

Pacific Heads of Nursing & Midwifery Meeting

Réunion des chefs des soins infirmiers et obstétricaux du Pacifique



Road to Recovery for Routine Immunization: Lessons from COVID-19

1. BACKGROUND

Immunization is one of the most impactful and cost-effective public health interventions available, averting over 4 million deaths every year¹. Being often the first point of contact with the health systems in many settings, especially where child births take place at home, immunization provides the platform for the delivery of other essential health interventions within the broader primary health care concept that then contribute to preventing diseases and other causes of ill health later in life. This contributes to reducing the cost of care on families and make secondary and tertiary care more manageable to governments and other service providers. Every US dollar spent on childhood immunization returns up to US\$44 in economic and social benefits².

2. IMPACT OF COVID-19 PANDEMIC ON IMMUNIZATION

The impact of COVID-19 pandemic (fear, mistrust, infodemic) and measures taken by governments to control it (movement restrictions, COVID-19 vaccination, competition for limited Human Resources for Health (HRH)) have disrupted the provision of essential health services including routine immunization (RI).

2.1 Extent of service disruptions reported

The 3rd round of the global pulse survey by World Health Organisation (WHO) on continuity of essential health services during the COVID-19 pandemic conducted end of 2021 showed that disruptions continued in Q4 2021 similar to in Q1 2021³

2.2 Backsliding on childhood vaccinations

These disruptions have led to 5% reduction in global immunization coverage (from 86% to 81%), with DTP3⁴ used as a proxy, between, between 2019 and 2021, thus reversing coverage to 2008 levels – over a decade of progress wiped out within two years and leaving 5 million more children unvaccinated

¹ <https://www.afro.who.int/health-topics/immunization>

² <https://www.unicef.org/wca/media/6446/file/UNICEF-KRC1-Toolkit.pdf>

³ https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2022.1

⁴ 3rd dose of diphtheria, tetanus and pertussis containing vaccines

(zero-dose children). Similar 5 million more children did not receive the first measles vaccine and 15 million more did not receive the critical second dose of measles.

Efforts to get health staff to support the response efforts for the pandemic overburdened the health systems especially where there are limited HRH, with routine immunization and Primary Health Care (PHC) services facing significant challenges. Some planned campaigns including measles preventive and outbreak response campaigns were postponed, and still by 1 July 2022, 30 vaccine preventable diseases (VPD) campaigns targeting 125 million individuals remain postponed in 26 countries.

There is declining financial space for health/immunization with good proportion of funds being earmarked for COVID-19 response. This challenge is now being turned into opportunity with efforts focusing on strengthening health systems to be able to deliver COVID-19 vaccines, but also provide the platform for the delivery of routine vaccines and other essential health interventions.

2.3 Mitigation efforts by countries

All countries took measures they deemed appropriate to respond to the disruption observed, which also exposed the weakness of the health system. Some of the mitigation measures include supporting home-based care when people feared going to health facilities or where the health facilities were filled with COVID-19 cases; catch-up campaigns; recruitment, training, and support to health workers; community engagement; and some health financing strategies

3. CHALLENGES AND OPPORTUNITIES

3.1 Challenges - apply to PICTs as well

- Over two years of health system strain and disruptions leading to immunity gaps and, thus, the urgent need to close the gaps, recover and strengthen immunization programmes, and prevent risk of outbreaks
- Setbacks in VPD surveillance performance could affect timely detection of VPD outbreaks.
- Overstretching immunization staff and other human resources. This is seriously affecting the integration of services initiative being promoted by WHO and UNICEF⁵

⁵ [IntegrationofCovid19Vax_RI_PHC_WHOUNICEF_Version1_20220727.pdf \(technet-21.org\)](#)

- Domestic financial setbacks and spending for COVID-19 vaccination will risk securing adequate financial allocation leading to inadequate funding for RI and supplementary immunization activities (SIAs)

3.1 Opportunities

- Experiences from the impact of the pandemic have led governments to understand the need to strengthen the health and immunization systems to be able to respond to future shocks. This includes strengthening the capacities of HRH, supply chain management, social listening, and misinformation management, improving real-time monitoring of vaccine distribution and immunization services using digital tools and strengthening disease and adverse events following immunization (AEFI) surveillance among others.
- Resources coming into lower- and middle-income countries to support COVID-19 vaccines roll-out are being used as opportunities to supporting building strong health systems to deliver other vaccines, but also supporting primary health care and the delivery of more essential health interventions as may be dictated by national policy.
- Investments in efforts to broaden the immunization agenda that include operationalization of the Immunization Agenda 2030 (IA2030), the Equity Accelerator Funding (from Gavi), promotion of life course immunization and integrated service delivery are all opportunities to improve routine immunization.
- The expanded partnerships to reach zero-dose children and missed communities that is highly being promoted, including engagement with civil society organizations and local non-governmental organizations, in efforts to leave no one behind in the provision of and other PHC services is also seen as an opportunity.

4. WAY FORWARD – STRENGTHENING PRIMARY HEALTH CARE

The goal is to build back better and not just return to pre-pandemic levels. The pandemic should be a transformative opportunity to leverage immunization recovery and COVID-19 vaccination toward resiliency and strengthening of primary health care and leave no one behind across the life course.

1. Increase technical and management skills for frontline health workers and programme managers
2. On service delivery, promote broader immunization agenda (IA2030, Gavi 5.0, PHC), the zero-dose initiative and demand generation activities including Human Centered Design.

3. On health information system, explore digital solutions (e.g., reminders, default trackers, disease and AEFI surveillance...) and Electronic Immunization Registers to improve data quality and real time monitoring.
4. On access to quality vaccines at the right time, right place regional procurement mechanisms such as VII should be strengthened and supported by countries.
5. On financing, use the unprecedented level of prioritization and resources for COVID-19 vaccines' roll-out to strengthen health systems
6. On governance, expand partnerships to civil society organizations and local non-governmental organizations and support building their capacities to advocate for, and support the delivery of, immunization and other essential health interventions.