

Pacific Heads of Nursing & Midwifery Meeting

Réunion des directeurs des soins infirmiers et obstétricaux du Pacifique

Routine Immunization Post COVID

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Immunization service delivery in the Pacific

- Routine immunization services
 - Fixed site
 - Outreach site
 - Mobile site
 - Home visit
 - School health programme
- Catch-up vaccination
- SIAs
- COVID-19 vaccination services

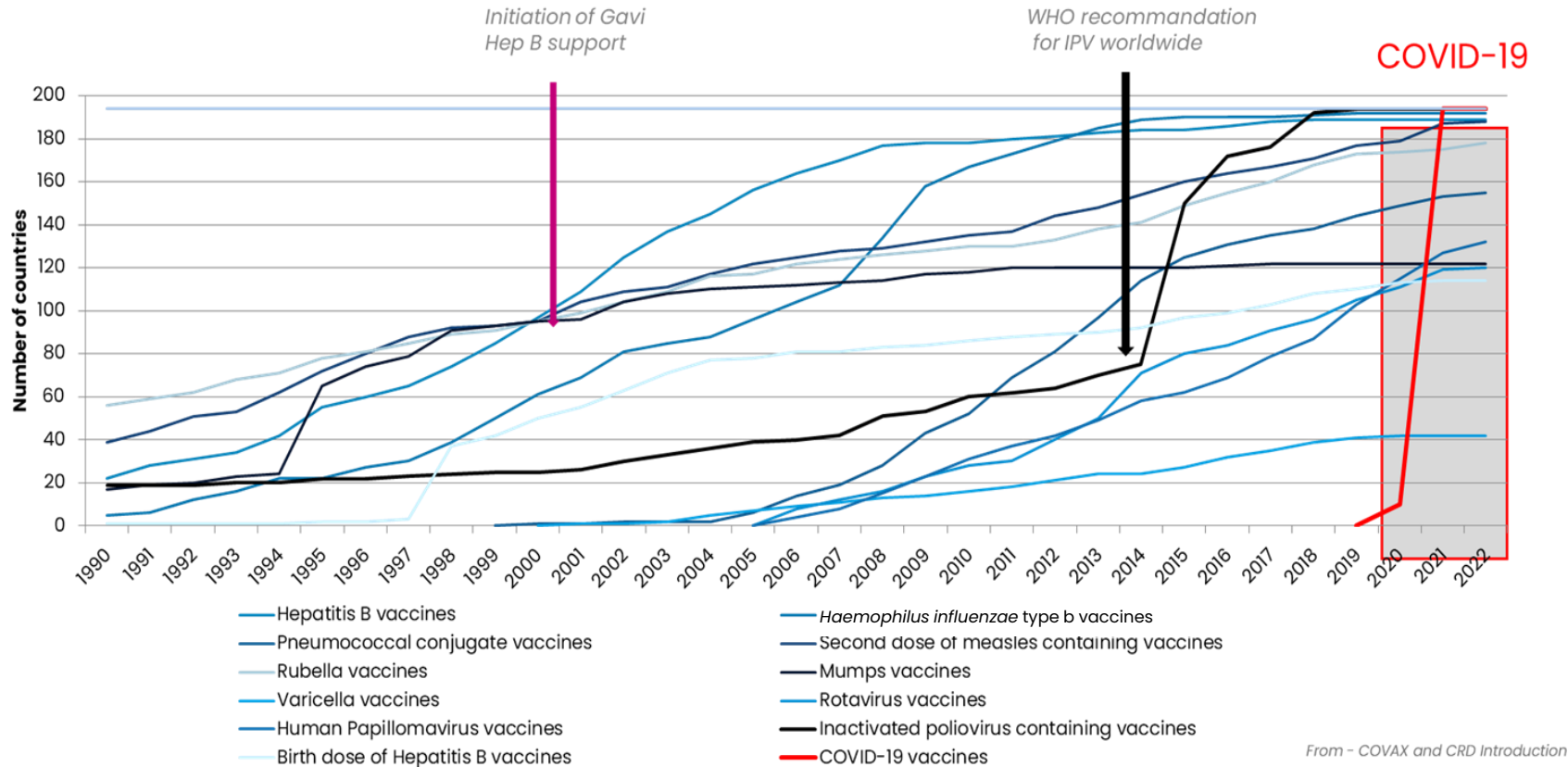


Measles Containing Vaccine (MCV) first and second dose coverage in PICs (2018-2022)- source: eJRF and email

SN	Countries/areas	MCV 1					MCV 2				
		2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
1	American Samoa	71	80	85	82	77	57	69	72	73	71
2	Cook Islands	100	100		94	94	90	98		90	91
3	Fed St. of Micronesia	73	78	79	70	73	48		62	47	43
4	Fiji	95	83	82	90	100	95	72	67	89	84
5	French Polynesia	97	97			99	97	97			99
6	Guam	83	81	71	69		88	94		92	
7	Kiribati	84	94	82	81	85	99	91		58	68
8	Marshall Islands	83	85	89	85	91	61	64	68	59	77
9	Nauru	100	95	98	102	98	95	96		101	83
10	New Caledonia	97			97		92			92	
11	Niue	100	100		100	100	100	100		100	100
12	Northern Mariana Islands	73	75	79	86	86	92	90	71	96	90
13	Palau	90	97	93	93	93	75	88		84	81
14	Samoa	40	96	66	62	82	28	59	60	50	45
15	Solomon Islands	93	81	81	67	90	55	55		40	89
16	Tokelau	100	98	94	95	98	100	98	100	95	98
17	Tonga	99	99	100	100	100	99	100	100	99	99
18	Tuvalu	88	96	93	93	93	81	92	85	84	89
19	Vanuatu	75	80	62	50	70	Not yet introduced				
20	Wallis and Futuna						100	100	100		

Mass campaigns allowed COVID-19 vaccine to be the fastest delivery in history, but...

Vaccine introductions 1990 to 2022



- **Mass campaigns have strained health systems** – health workers and resources have been diverted from providing essential health services
- Mass campaigns have also reached a target population that is significantly larger than the usual EPI campaigns (>3X)
- In the current context, **cost-effectiveness/opportunity cost considerations become increasingly important.**

1. Based on estimates of the COVID-19 Vaccine Introduction and deployment Costing (CVIC) Tool.

SAGE recommendations

- Focus on a simplified single dose regime for adults
- The future delivery of COVID-19 vaccination will need to be integrated with routine immunization, and other relevant PHC services, providing an opportunity to realize the ambition of a life-course approach to vaccination.



<https://www.who.int/news/item/28-03-2023-sage-updates-covid-19-vaccination-guidance>

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 / UNICEF Considerations for Integrating COVID-19 Vaccination



Leadership and governance



Health systems financing



Demand and community engagement



Service delivery



Health workforce



Health information systems



Access to essential medicines (incl. quality vaccines)

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
COVID-19 integration**

Limited integration efforts

Slow roll out of integration activities despite country shift in policy from COVID-19 vx acceleration to integration

Opportunistic integration

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

Structured integration

Integration of strategic C-19 Vx into RI, PHC and other relevant health services to enable systematic integration, reaching key target groups (incl. cross-sector coord. with other PHC partners)



WHY is C-19 integration important?



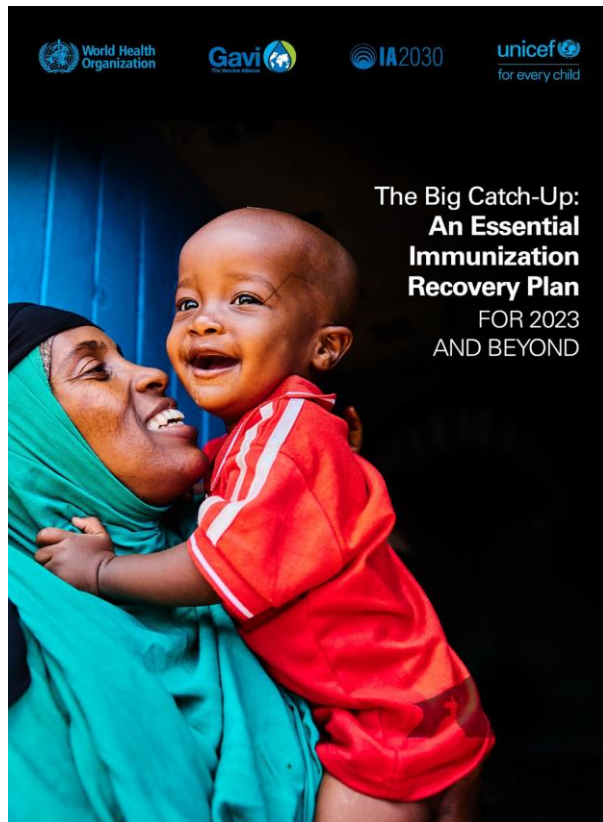
Rationale for COVID-19 integration laid out in WHO-UNICEF guidance

- 1 Epidemiology:** C-19 disease trends will continue 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 pandemic towards **strengthening immunization programs, PHC, epidemic/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/preparation for life course vaccination as set out in the IA2030

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...

Leverage COVID-19 vaccine integration to facilitate the 'Big catch up' Initiative



Use COVID-19 mechanisms (including one plan, one budget, one team) to achieve objectives of the 'Big catch Up' Initiative



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

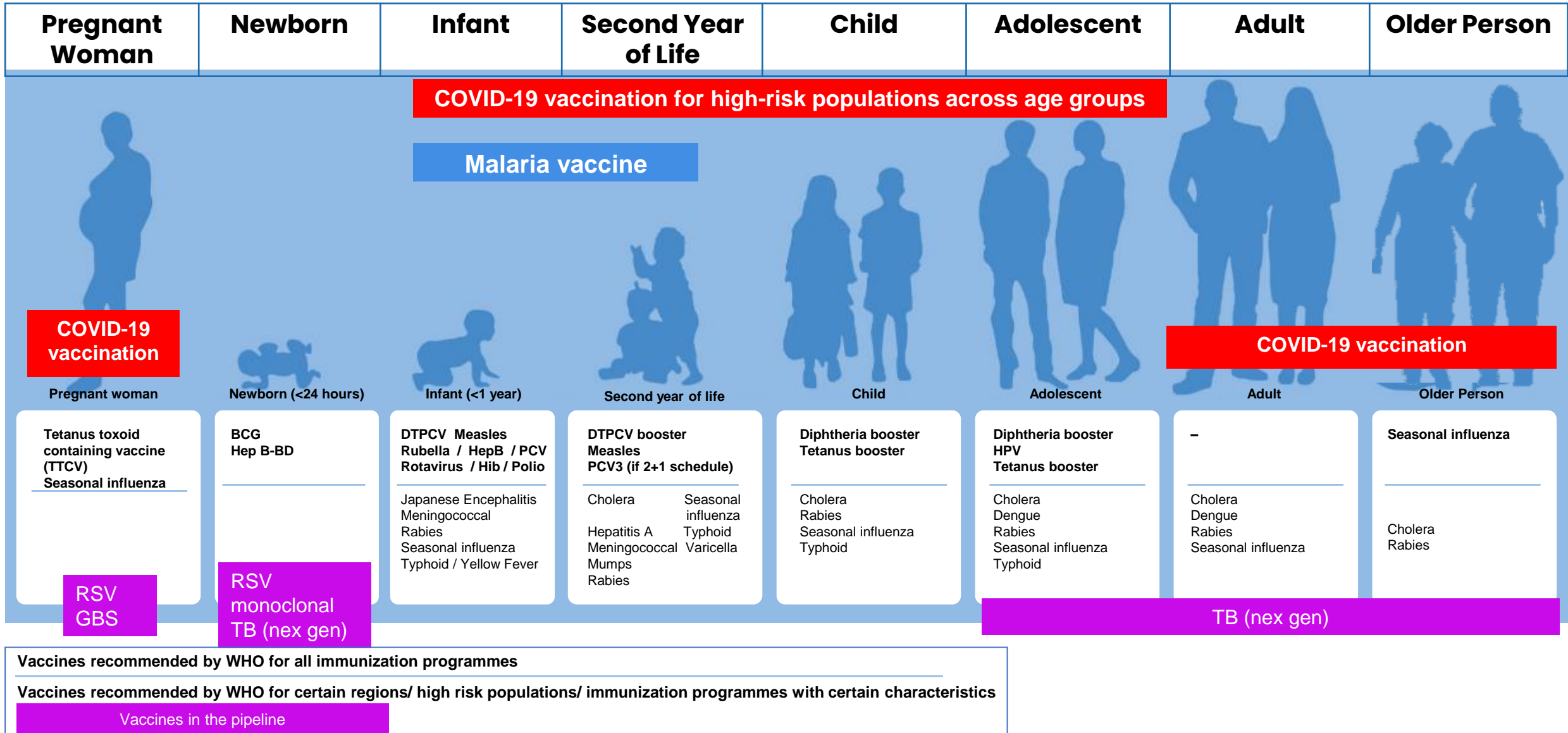
COVID-19 vaccination created an avenue for novel innovations and tools for pandemic response which PHC and non-immunization programs could leverage to improve performance in critical areas e.g., service delivery, logistics, political commitment, etc.



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





WHAT can C-19 integration look like?



C-19 integration what should it look like – **different scenarios**

What activities or policies will be required in various RI and PHC program components?

1. If a 70-year-old person presents at a health facility for TB, or diabetes, or hypertension, or etc., management, what system is in place to screen for COVID-19 vaccination status (including booster dose), and ensure this person gets C-19 vaccine if not vaccinated before leaving the facility? What about older persons without access to health facilities?
2. If an outreach team goes to rural areas, what systems are in place to find, follow up and vaccinate high-risk priority populations e.g. (elderly, people with co-morbidities including disabled, pregnant women, etc.,) who cannot present to the health facilities for COVID-19 vaccination?
3. In 2-3 years', time when other adult vaccines (TB, malaria, RSV.,) may be available, how can current/planned COVID-19 vaccination integration be leveraged to develop systems to provide future adult vaccines in the country?

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)*



Country **context** and existing **programmes**



COVID-19 vaccination **priority groups**



Available **funding**



Status of health **digital systems**



Interconnectedness of service delivery across PHC areas



Health **governance** landscape



Collaboration with other ministries (finance, social welfare, local government, education, etc.) and stakeholders

Good practices and innovation to mainstream/integrate COVID-19 vaccination

GOVERNANCE, PLANNING & FINANCING



POOLING RESOURCES

Malawi leveraged and pooled partner and other resources to respond to priority public health threats (Cholera outbreak) along with C-19 vaccination.



INTEGRATION OF COORDINATION MECHANISMS

Somalia/South Sudan: MOH/EPI collaboration and coordination with HCT and UNCT, Inter-cluster forum to optimize integration.



JOINT PLANNING

Tanzania conducted joint planning for procurement and delivery of COVID-19 and other essential vaccines in their national immunization programme



INTEGRATION OF GOVERNANCE PROCESSES

Uganda/ Ethiopia/Zambia: Transition from stand alone C-19 pillar to EPI TWG and engaging other PHC programs

Source: [Country experiences with COVID-19 vaccination: Mainstreaming & integration with immunization programme services and PHC, 2022](#)

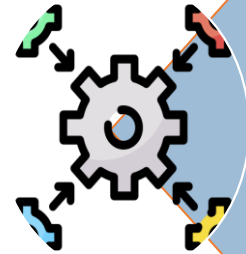
Good practices and innovation to mainstream/integrate COVID-19 vaccination

SERVICE DELIVERY



INTEGRATED DELIVERY OF SERVICES DURING OUTREACH SESSIONS

Djibouti provided COVID-19 vaccine, essential vaccines, vitamin A supplementation and nutrition screening in remote and hard-to-reach areas.



NCD SCREENING

Malawi provided integrated services including screening for non-communicable diseases.



COVID-19 VACCINATION FOR CAREGIVERS DURING ESSENTIAL IMMUNIZATION VISITS

Ethiopia screened care givers of children coming for essential immunization and provides COVID-19 vaccination.



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

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



INTEGRATED SUPPLY CHAIN MANAGEMENT

Ethiopia: used a woreda vaccine distribution status tool to visualize and monitor progress ensuring timely delivery of vaccines and other commodities including in conflict affected areas



THE DRONE PROGRAMME FOR INTEGRATED DELIVERY OF SUPPLIES

Ghana used drones to deliver medical supplies in difficult geographic terrains, including COVID-19 vaccines, other vaccines, antenatal care medicines, multi-vitamins, syringes and gloves.



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.



STRENGTHENING OVERALL COLD CHAIN CAPACITY

South Sudan 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

Zambia used health workers to conduct weekly monitoring and analysis to identify and enlist beneficiaries for essential immunization and COVID-19 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

DEMAND & COMMUNITY ENGAGEMENT



USE OF TRUSTED COMMUNITY INFLUENCERS

Somalia: use of RMNCH sites for gender specific C-19 vaccination



COMMUNITY INVOLVEMENT AND INTEGRATION OF VACCINATION WITH ROUTINE ANC SERVICES

South Sudan scaled-up evidence-based vaccine demand interventions, resulting in improved and sustained vaccine demand among women (20% in June 2021 – 52% in June 2022).



PROMOTING COVID-19 JOINTLY WITH HPV ADOLESCENT IMMUNIZATION

Lesotho promoted and conducted COVID-19 vaccination together with HPV targeting adolescents.



INTEGRATED ADVOCACY AND MOBILIZATION

Burkina Faso: ‘1000 Youth, 1000 Women’ vaccination Initiative championed by the King of Ziniare to address disinformation and increase 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

Malawi leveraged Rapid Pro from the Polio campaigns to facilitate real time information and address COVID-19 data backlogs, it is being used to send reminders for second dose. There is ongoing work to link it to DHIS-2.



LEVERAGING DIGITAL DATA SYSTEMS

Zambia developed SoPs for use of GIS microplanning maps for COVID-19 vaccination and routine immunization (REC/RED)



LEVERAGING DIGITAL DATA SYSTEMS

South Sudan: Use of ODK for COVID-19 vaccine inventory, supervision and reporting linked to Power Bi Dashboard






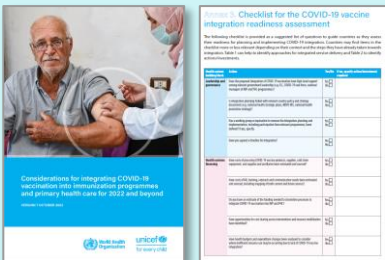


INTEGRATING COVID-19, VPD AND INTEGRATED DISEASE SURVEILLANCE

Rwanda used data systems to scale-up real-time monitoring to enhance COVID-19 surveillance, vaccination and case management in line with its integrated disease surveillance and response system

Source: [Country experiences with COVID-19 vaccination: Mainstreaming & integration with immunization programme services and PHC, 2022](#)

Three interlinked documents as part of COVID-19 integration support package focus on integration initiation and planning in countries

Stage	Tools available / under development	Key objective	Non-exhaustive list of materials
 <p>Principle design & key considerations</p>	 <p>WHO-UNICEF Considerations for Integrating COVID-19 Vaccination</p>	<p>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</p>	
 <p>Diagnostic assessment</p>	 <p>Integration self assessment mapping tool (developed by UNICEF, WHO, Gavi)</p>	<p>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</p>	
 <p>Technical implementation</p>	 <p>WHO-UNICEF Readiness Assessment Checklist (Annex 3)</p>	<p>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</p>	

Available and upcoming WHO resources on vaccination

	Integration	Country strategy/Operational	COVID-19 vaccine high priority-use groups	Learnings
C-19 vax specific	<p>Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond</p> <p>Support package for integrating COVID-19 vaccination into immunization programmes and primary health care</p>	<p>https://www.who.int/publications/item/WHO-2019-nCoV-Vaccine-deployment-2021.1-eng</p> <p>Guidance on operational microplanning for COVID-19 vaccination</p> <p>Online training (OpenWHO) curriculum on Operational Microplanning for COVID-19 Vaccination</p> <p>Training curriculum on Operational Microplanning for COVID-19 Vaccination</p>	<p>Vaccinating older adults against COVID-19</p>	<p>Questions and Answers: COVID-19 vaccines and pregnancy</p> <p>https://www.who.int/news/item/19-04-2023-global-compendium-of-knowledge-on-covid-19</p> <p>Link</p>
Non-C-19 vax specific but relevant	<p>Working Together: an integration resource guide for immunization services throughout the life course</p> <p><i>Under development</i> Considerations for planning integrated campaigns: immunization and beyond</p>	<p>OPERATIONAL FRAMEWORK FOR DEMAND PROMOTION - Integration of COVID-19 vaccination into routine immunization and primary health care</p>	<p>Implementation guide for vaccination of health workers</p> <p>How to implement seasonal influenza vaccination of health workers</p>	<p>How to implement seasonal influenza vaccination of pregnant women</p> <p>Protecting all against tetanus</p>

Key Findings-COVID-19 integration status in the Pacific

- 10 of 21 countries/areas in PICs are considering, planning, or co-delivering/co-administering C-19 vaccines with other immunization services or PHC
- Some form of integration in program areas/activities already happening
 - Health workforce, cold and supply chain capacity are mostly or partially integrated in 60% of countries/areas
 - Monitoring and information management systems are only partially integrated in most countries
 - Policies and financing are the least integrated

- **Enablers:** strong political will and commitment, collaboration and partnerships, robust health systems, adequate financing, and public trust and confidence
- **Challenges:** logistics and supply chain, healthcare provider capacity, public hesitancy and misinformation, equitable access to vaccines, and data management and information systems
- **Opportunities:** investments in COVID-19 data platforms e.g., electronic vaccination registry, HR, cold chain capacity and demand creation capacities built during COVID-19 vaccines roll-out, existing PHC platforms and systems for integration e.g., COVID-19 and NCD in health facilities, existing integrated practices e.g., nutrition, MCH

Next Steps

- Facilitate **knowledge sharing** or document learnings and experiences of countries/areas currently conducting integration in PIC
- Discuss plans on **country-level integration of COVID-19 vaccination** into immunization systems and PHC
- Explore **opportunity to fully integrate** and **discuss support** for countries/areas with existing program areas that are partially integrated



Thank you