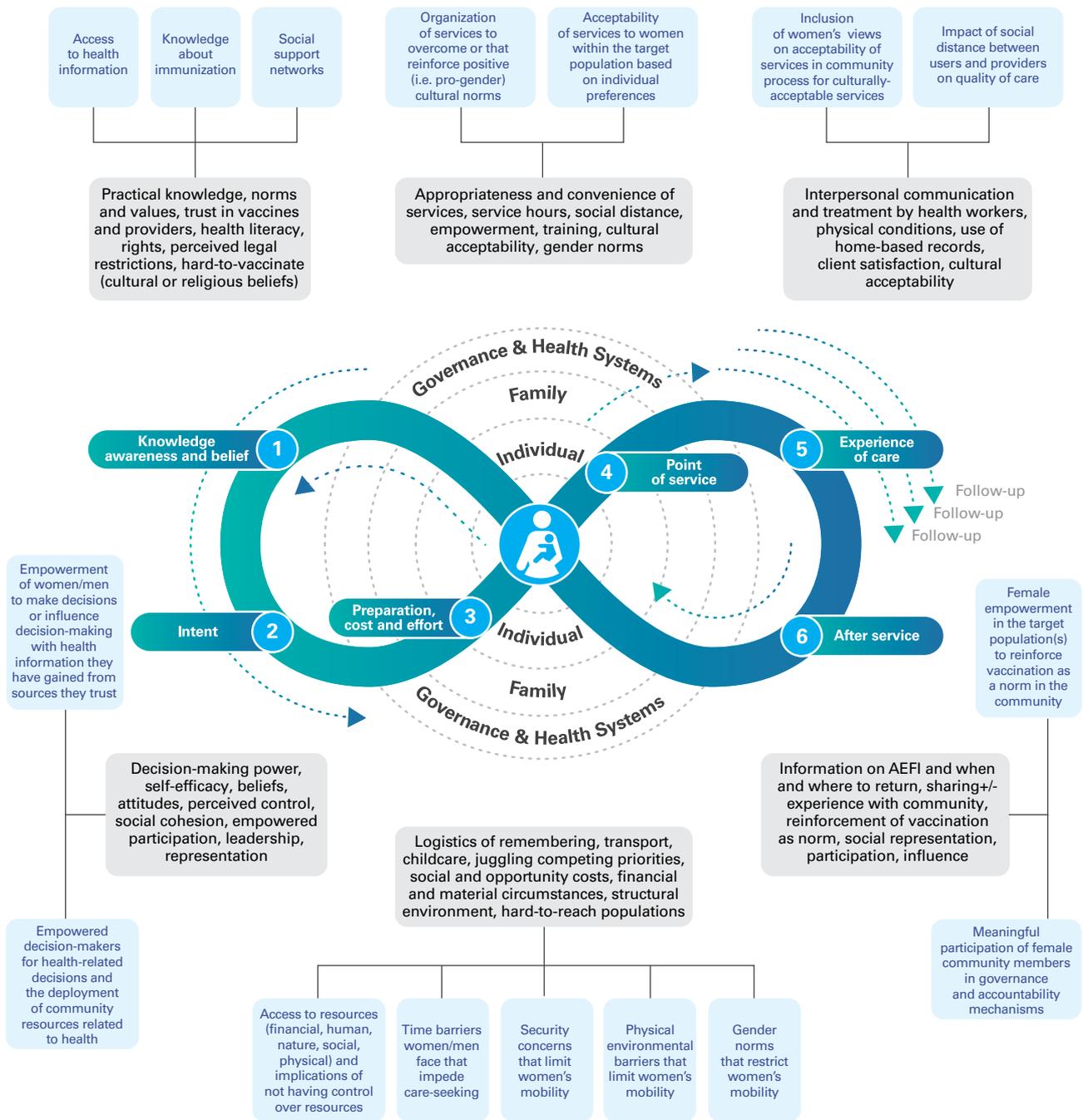
29 Gender and Immunization on Demand Final Report and Recommendations 2022, UNICEF GAVI, <https://demandhub.org/gender-and-immunization-demand-final-report-and-recommendations/> Gender and immunization Checklist, UNICEF GAVI, <https://demandhub.org/gender-and-immunization-demand-checklist/> Integrating Gender in Immunization Demand – promising practices from 6 countries 2022, UNICEF GAVI, <https://demandhub.org/from-coverage-to-empowerment-integrating-gender-in-immunization-demand/>

30 Gender and Immunization: Opportunities for Action (USAID Momentum) <https://www.youtube.com/watch?v=u0rx3t8lbM>

31 Gender and immunization Checklist, UNICEF GAVI, <https://demandhub.org/gender-and-immunization-demand-checklist/>

32 UNICEF GAVI Integrating Gender in Immunization Demand – promising practices from 6 countries 2022, <https://demandhub.org/from-coverage-to-empowerment-integrating-gender-in-immunization-demand/>

**Figure 3** Journey to health, immunization and gender equity<sup>33</sup>



Source: UNICEF

◻ Equity domains  
◻ Gender domains

<sup>33</sup> <https://demandhub.org/gender-and-immunization-demand-final-report-and-recommendations/>



## Data and Evidence

A priority investment is to build and strengthen research and evidence on behavioural and social drivers of vaccination, not only for COVID-19 vaccination but also for any vaccines or beyond immunization to other programmes.<sup>34</sup> Systematic data gathering, analysis and use in the design and adaptation of integrated services is fundamental to well-designed programmes. WHO UNICEF guidance suggests “gathering and using social data to understand behavioural and social drivers of vaccination and other PHC interventions to inform the design, implementation and evaluation of strategies, and to ensure they meet the needs of the communities they are intended to serve, especially hard-to-reach populations.”<sup>35</sup>

Social and behavioural data can be collected through anthropological research, household surveys or qualitative interviews (key informant interviews and focus group discussions) using tools such as the behavioural and social drivers (BeSD),<sup>36</sup> rapid enquiry through HCD,<sup>37</sup> community rapid assessments,<sup>38</sup> social listening (traditional media and social media) and rumour tracking. In addition, integration is an opportunity for programmers to access data sources, behavioural models, and coordinate data gathering with other health programmes to gather vaccine-related information and understand perceptions of integrated health service delivery. Integrated analysis of these data sources with other immunization programme data, and relevant data from other priority programmes can support prioritizing short-term and medium-term actions to promote confidence and demand in all vaccines and for other health services.

Applying behavioural and social data to understand context-specific behaviours, attitudes and perceptions around COVID-19 vaccination and other vaccines and health services is important to integration, especially concerning hard-to-reach populations where available data may be limited. Some partners are reluctant to integrate COVID-19 vaccination because they fear the community’s negative perceptions of COVID-19 vaccines will impact acceptance and uptake of other services or vaccines. The use of social and behavioural data segmented by population can be used to guide strategies to inform health system decision-makers to design and implement integrated services and equip EPI managers to better prepare communities for integrated services by dispelling misinformation and proactively addressing hesitancy of COVID-19 vaccines. Understanding people’s attitudes and perceptions



### Tip: Data

Programme managers should use behavioural and social data in the development of demand-related strategies and designing programmes. Data helps in understanding context-specific behaviours, perceptions and barriers to immunization, including gender-related barriers of caregivers and health workers. Data is a powerful tool for sharing results and for advocacy to planners and decision makers for resources.

<sup>34</sup> Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond, WHO UNICEF p.25, <https://www.who.int/publications/i/item/9789240064454>

<sup>35</sup> Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond, WHO UNICEF p.15, <https://www.who.int/publications/i/item/9789240064454>

<sup>36</sup> *Behavioural and social drivers of vaccination*, WHO 2022. <https://apps.who.int/iris/handle/10665/354459>

<sup>37</sup> Human centered design for health, UNICEF. <https://www.hcd4health.org>

<sup>38</sup> Community rapid assessment on COVID-19, UNICEF. <https://www.unicef.org/evaluation/community-rapid-assessment-cra-covid-19>

towards different services and vaccines can help in the design of strategies and programmes. For example, if priority groups are sceptical about COVID-19 vaccines but accept other vaccines; or where there is high acceptance of immunization services, but lower acceptance of other services.

Robust social and behavioural research and data is fundamental to good design of national integrated communication strategies, tailoring of communication plans for specific priority populations, and identifying person-centred delivery strategies or other non-communication approaches to increasing confidence and uptake. The regular inclusion of a module on the socio-behavioural drivers of vaccination and other services in large-scale surveys, such as the Demographic Health Survey (DHS) or UNICEF's Multiple Indicator Cluster survey (MICS), is a cost-effective way of obtaining national and regional representative data to help guide programme design and track trends over time.

Programmers need to ensure adequate financial resources are allocated to the research and data gathering prior to the development of national communication strategies, and to the monitoring and evaluation of demand programmes. Sharing data across primary health care programmes is not only cost-efficient, but it will also improve the design of integrated services and monitor uptake and acceptance. A data repository accessible across PHC services is a cost-effective practice and facilitates data sharing. For example, by utilizing polio programme mapping, Somalia identified where services could be better located to reach missed children.

## Social listening and infodemic management

Questions, concerns, misinformation and disinformation spread rapidly through online media, offline media and community networks, especially during disease outbreaks or the introduction of new vaccines. An infodemic, defined by WHO as “too much information including false or misleading information in digital or physical environments during a disease outbreak,”<sup>39</sup> can reduce the public's trust in health authorities and negatively influence people's health-related decision making and behaviours. Strong social listening and infodemic management<sup>40</sup> systems can monitor a variety of data sources that help to inform programmatic strategies. These data sources include online conversations, user behaviour, search queries, social media reactions, website performance, and integrate other data sources such as from health systems, socio-behavioural research, Risk Communication Community Engagement (RCCE) activities, news monitoring, and surveys/opinion polls. Systems should not only be set up routinely but also have the ability to be “surged” for campaigns, outbreak responses and emergencies.



### ESARO rapid assessment

Rapid assessments are useful tools in helping to understand both vaccination acceptance and uptake as well as other routine services. Although not rigorous research, they can gather data quickly to support the design of targeted programmatic interventions to address barriers.

UNICEF's Eastern and Southern Africa Regional Office (ESARO) is conducting a rapid assessment of uptake of COVID-19 vaccination, routine immunization and maternal newborn child health in six countries (Angola, Comoros, Ethiopia, Madagascar, Malawi and Tanzania). Among the key findings are an overall very high acceptance of routine childhood vaccination, ANC visits and facility-based births. COVID-19 vaccination rates are lower, but the majority (around 70 per cent) of the population is vaccinated or willing to be vaccinated.

Interestingly, the data reveals specific barriers to uptake of services that can help programmers to design effective responses. For example, the study showed low correlation between risk perception and willingness to get the COVID-19 vaccine across all 6 countries. This demonstrates that people would still get vaccinated despite having a low threat perception of the disease. The persistent fear of side effects of COVID-19 vaccines shows that greater emphasis be given to understanding the fears and better addressing concerns around vaccine safety. The indirect costs of accessing services, particularly among those of lowest economic status, are a key barrier to routine immunization. In maternal health, men were less confident in the importance of women receiving ANC services, revealing the value of gender-specific programming including male involvement.

<sup>39</sup> [https://www.who.int/health-topics/infodemic#tab=tab\\_1](https://www.who.int/health-topics/infodemic#tab=tab_1)

<sup>40</sup> Infodemic management is the systematic use of risk- and evidence-based analysis and approaches to manage the infodemic and reduce its impact on health behaviours during health emergencies. [https://www.who.int/health-topics/infodemic#tab=tab\\_1](https://www.who.int/health-topics/infodemic#tab=tab_1)



### Pakistan: Digital campaign

In Pakistan, insights from social media were used to develop tailored messages and increase vaccine uptake. Data from a digital campaign covering routine immunization, COVID-19, measles, rubella and typhoid vaccines were analysed and used to develop messages to address public concerns of vaccine safety during pregnancy and lactation. The digital component complemented community interventions such as awareness-raising sessions, door-to-door visits, and the engagement of religious leaders and elders. The approach led to increased conversations among women, especially young mothers, about vaccines.<sup>43</sup>



### Tip

Activate a social listening mechanism to identify, analyse and respond to questions, concerns, information voids (where people look for credible information but can't find it), misinformation and rumours rapidly. Build country capacity in social listening, including adequate human resources and training, to develop social-listening insights reports with recommendations for action. Ensure that people looking for information online on vaccines can easily find it on the websites and social media of the ministries of health and other immunization partners. Host a webpage where common misinformation and myths are clearly debunked. Train journalists to fact check and verify misinformation and health claims to reduce the spread of misinformation in traditional news media.

The accelerated spread of misinformation and disinformation undermined the acceptance of COVID-19 vaccination and impacted the utilization of immunization and other routine services. Global guidance recommends a priority investment in having a social listening mechanism in place to understand and respond to communities' health and PHC related concerns.<sup>41</sup> However, a social listening mechanism alone is not sufficient.

As infodemics have the potential to accelerate rapidly through digital media platforms, offline media platforms and community networks, it is crucial to build capacity at country levels to conduct integrated analysis of different data sources, and to interpret the findings into actionable, infodemic and social listening insights reports. These reports regularly gather real time data of local perceptions, common questions, concerns, and misinformation around vaccines that are circulating in social media. The reports are provided to ministries of health and partners to counter misinformation rapidly and to inform strategies for overcoming barriers to vaccine acceptance and increasing uptake.

Some countries have learned the value of “inoculating” a community or an audience against misinformation by building their critical thinking skills. One example is the free online digital game, Cranky Uncle that was developed by UNICEF and the Sabin Vaccine Institute to help audiences spot misinformation techniques on social media and to learn correct facts about vaccines.<sup>42</sup>

<sup>41</sup> Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond, WHO UNICEF pp.15-16, <https://www.who.int/publications/i/item/9789240064454>

<sup>42</sup> <https://crankyunclevaccine.org/>

<sup>43</sup> Integrating-Gender\_in\_Immunization\_Demand-case-studies.pdf, UNICEF page 6, <https://demandhub.org/from-coverage-to-empowerment-integrating-gender-in-immunization-demand/>



## Communication Strategies and Plans

Some countries report that health communication has been fragmented by the introduction of COVID-19 vaccines due to its singular focus on vaccine acceptance and uptake to the exclusion of other health messaging. Owing to the rapid spread of rumours, misinformation and disinformation about COVID-19 vaccines – particularly on social media – communicators were often pressured into immediate, reactive response and actions.

Moving forward, countries will need an evidence-based integrated national communications strategy for vaccination (including social listening and infodemic management). An integrated strategy together with a costed implementation work plan will avoid fragmentation and facilitate the allocation of funding across health sectors. Madagascar has a national strategy for integrated vaccination that allocated funds for communication across all vaccines. Several countries have integrated communication plans across PHC.



### Tip: Acceptance of new and integrated services

The integration of health services involves incorporating new services with population groups that may not be accustomed to integrated services. For example, countries where PHC services are centred on providing maternal and child health services catering to pregnant women and infants. Integrating services for a broader population with diverse health needs will bring a wider range of services and people of different ages and sexes to the facilities. It will be vital to clearly communicate any changes in services to all who will be affected by them, including intended beneficiaries, communities, service providers (those who will be expected to refer for vaccination, as well as those who will vaccinate), supervisors, and programme managers. Health workers will need capacity building and support to deliver a range of services and to interact effectively with populations new to them. Engaging with communities through tailored communications strategies that promote acceptance of integrated services will help to ensure utilization by existing and new clients.





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## Integration of evidenced-based messaging

Integration of messaging with other health and non-health programmes is a priority. Messaging needs to shift from a singular promotion of COVID-19 vaccination or a particular service to all vaccination and PHC services. Challenges for communicators are to avoid overburdening or confusing populations with too many messages and catering to an expanded range of audiences of different demographics and different health needs.

Integrated message development must be evidence based, using proven communication principles, audience segmentation and pre-testing of messages such as focus group discussions (FGDs) or using digital approaches such as A/B testing. Messages should be reviewed regularly and updated based on current technical guidance, socio-behavioural insights and programmatic priorities.

Integration is the opportunity to leverage and complement existing platforms across PHC. The use of a single communication platform (e.g., national multimedia health promotion programme) to disseminate integrated messages on routine immunization and COVID-19 vaccines is cost effective and practical.



### Rwanda: Entertainment education

An integrated entertainment-education initiative was used to address gender norms across children's health, immunization, education, protection, hygiene and sanitation programmes. The initiative combines radio, television, theatre, community engagement and digital media on two multimedia platforms – Urunana and Itetero – reaching millions of children through radio and YouTube. Both programmes embed gender socialization within an integrated set of health, immunization, education, child protection, hygiene and sanitation messages. Assessments and feedback from community members show that Itetero and Urunana have contributed to positive changes in several aspects of early childhood development.<sup>44</sup>

<sup>44</sup> Integrating Gender in Immunization Demand – promising practices from 6 countries 2022, UNICEF GAVI p. 7, <https://demandhub.org/from-coverage-to-empowerment-integrating-gender-in-immunization-demand/>



## Service Experience

The role of health workers in delivering integrated services and as trusted sources of information of PHC cannot be overemphasized. In many ways, health workers hold the key to successful integration. Some countries expressed concern that health workers were exhausted and de-motivated, sometimes underpinned by long-term systemic issues, such as non-payment of salaries and a lack of training and supportive supervision. The remit of this operational framework does not address systems issues, but advocacy efforts can highlight them.

### Hesitancy among health workers

A lesson learned from the introduction of COVID-19 vaccines was not to assume that all health workers accept vaccines. At the time of the pandemic, due to uncertainty about the disease risk and mistrust of vaccines, many health workers were reluctant to risk their relationships with their communities by recommending vaccination or to being vaccinated themselves. It is important to understand why health workers may be hesitant about COVID-19 vaccines, not only because they are a priority for vaccine boosters, but also because health workers who are sceptical of COVID-19 vaccines are unlikely to recommend vaccination to their clients or community.

Similarly, health workers may be wary of the value of integrating services. They may lack confidence to deliver integrated services or are reluctant to take on additional workload.<sup>45</sup> Understanding their perceptions of integration is key to designing interventions to address their concerns.<sup>46</sup>

### Opportunity to build capacity of health workers

Integration can be an opportunity to broaden the pool of health workers who promote vaccination in the community and to build their capacity across health and non-health sectors. For example, diabetes practitioners can be equipped with the skills to communicate about vaccines and immunization. Vaccinators can be trained to screen for diabetes and hypertension.



#### Nigeria: Breakthrough ACTION

Breakthrough ACTION in Nigeria (BA-N) addressed the low uptake of COVID-19 vaccination among health workers through a holistic approach to training. In collaboration with government stakeholders and partners, BA-N developed the “Building Trust and Empathy Around COVID-19” training curriculum, which aimed to build the skills of health workers in providing empathetic care while supporting them in navigating their own self-care to avoid burnout.

The training package included information about the COVID-19 virus and vaccines, the role of health workers, caring for their mental health and well-being, and improving their interpersonal communication skills. A collaborative learning approach blended in-person training with virtual coaching support, job aids and reference materials. The package led to an increased vaccination uptake among health workers and strengthened their capacity to communicate with communities about vaccination.<sup>47</sup>

<sup>45</sup> Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond, WHO UNICEF p.16, <https://www.who.int/publications/i/item/9789240064454>

<sup>46</sup> Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond, WHO UNICEF pp.19, 26, <https://www.who.int/publications/i/item/9789240064454>

<sup>47</sup> Breakthrough ACTION, Nigeria. JHU/CCP. <https://thecompassforsbc.org/project-examples/building-trust-and-empathy-around-covid-19-training-curriculum>



A multi-faceted approach should be taken to address:

- Health workers as a priority high-risk group due to their exposure to COVID-19 and the need for boosters
- Holistic and empathetic training package for health workers to address benefits and values of COVID-19 vaccination, and their elevated risk, health and well-being,
- Health workers as service providers trained in interpersonal communication skills<sup>48</sup> and as trusted messengers for clients and communities delivering an integrated package of PHC at different entry points of the life course.

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<sup>48</sup> Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond, WHO UNICEF p.26, <https://www.who.int/publications/i/item/9789240064454>



# Community Engagement and Social Mobilization

Community engagement “is at the heart of building people’s trust and of their acceptance and use of vaccines.”<sup>49</sup> WHO UNICEF guidance suggests leveraging COVID-19 vaccination as an opportunity to engage and educate communities on vaccination and other health topics and to build a culture whereby communities value and trust health interventions and health workers, and vaccination becomes a social norm.<sup>50 51</sup>

In addition to building positive community attitudes, perceptions and beliefs around vaccination, it is important for programmers to address complex socio-economic barriers to the uptake of primary health care services such as issues related to poverty, gender, race, ethnicity, location and education.<sup>52</sup> Local communities and health workers should be consulted not only in identifying those barriers, but also in co-designing solutions to address equity gaps in immunization, including with cash transfers and advocacy for better social security.

## Community dialogue

Engagement of communities and other stakeholders from all sectors should define problems and solutions, and prioritize actions through dialogue. The IA2030 Immunization for PHC Framework for Action recommends that national immunization and PHC programme managers and decision makers empower people and communities by *continuously engaging local stakeholders and health providers in priority setting, planning, and decisions*<sup>54</sup> around immunization and PHC services.



### Mozambique: Model Families initiative

The Model Families initiative in Mozambique is a community-based approach to promote an integrated package of health and immunization, hygiene, sanitation, education and protection practices, while fostering a shift in gender norms. Community health committees (CHC) certified Model Families on the basis of behavioural indicators including addressing gender inequalities at household and community levels. CHCs have an equal number of men and women, which ensures a balance of perspectives. Male engagement and sharing of household responsibilities aim to shift gender roles and perceptions of what is typically considered a male or female responsibilities while promoting a broad package of outcomes.<sup>53</sup>

49 IA2030 p. 35, <https://www.immunizationagenda2030.org/>

50 Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond. Geneva: World Health Organization and the United Nations Children’s Fund (UNICEF), 2022 p. 15, <https://www.who.int/publications/i/item/9789240064454>

51 Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond. Geneva: World Health Organization and the United Nations Children’s Fund (UNICEF), 2022 Table 2 p. 25, <https://www.who.int/publications/i/item/9789240064454>

52 IA2030 Immunization for PHC Framework for Action p. 8, [https://immunizationagenda2030.org/images/documents/IA2030\\_Immunization\\_for\\_PHC\\_Framework\\_for\\_Action\\_slides\\_EN.pdf](https://immunizationagenda2030.org/images/documents/IA2030_Immunization_for_PHC_Framework_for_Action_slides_EN.pdf)

53 Integrating Gender in Immunization Demand – promising practices from 6 countries 2022, UNICEF GAVI p. 6, <https://demandhub.org/from-coverage-to-empowerment-integrating-gender-in-immunization-demand/>

54 IA2030 Immunization for PHC Framework for Action, [https://immunizationagenda2030.org/images/documents/IA2030\\_Immunization\\_for\\_PHC\\_Framework\\_for\\_Action\\_slides\\_EN.pdf](https://immunizationagenda2030.org/images/documents/IA2030_Immunization_for_PHC_Framework_for_Action_slides_EN.pdf)



### Guatemala: Community dialogue boosts vaccine confidence and planning

Faced with a low turnout for a national COVID-19 vaccination campaign, and distrust of vaccines, UNICEF and its partners developed a community participation approach to promote COVID-19 vaccination.

A community participation guide was developed as an orientation tool on risk communication and community engagement for civil society organizations and other stakeholders. The guide was delivered as an online course and participants developed community participation and engagement plans. Evidence on what communities know and feel, and their level of trust about vaccines was gathered. Rumours regarding COVID-19 were collected through U-Report, UNICEF's digital platform. After analysis of the evidence and data by the Ministry of Health, clarifications to rumours and accurate information were communicated to the communities through radio, social networks and health workers. Now, over 80 community health communication plans are being implemented in Guatemala, and local radio stations are committed to providing accurate information.<sup>55</sup>



### Iraq: Intensifying Integrated Immunization (3iS) campaign

In 2022, Iraq was faced with dropping COVID-19 vaccination due to the low perception of risk from disease and vaccine hesitancy. Childhood routine immunization was lagging due to hesitancy, access issues and the diversion of resources away from routine programmes during COVID-19 vaccine campaigns.

Iraq used community mobilization outreach as the pivot for integration. Using local data from service delivery points, teams identified communities with low coverage and, depending on their demographics and needs, engaged with women's groups, religious leaders, medical students' groups, or youth groups as entry points for integrated messages and services. Community-mobilization approaches were adapted to different settings: Internally displaced persons living in refugee camps, informal settlements and host communities, women, remote and hard-to-access communities, and insecure areas. Importantly, mobilization teams could vaccinate people on the spot or at the nearby mobile clinic if they made the decision to be vaccinated. More women than men were reached through this approach, particularly in settings with refugees and/or with internally displaced persons. The inclusion of women on each of the teams contributed to the campaign's success and public acceptance among female members of the community.<sup>57</sup>

## Effective communication with communities

Front line health workers, such as Lady Health Workers in Pakistan and Health Extension Workers in Ethiopia, and community mobilizers trained in interpersonal communication are trusted messengers who can reach vulnerable communities with integrated messages and services. UNICEF WHO guidance recommends as a priority action and investment to explore leveraging front-line workers to promote demand for and acceptance of COVID-19 vaccination and other health interventions.<sup>56</sup>

Frontline health workers and community mobilizers are ideally positioned for integration as they already perform many functions across health and non-health sectors, including communication, nutrition, Vitamin A and zinc distribution, and maternal health, among other functions. In Iraq, community mobilizers for COVID-19 vaccination checked vaccination records to identify children who missed essential vaccination doses linking them with immunization services.

<sup>55</sup> [https://unicef.sharepoint.com/teams/LACRO\\_C4D/Shared%20Documents/Book-Lacro-English-.pdf](https://unicef.sharepoint.com/teams/LACRO_C4D/Shared%20Documents/Book-Lacro-English-.pdf)

<sup>56</sup> Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2022 p. 25 Table 2, <https://www.who.int/publications/item/9789240064454>

<sup>57</sup> <https://www.unicef.org/iraq/stories/new-opportunity-grow-healthy-vulnerable-children>



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### Madagascar: Champions

Champions can influence positive perceptions and acceptance of vaccination. Religious leaders play a key role in communities where they are influential. Political leaders can have enormous sway over populations and are well positioned to be champions of COVID-19 vaccination among priority groups. In Madagascar, religious leaders tackled taboos around COVID-19 vaccination and positively influenced the community's perception of COVID-19 and other vaccines. A huge upsurge in COVID-19 vaccination followed the nationally publicized vaccination of Madagascar's President.

Although champions were a successful approach in Madagascar, a cautionary note that in other countries the opposite has been true. Building political will and the support of key influentials is important to the success of vaccination and integrated services. Influentials are also well placed to advocate for programmes and help counter negative rumours and misinformation.

Many countries emphasize that community engagement needs a sustained approach and raised concerns about the loss of mobilizers when programme funding ended. Sustainable models, such as Female Community Health Volunteers in Nepal, have shown that non-financial incentives can be a key motivator to the retention of trained mobilizers. Volunteerism is an important area to explore for disseminating health messages, but volunteer mobilizers are not a replacement for health workers. Health workers must be paid and motivated, and this remains a priority for advocacy.

Integration is also the opportunity to build on existing community-based interventions of other health services. For example, to include COVID-19 vaccination with the promotion of handwashing in schools and public places, particularly those that connect with disadvantaged or vulnerable groups. In Afghanistan, cross-sectoral community engagement activities shared information on safe water, hygiene and vaccination. In Yemen, community midwives were trained to provide COVID-19 vaccination and essential immunizations and other family health practices, and treatment of malnutrition.<sup>58</sup>

<sup>58</sup> Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2022 p. 35. <https://www.who.int/publications/item/9789240064454>

# Monitoring and reporting

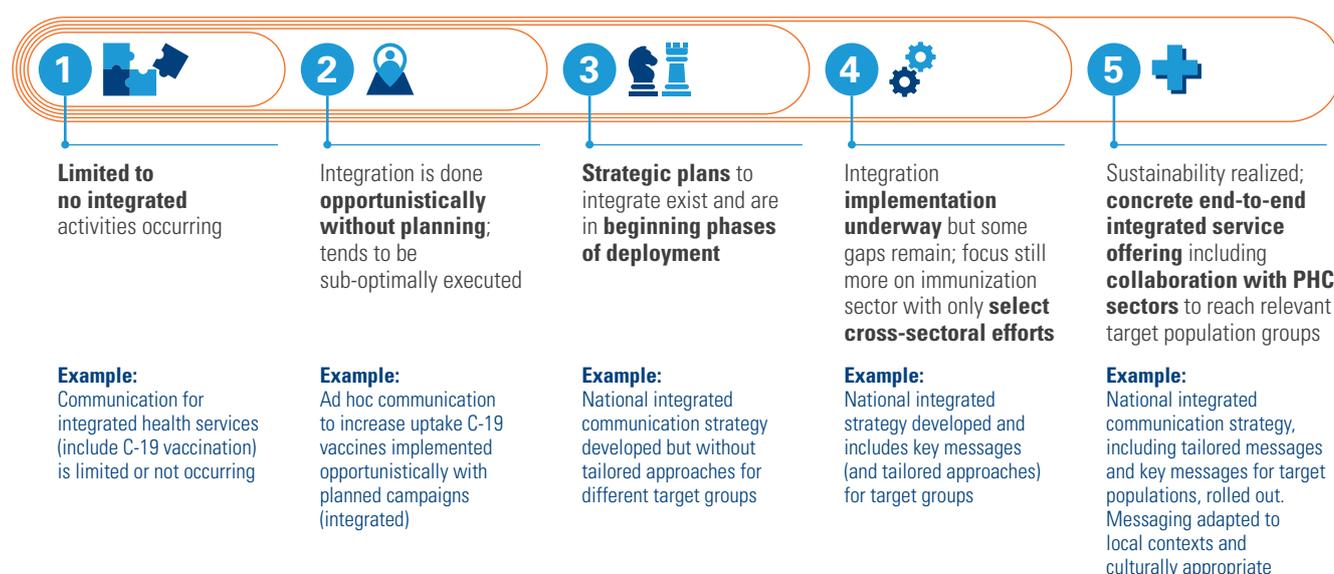
It is important to make a distinction between monitoring demand for integrated primary health care and monitoring the progress of integration itself.

Monitoring demand for integrated primary health care will require planners to go beyond immunization services. For example, the monitoring checklist of supervisors will include demand-related questions of immunization together with other PHC services. Similarly, supportive supervision; data reporting, quality and use; and development of standard demand indicators for the package of PHC services will need to be developed (see Annex: Demand Monitoring Framework for Demand Promotion of COVID-19 and Routine Immunization).

Health information systems, coordination and review will need to be adjusted to include PHC.<sup>59</sup> IA2030 Immunization for the PHC Framework for Action recommends strengthening health information systems to ensure that they generate reliable data for use in decision making and learnings, and to expand the scope of immunization coordination and review mechanisms (e.g., district review meetings) to go beyond immunization and include PHC services more broadly.<sup>60</sup>

For countries that wish to monitor the process of integration, tracking and sharing the data across health programmes can be useful. Data analysis can identify and substantiate any obstacles and help programme staff address challenges. For example, tracking progress in demand programming from ad hoc integrated messaging to a integrated communication strategy with costed and budgeted plans across PHC.

**Figure 4** Countries will assess progress towards integrating COVID-19 vaccination along a five-point scale for each sub-dimension – with example of national integrated communication strategy



<sup>59</sup> Primary health care measurement framework and indicators: monitoring health systems through a primary health care lens. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2022 accessed 24 May 2023

<sup>60</sup> IA2030\_Immunization\_for\_PHC\_Framework\_for\_Action\_slides\_EN.pdf p. 12, <https://www.immunizationagenda2030.org/framework-for-action>

# Key messages

## ► Focus on demand aspects of integration

Integrating COVID-19 vaccination, whether into routine immunization services or into wider PHC services, requires careful planning and preparation, social and behavioural data from across services, additional human and financial resources, coordination with new non-health partners, health worker training, and community mobilization. Ensuring that health workers are motivated and believe in the value of COVID-19 vaccines within integrated services and are equipped with interpersonal communication skills to communicate with communities and clients will be key.

## ► Build stronger demand programmes

The COVID-19 pandemic was a disruptor of society and health systems. Routine immunization coverage has dropped and the number of zero-dose children has risen sharply in some places. Integration offers the opportunity to build stronger, streamlined health services; strengthen health worker capacity; expand the reach of primary health care; and build demand for integrated services. Investments in integration will create sustainable cost efficiencies, and improve access to a wider range of services tailored to the needs of individuals and their communities.

## ► Shift from campaigns to integrated packages of PHC services

COVID-19 vaccination is shifting away from campaigns aimed at rapidly increasing coverage across the general population, to targeting those at highest risk: older populations (aged 60 years and over), populations with co-morbidities, populations who are immune-compromised, and pregnant women, as well as health workers who are most risk of exposure.<sup>61</sup> In line with the first, overarching strategic priority (SP 1) of IA2030, COVID-19 vaccines will be delivered as part of an integrated package of PHC services: *immunization programmes are an integral part of primary health care to achieve universal health coverage.*<sup>62</sup>

## ► Identify delivery platforms across the life-course

COVID-19 vaccines will be delivered through different platforms according to different age groups and peoples' health needs, across the life-course.<sup>63</sup> To reach new priority groups, demand programmes can be developed in collaboration with partners to leverage communication platforms, integrate messages, and build new partnerships including with non-health sectors.<sup>64</sup> Older adults are a priority population and will require innovative ways to be reached and to generate demand for vaccination and other services.

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<sup>61</sup> <https://www.who.int/news/item/28-03-2023-sage-updates-covid-19-vaccination-guidance>, updated 24 March, 2023

<sup>62</sup> IA2030 p. 31 SP 1 <https://www.immunizationagenda2030.org/> IA2030 Immunization Framework for Action, <https://www.immunizationagenda2030.org/framework-for-action>

<sup>63</sup> IA2030 **Life-course approach**. The growing number of new vaccines administered after childhood is opening frontiers for national immunization programmes and will require new methods for delivery. Furthermore, booster doses should be introduced for lifelong protection against diphtheria, pertussis and tetanus. IA2030 has a stronger focus on extending the benefits of vaccination throughout the life-course. p. 25, <https://www.immunizationagenda2030.org/>

<sup>64</sup> IA2030 SP 2 Commitment and Demand: New partnerships will be built among multiple actors to increase knowledge and raise awareness of the value of immunization, to build community trust and to overcome barriers to equity, including gender-related barriers. p. 35, <https://www.immunizationagenda2030.org/>



► **Availability of quality services and demand go hand in hand**

The availability of quality integrated PHC services including trained and remunerated health workers, together with a reliable, adequate and reliable supply of vaccines are fundamental to acceptance and uptake by communities, households and individuals.

► **Monitor and report progress of integration**

Achieving robust vaccine confidence and demand for COVID-19 vaccination requires each country to plan and track the progress of integration. The critical components for demand are a useful approach for identifying challenges and adapting programming quickly according to country needs. Applying a simple COVID-19 vaccine integration scale can help countries to measure overall progress of integration.

**Further reading**

IA2030 Framework for Action provides guidance for Commitment and Demand (SP 2) on “how to maintain political commitment beyond COVID-19 vaccines, and how to maintain trust and demand for vaccines at all ages.”<sup>65</sup>

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<sup>65</sup> IA2030 Framework for Action p. 26, <https://www.immunizationagenda2030.org/framework-for-action>

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