



Key Considerations for Integrating Immunization with Other Vertical Programs



March 2020

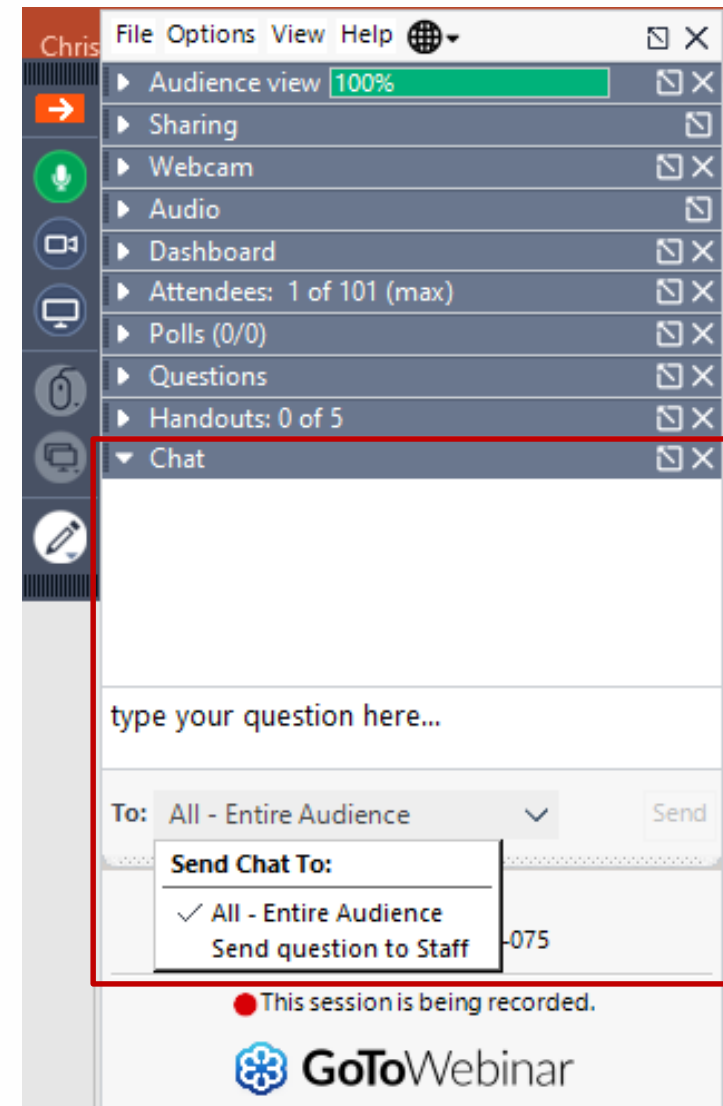
Q&A and Chat Tips

Questions

- We will be having a discussion with our panelists during this webinar.
- Please feel free to submit questions as they arise via the “Questions” panel on your screen.

Chat

- You may use the “Chat” panel to:
 - Connect with other attendees
 - Communicate with the host about any technology issues you may be experiencing
 - Please do NOT type your questions into the “Chat” panel as the host may miss your question.



Agenda

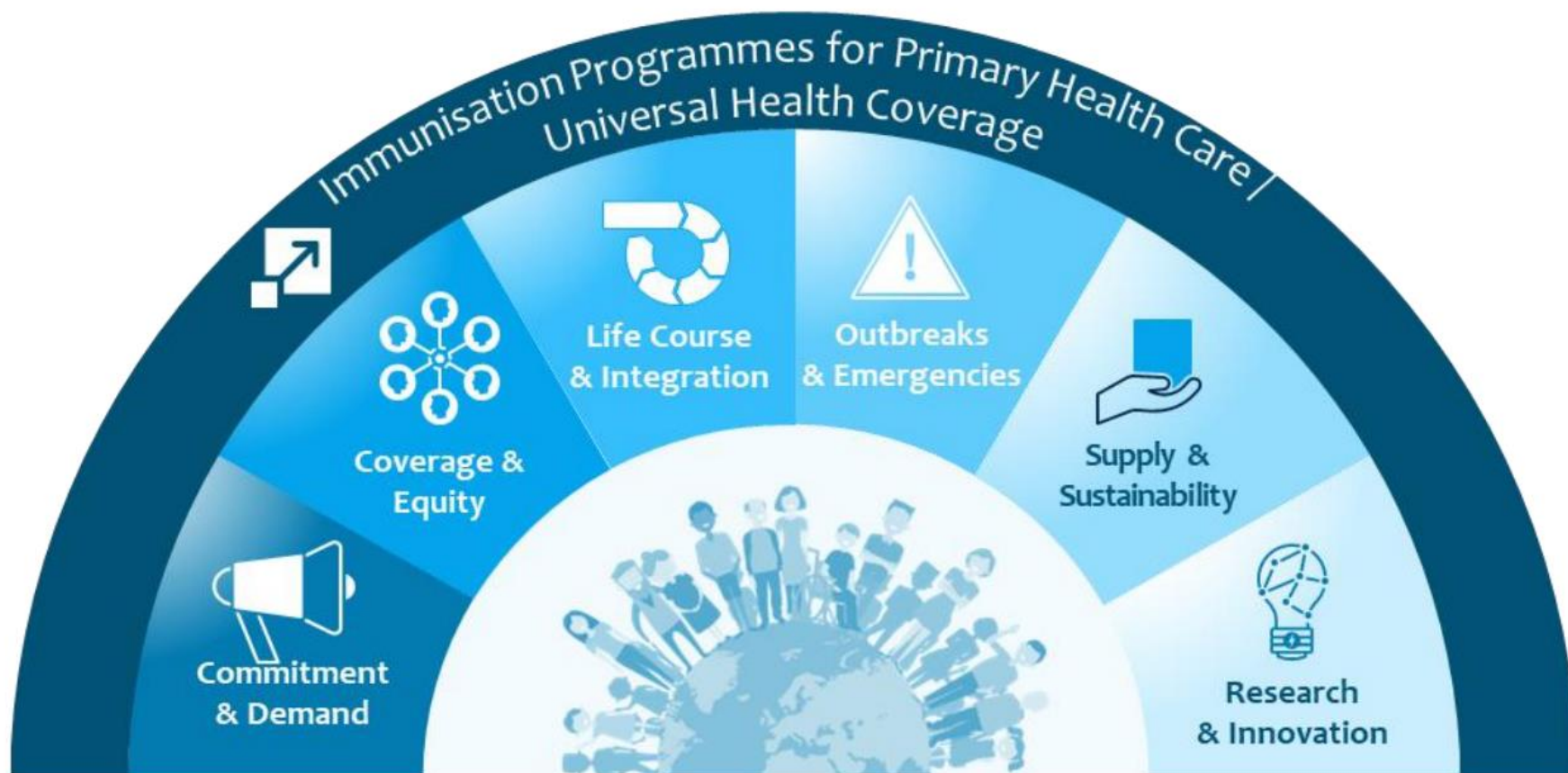
- Introduction (Grace Chee)
- Immunization and integration: framing the issues (Rebecca Fields, JSI)
- Considerations for integration of immunization services into well child care in Lao PDR (Dr Panome Sayamoungkhoun)
- Optimized Integrated Routine Immunization Strategy (Dr. Garba Bakunawa)
- Discussion and Q&A

Gavi Strategy, 2021-2025

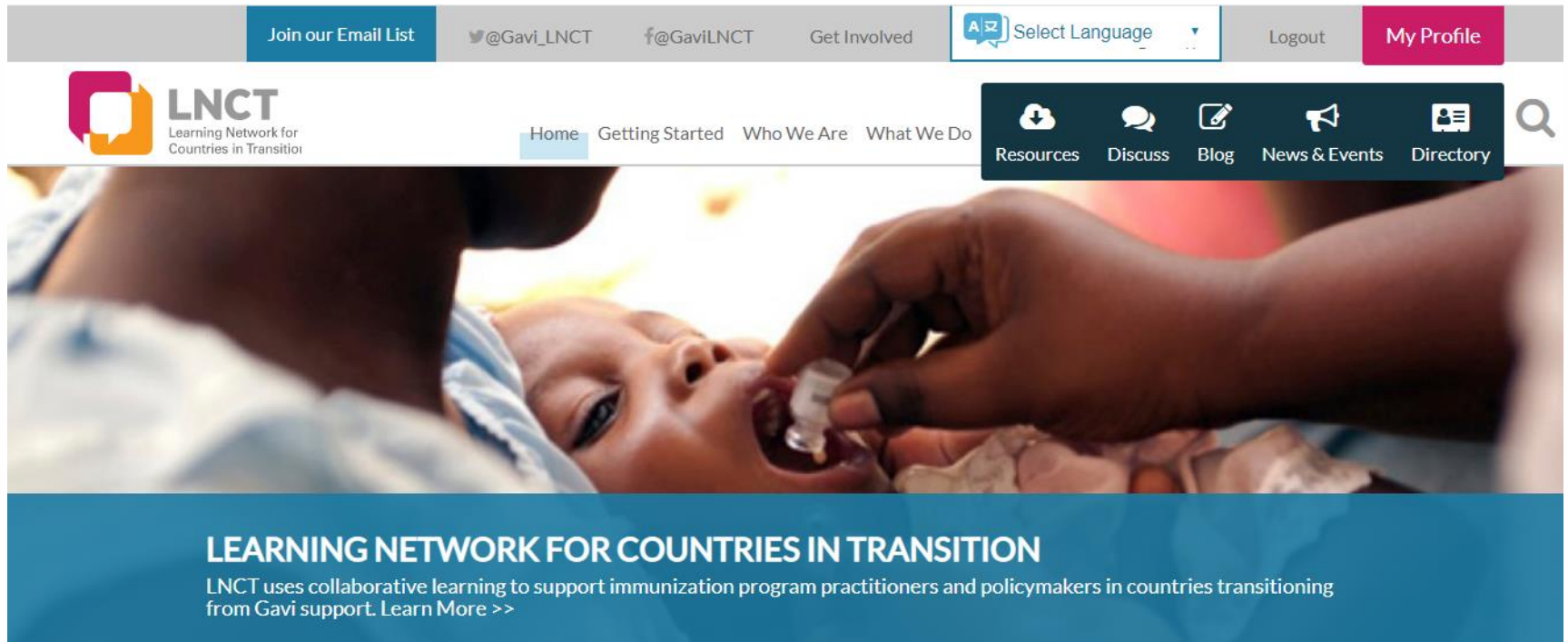
Vision		Leaving no-one behind with immunisation				SUSTAINABLE DEVELOPMENT GOALS	
Mission 2025	To save lives and protect people's health by increasing equitable and sustainable use of vaccines	Mission indicators	<ul style="list-style-type: none">• Child mortality reduction• Lives saved• Future DALYs averted• Equity indicator	tbd tbd tbd tbd	<ul style="list-style-type: none">• People (male & female) vaccinated with Gavi support across the life course• People (male & female) vaccinated with Gavi support against outbreak-prone diseases• Economic benefits unlocked	tbd tbd tbd	
Principles	<div><ul style="list-style-type: none">• Missed communities, first priority: Prioritise children missing out on vaccination including among migrants, displaced and other vulnerable populations• Gender focused: Identify and address gender-related barriers to promote immunisation equity• Country-led, sustainable: Bolster country leadership to sustainably deliver and finance immunisation• Community owned: Ensure community trust and confidence in vaccines by engaging communities in planning, implementation and oversight of immunisation• Differentiated: Target and tailor support to national and subnational needs including fragile contexts</div> <div><ul style="list-style-type: none">• Integrated: Strengthen immunisation as a foundation for integrated primary health care to reach unserved communities in support of universal health coverage• Adaptive, resilient: Help countries leverage immunisation to address the challenges of climate change, Global Health Security, antimicrobial resistance and other major global issues• Innovative: Identify and leverage innovative products, practices and services to reach everyone with immunisation• Collaborative, accountable: Collaborate across stakeholders to achieve the SDGs in a transparent, coordinated and accountable manner</div>						
Goals	1 INTRODUCE AND SCALE UP VACCINES		2 STRENGTHEN HEALTH SYSTEMS TO INCREASE EQUITY IN IMMUNISATION		3 IMPROVE SUSTAINABILITY OF IMMUNISATION PROGRAMMES		4 ENSURE HEALTHY MARKETS FOR VACCINES AND RELATED PRODUCTS
Objectives	<div><div>A</div><div>Strengthen countries' prioritisation of vaccines appropriate to their context</div></div> <div><div>B</div><div>Support countries to introduce and scale up coverage of vaccines for prevention of endemic and epidemic diseases</div></div> <div><div>C</div><div>Enhance outbreak response through availability and strategic allocation of vaccine stockpiles</div></div>		<div><div>A</div><div>Help countries extend immunisation services to regularly reach under-immunised and zero-dose children to build a stronger primary health care platform</div></div> <div><div>B</div><div>Support countries to ensure immunisation services are well-managed, sustainable, harness innovation and meet the needs of all care givers</div></div> <div><div>C</div><div>Work with countries and communities to build resilient demand, and to identify and address gender-related barriers to immunisation</div></div>		<div><div>A</div><div>Strengthen national and subnational political and social commitment to immunisation</div></div> <div><div>B</div><div>Promote domestic public resources for immunisation and primary health care to improve allocative efficiency</div></div> <div><div>C</div><div>Prepare and engage self-financing countries to maintain or increase performance</div></div>		<div><div>A</div><div>Ensure sustainable, healthy market dynamics for vaccines and immunisation-related products at affordable prices</div></div> <div><div>B</div><div>Incentivise innovation for the development of suitable vaccines</div></div> <div><div>C</div><div>Scale up innovative immunisation-related products</div></div>

Immunization Agenda 2030

Strategic priorities



Explore the LNCT website: www.lnct.global



The screenshot shows the top portion of the LNCT website. At the top is a grey navigation bar with links: "Join our Email List" (blue button), "@Gavi_LNCT" (Twitter icon), "@GaviLNCT" (Facebook icon), "Get Involved", "Select Language" (dropdown menu), "Logout", and "My Profile" (pink button). Below this is the LNCT logo (a stylized orange and pink speech bubble) and the text "LNCT Learning Network for Countries in Transition". To the right of the logo is a horizontal menu with "Home" (highlighted in blue), "Getting Started", "Who We Are", and "What We Do". Further right is a dark blue bar with icons and labels for "Resources", "Discuss", "Blog", "News & Events", and "Directory", followed by a search icon. The main hero section features a large image of a healthcare worker administering a vaccine to a baby. Below the image is a blue banner with the text "LEARNING NETWORK FOR COUNTRIES IN TRANSITION" and a subtext: "LNCT uses collaborative learning to support immunization program practitioners and policymakers in countries transitioning from Gavi support. Learn More >>".

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LNCT uses collaborative learning to support immunization program practitioners and policymakers in countries transitioning from Gavi support. Learn More >>



Immunization and integration: Framing the issues and operational considerations

Rebecca Fields, Senior Technical Advisor for
Immunization, JSI

What do we mean by integration?

WHO DEFINES INTEGRATED HEALTH SERVICES AS:

“Health services that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course.”

From: *Framework on integrated, people-centred health services*.
Geneva: World Health Organization; 2016
http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf?ua=1&ua=1



<https://apps.who.int/iris/bitstream/handle/10665/276546/9789241514736-eng.pdf?ua=1>

What is the aim for integrating immunization and other interventions?

A balance between:

What is ideal

Meet the complete needs of every mother and child by providing:

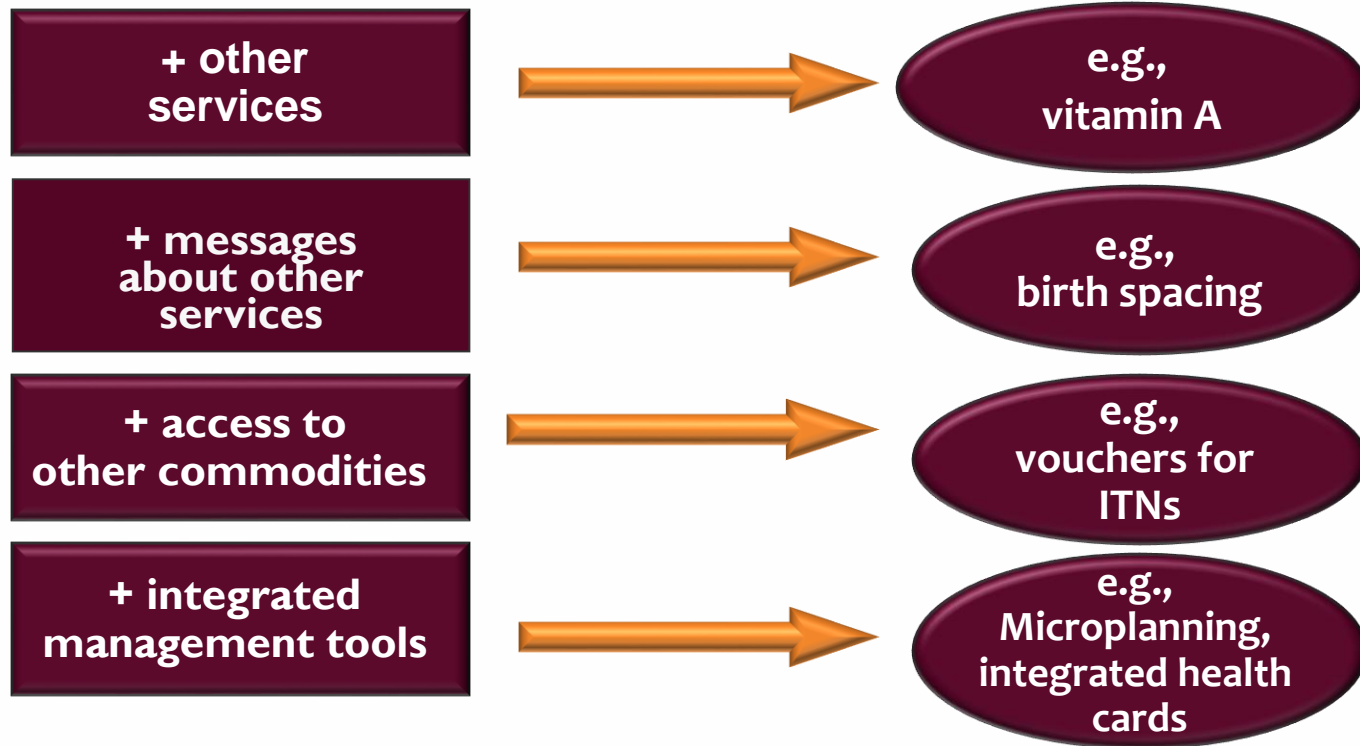
- every service they need
- when they need it
- during every visit to health services

What is feasible

- Compatibility of health interventions with each other
- Compatibility with the health system
- Likely positive effect for all services involved



“IMMUNIZATION Plus” ...Plus WHAT?



Integrated health service delivery is a critical concept for health service development in Papua New Guinea

[adapted from Chris Morgan, Burnet Institute]

Meaning: packages of care, multi-function staff, coordinated planning/referral in response to fragmented systems and low uptake of services

Mounting international evidence on the ***potential*** benefits

- Immunization + other services (Wallace 2012)
- IMCI and child health (Gera 2016)
- HIV services with RMNCH (Chamla 2015, Obure 2016)
- HPV and school health programs (Paul 2014, Ladner 2016)
- Family Planning, bednets, malaria IPT in RMNCH and others


Evidence raises caution: integration does not always work

- May decrease utilisation and/or quality (Dudley & Garner, *Cochrane* 2011, Goodson 2013)
 - Can overload staff, especially those short on time (Wallace 2012)
 - May decrease equity by '*putting more eggs in one basket*' (Victora 2005)
- ***Biggest gap: integration driven by program planners seeking coverage for 'their' intervention, not by client needs and preferences***


Example:

Possible effects on immunization of integrating immunization services with family planning

Positive:

- 
- Secure support for immunization by using it as platform to serve another program
 - By increasing convenience to caregivers through “one stop shopping” increase utilization of services and vaccination coverage

Negative:

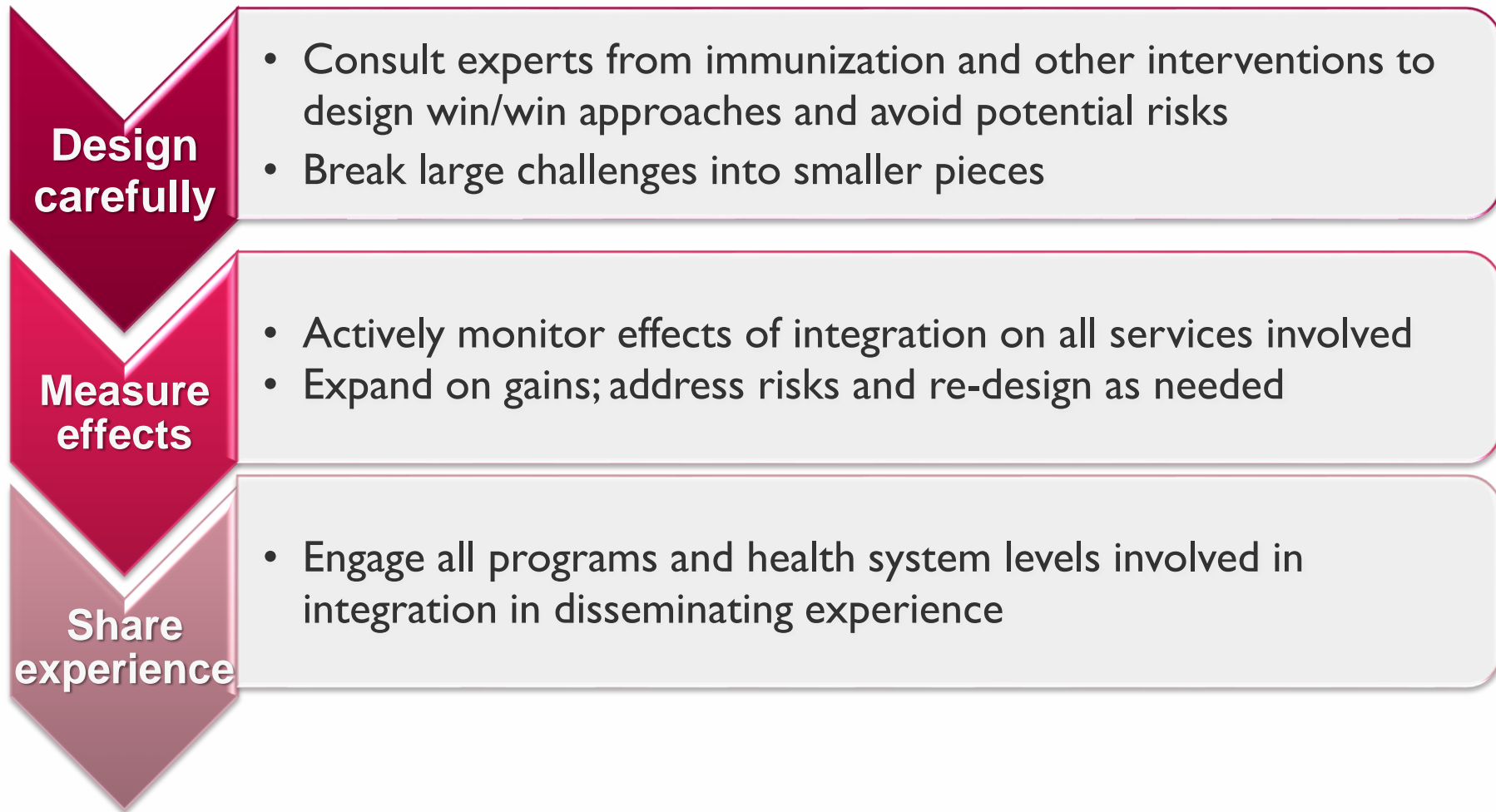
- 
- Deter mothers who accept EPI but not FP
 - Create confusion that EPI is really FP and a masked attempt to sterilize women or children

Considerations in integrating immunization and other interventions

Related to the intervention	Related to the health system
<p>Similar for:</p> <ul style="list-style-type: none">➤ Target groups➤ Timing/frequency➤ Logistical needs➤ Acceptance by community and health staff➤ Skill levels needed	<ul style="list-style-type: none">➤ High level political will➤ Supportive policies➤ Assured financial and logistical support➤ “multi-valent” health workers (ideally)➤ Supportive PHC structures➤ Clear monitoring responsibilities➤ Combining interventions doesn’t disrupt/over-burden

http://www.immunizationbasics.jsi.com/Newsletter/Archives/snapshots_volume5.pdf

Designing for effective integration



Look for / Plan for (I):

1. **PEOPLE:** How acceptable is integration, both to clients and health workers? For which interventions?
2. **SERVICE DELIVERY:** Do integrated services provide high quality care for each intervention? Can they reach the entire target group at the time and frequency needed?
3. **SERVICE DELIVERY:** How does it affect patient flow? Must clients wait in multiple lines and spend longer at health facility? Can it be carried out in some locations but not others?
4. **HUMAN RESOURCES:** How does it affect the workload and tasks of each type of staff, including clinic managers? Does it change when and where they work?



Look for / Plan for (II):

1. **MEDICINES/COMMODITIES:** How must supply chain management align to provide all commodities needed for integrated service delivery?
2. **INFORMATION:** What is the impact on data management tools? How will integration be monitored and evaluated? What will be measured? By whom?
3. **GOVERNANCE:** Who is promoting integrated service delivery and why? Who is accountable performance for integrated service delivery?
4. **FINANCING:** What are the anticipated or hidden costs? Have they been quantified? Who's responsible for them?



In sum...

Planning for or improving integration should address considerations of:

- ✓ Context
- ✓ Compatibility
- ✓ Feasibility
- ✓ Acceptability
- ✓ Accountability
- ✓ Equity

https://www.who.int/immunization/documents/ISBN_9789241514736/en/





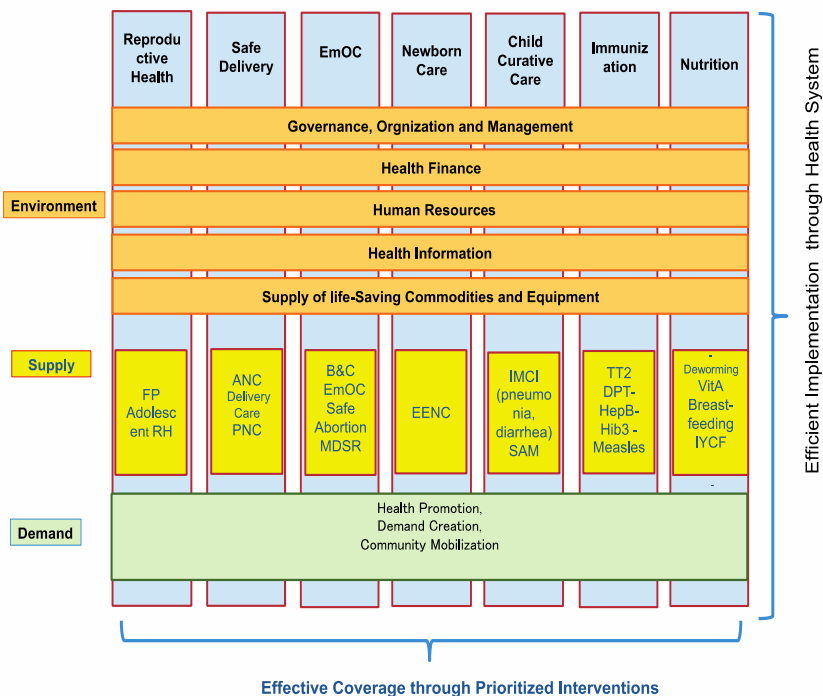
Considerations for the Integration of Immunization Services into Well Child Care in Lao PDR

Dr Panome Sayamoungkhoun, EPI Manager and Acting Director
Maternal and Child Health Center (MCHC)
Department of Health and Hygiene Promotion, MoH, Lao PDR

Newly developed RMNCAH Strategy for 2021-25 includes a vision to introduce a “people-centered approach” and ensure a continuum of care

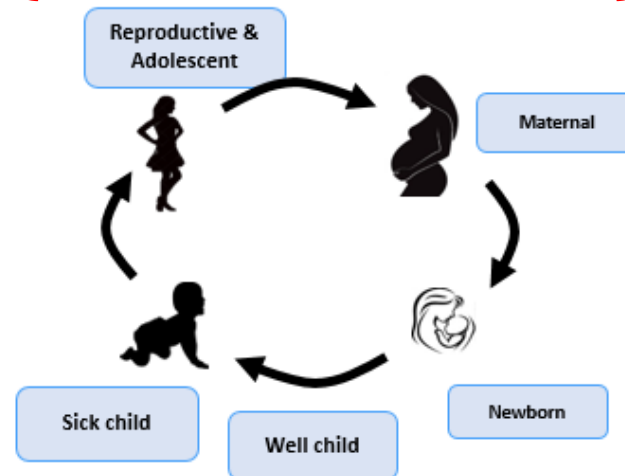
Reorganization from program verticals to target population groups

Conceptual Framework for the RMNCH Strategy and action plan 2016-2025



Strategic Objective on the “Well Child”

All Lao children <5 have access to comprehensive, quality services in immunization, nutrition and childhood development

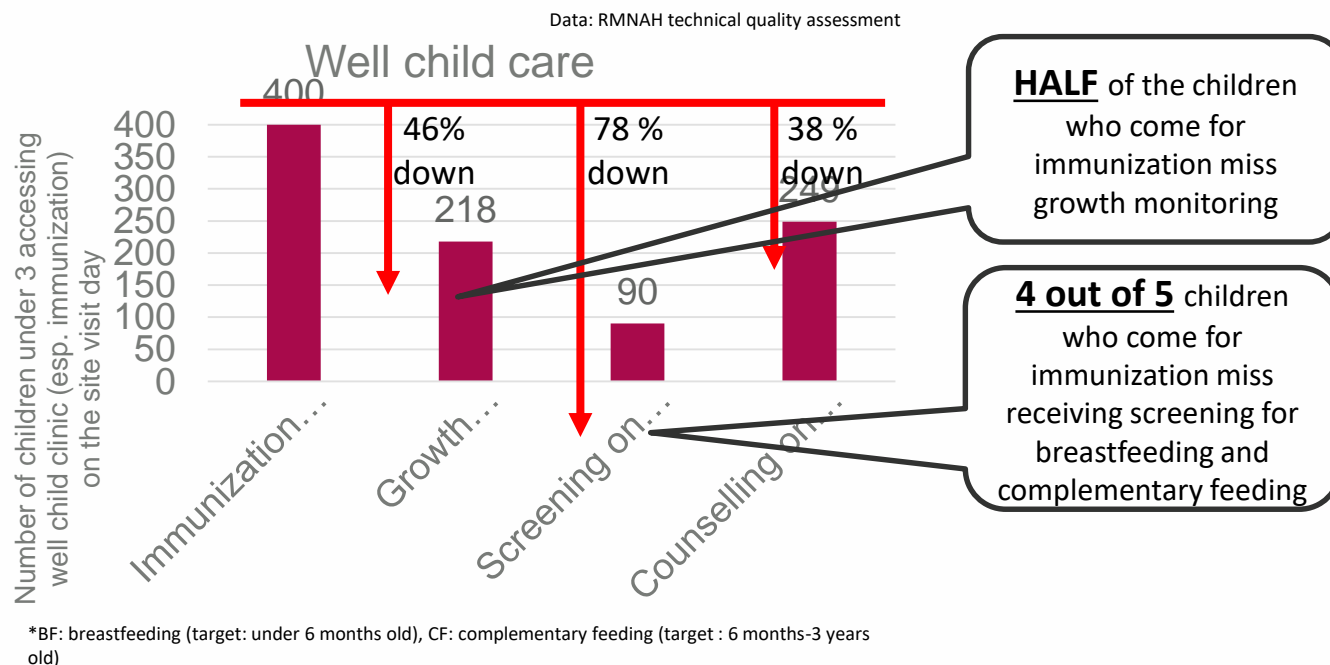


are the foundation for PHC in Lao PDR, and historically have spearheaded many health sector reforms

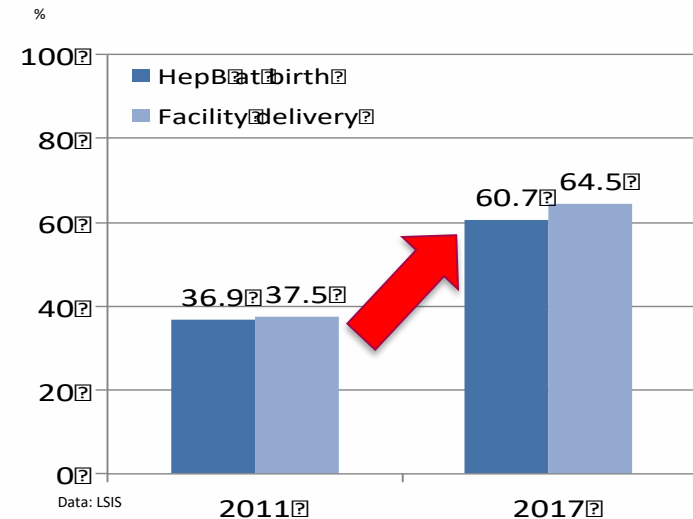
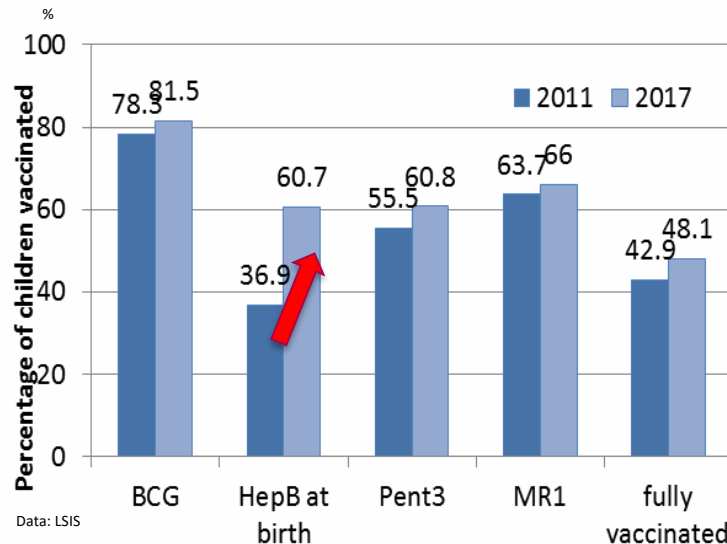
Examples of ongoing linked reform efforts:

- Health system quality improvements
- Primary Health Care Policy
- Community HSS
- NHI/EHSP roll-

Integration seeks to reduce missed opportunities for essential service delivery as well as ensure greater efficiency for long-term programmatic sustainability

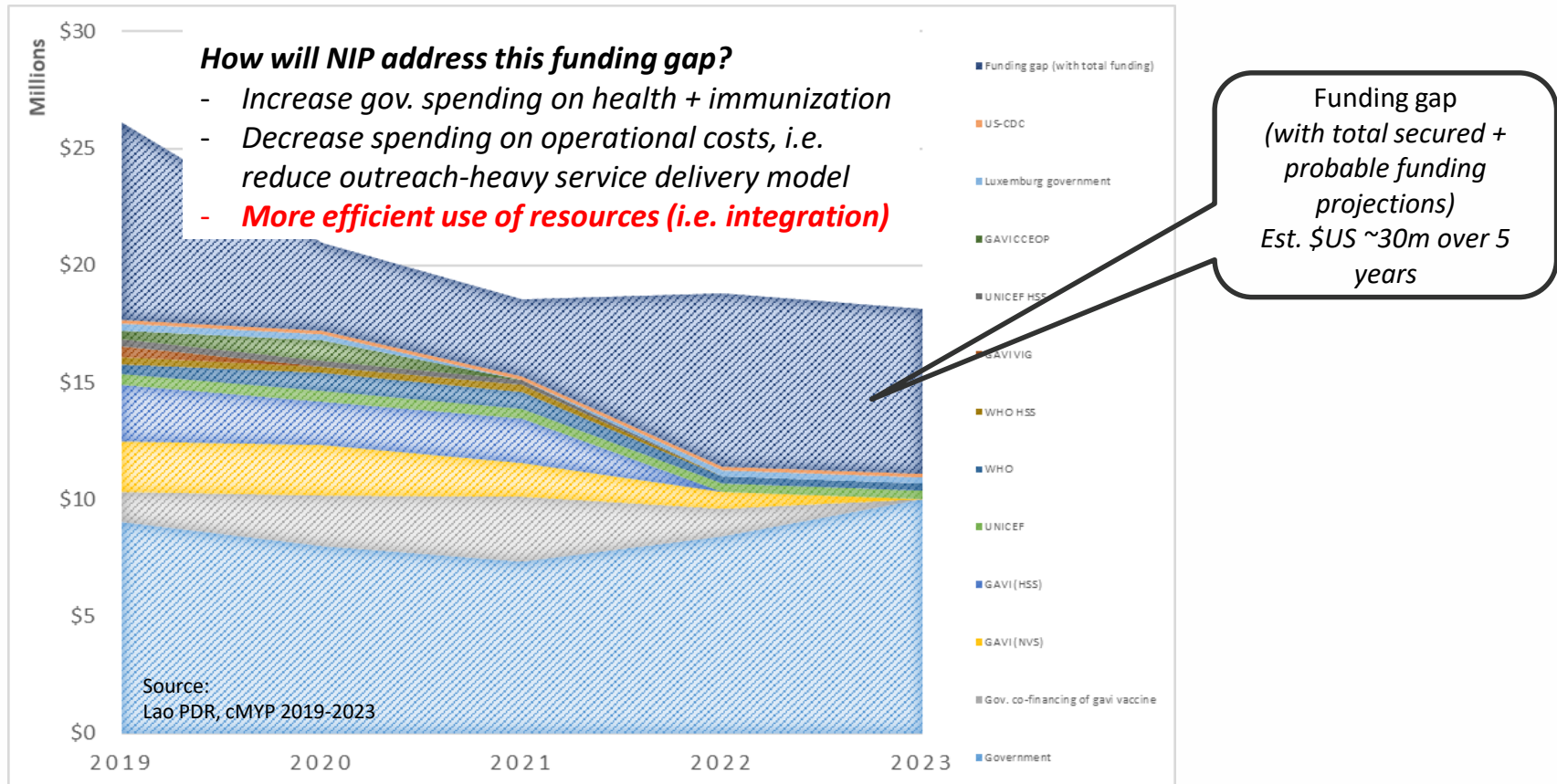


Integration seeks to reduce missed opportunities for essential service delivery as well as ensure greater efficiency for long-term programmatic sustainability

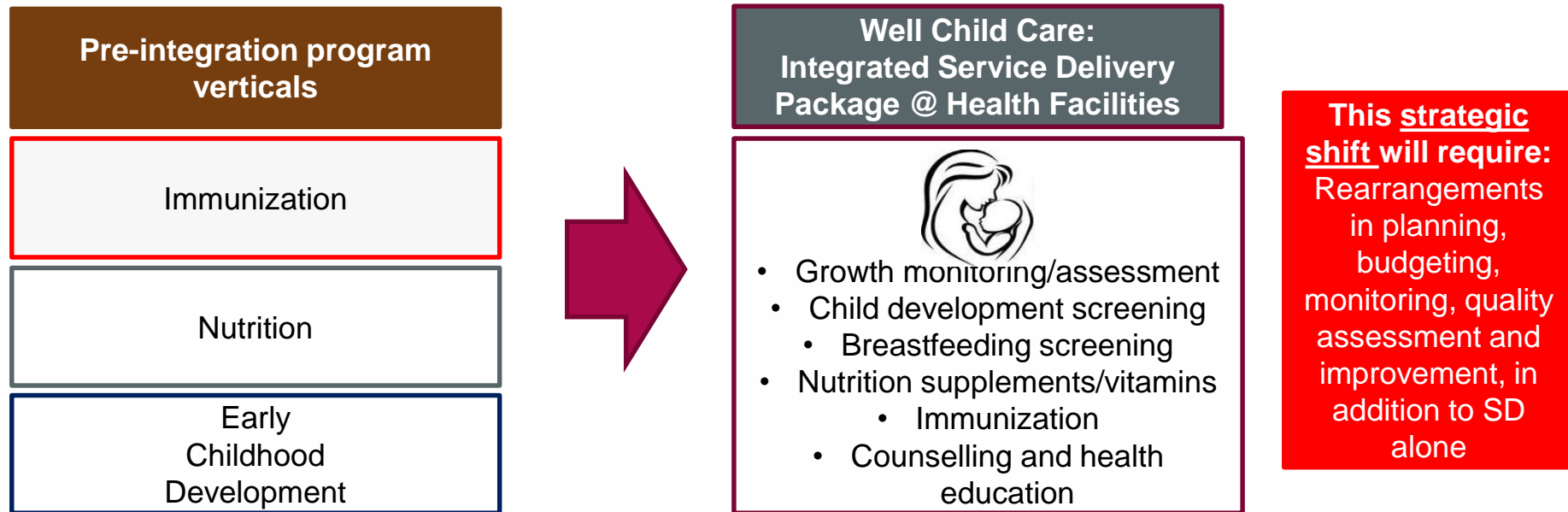


Hepatitis B birth dose increased dramatically with increase in facility delivery
 → A good example of increasing coverage by organizing service provision to integrate services by delivery platform, thereby ensuring a higher quality of newborn care

Integration seeks to reduce missed opportunities for essential service delivery as well as ensure greater efficiency for long-term programmatic sustainability



What will be included in the new integrated well child service delivery package?



*Each child gets at least 7 visits by age of 5 (every time according to vaccine schedule + 2x/year after fully vaccinated)

*New SD model also working towards strategic targets to transition to increased proportion of SD delivered through fixed sites (away from current 80% of SD via outreach for EPI)

What are some of the challenges we expect to face in integration?

Current Challenges

- Coordination, organization, and planning across and within units with clearly defined roles/responsibilities
 - e.g. overcoming historical “silo-ization”
- Absence of clear and universally accepted articulation of what integration really means
 - e.g. not only SD but also integration in other structures
- Technical challenges to define and design an integrated monitoring and accountability framework
 - e.g. how best to monitor success if the targets for different programs are different?

Anticipated Challenges

- Burden placed on health workers
 - Low staff capacity
 - Already highly constrained human resources
 - Anticipated resistance from workers and volunteers – asked to do more, paid same
- Risk to hard-won EPI programmatic achievements by “inheriting” the challenges of other programs
- Health systems adaptation challenges at all levels
 - e.g. for financing, planning, human resources allocation/capacity, data systems, logistics for procurement/distribution, etc.

What challenges might we be overlooking?

Question for group discussion

What lessons can Lao PDR learn from other countries integrating EPI with other PHC initiatives in order to assure strong quality and coverage of service delivery?

Sub-questions

What are the EPI-specific considerations of integration?

How can Laos assure achievement of program-specific strategic objectives when integrating multiple programs?

Khop chai! Thank you!





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Learning Network for
Countries in Transition

Integration of Immunization and other PHC Services in Nigeria

Designing and Implementing a new Integrated Service Delivery
Strategy for Immunization and PHC

Dr Garba Bakunawa
March 2020

Dr. Garba Bello Bakunawa Presenting

Outline of the presentation

- Introduction/Background
- Justification
- Ongoing immunization and PHC Integration
- New strategy for RI Intensification
- Challenges

Background: Strategizing for integration at the National level

The ongoing strategies in Nigeria include the following:

Implementation of **Primary Health Care under One Roof (PHCUOR)** initiative

Other Interventions that supported integration of services and these include:

1. **Global Fund ATM using the Integrated service package for PHC workers (Rounded up)**
2. **Program for HIV Integration and Decentralization (PHAID) – Reviewed and used the same manual to train Health workers (rounded up)**
3. **Maternal Newborn and Child Health Week (MNCH Week) – Integrated services are being provided during the week twice in a year**
4. **Immunization program – 10 year integrated strategy (NSIPSS) develop with funding support from Govt of Nigeria and Gavi. Implementation is ongoing**
5. **Services and programs are being integrated within the agency with partners aligning to this agenda**
6. **Integrated Medical Outreach Program (I-MOP).**

The first 3 were through Community Health Services Department (CHS Dept), while the last 3 are being led by the Disease Control and Immunization Department (DCI Dept).

Rationale or Justification for the Integration

Rationale for pursuing integration were multi faceted and cut across both demand and supply side components:

- Main rationale is to strengthen the health systems building blocks.
- Close the immunity gaps in number of unimmunized children and address issues around demand and communications for immunization and PHC.
- To address the concern of clients around verticalization of programs. – the questions around while only immunization services while other basic PHC services are not included.
- The limitations seen in rendering vertical programs especially with the current limited human and financial resources.
- This serves as an opportunity for effective delivery of priority MCH services, that will **reduce incidence of cVDPVs transmission and increase reach and access to PHC services etc.**

The main Goal of the Integration of Immunization and PHC Services

The main goal that Nigeria hopes to achieve by pursuing these strategies:

To improve immunization and primary health care service delivery in targeted low performing LGAs.

- The main trust is to optimize the immunization services there by increasing immunization coverage and close the existing immunity gaps

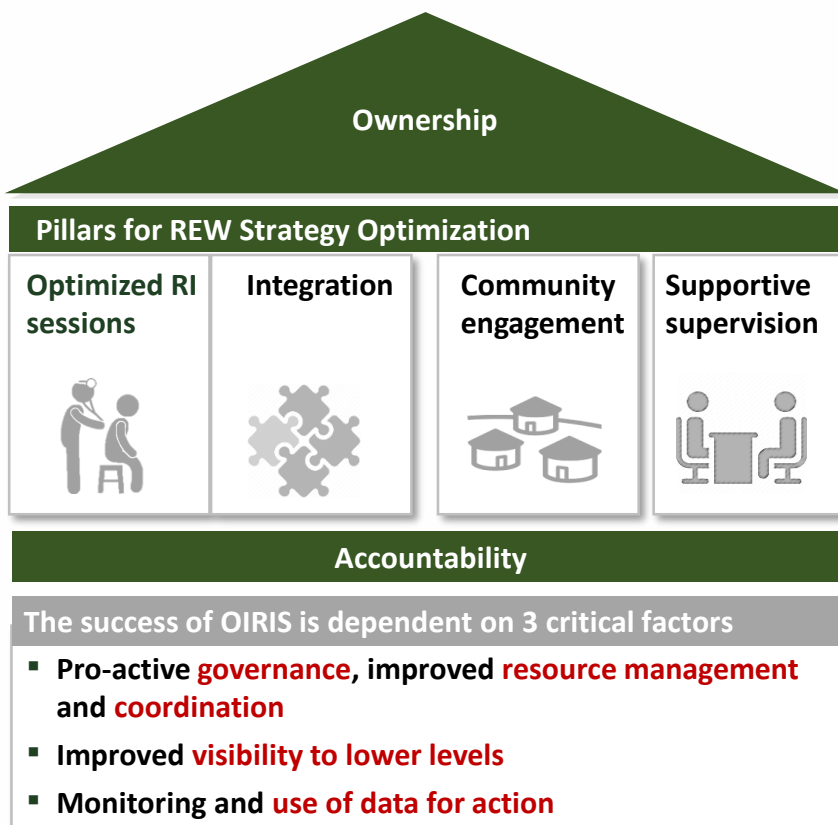
Others include:

- ✓ Strengthen PHC systems
- ✓ Strengthen community structures through community engagement and ownership etc

Optimized Integrated Routine Immunization Strategy (OIRIS)

The main goal of OIRIS is to rapidly improve equitable immunization coverage through the conduct of optimized and integrated routine immunization sessions in NERICC phase I and phase II states.

OIRIS is hinged on the following key pillars with ownership at all levels



Pillars	Description
Ownership	<ul style="list-style-type: none"> Primary Health Care Agencies/Boards responsible for driving improvements in RI performance and a strengthened PHC
Optimized RI sessions	<ul style="list-style-type: none"> Increase the frequency of fixed, outreach and mobile sessions to be able to reach all partially immunized and unimmunized children in the communities
Integration	<ul style="list-style-type: none"> Integrate RI with other health services and commodities to attract caregivers to immunization and strengthen PHC service delivery in focal communities
Community engagement	<ul style="list-style-type: none"> Engage the community and traditional leadership institutions to create demand for RI, track and refer defaulters and unimmunized children to health facilities
Supportive supervision	<ul style="list-style-type: none"> Rollout of standardized monthly RI supportive supervision visits to HFs with support from NERICC
Accountability	<ul style="list-style-type: none"> Rewards and sanctions + vaccines accountability Data accountability – zero tolerance for data falsification

OIRIS strengthens the operationalization of the Reach Every Ward Strategy

Health facilities will integrate PHC services and commodities with routine immunization during fixed and outreach sessions

Menu of services for integration at health facilities

Services

- Growth monitoring
- Health education (includes nutrition & hygiene advice)
- Food demonstration
- Antenatal and postnatal care
- Management of common illnesses e.g. Diarrhea, Malaria and Pneumonia other fevers
- Family planning
- Vocational training for women during RI session
- CMAM¹ (Mobilization, screening, referral)
- IMCI²
- ICCM³

Commodities

- Paracetamol and Albendazole
- Zinc Oral Rehydration Solution (ORS)
- Anti-malarial drugs
- Vitamin A
- Nutrient-dense nutritional supplements (plumpy nuts)
- Full Immunization certification/awards



Prescribed minimum services for integration at all health facilities

Services

- Birth registration and growth monitoring
- Health education (includes nutrition & hygiene advice)
- Antenatal and postnatal care
- Management of common illnesses e.g. Diarrhea, Malaria and Fever
- Referrals
- CMAM¹ programme where available (12 States)

Commodities

- Paracetamol and Albendazole
- Zinc ORS⁴
- Anti-malarial drugs
- Vitamin A
- Nutrient-dense nutritional supplements (plumpy nuts) where applicable

Caregivers must present child immunization cards to health workers before accessing PHC services and commodities at fixed posts and outreach sites

The plan Target for Future Integration

Services: Malaria RDT and treatment, Referral, ANC & FP Counselling,

Commodities: PCM, Antimalarials, LLIN, Folic Acid, Deworming tablet, haematinics, chlorhexidine

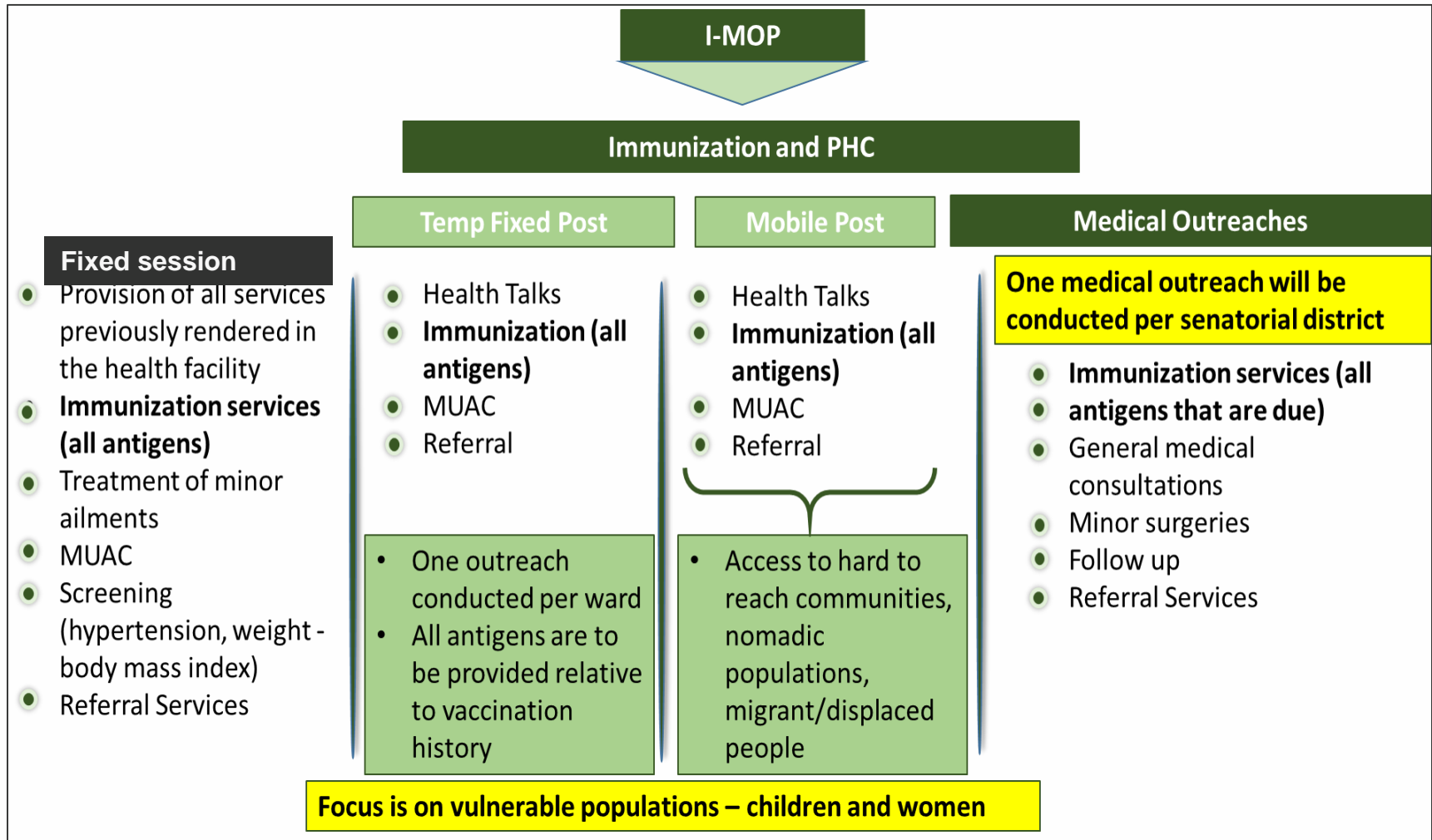
Programs: NERICC, NEMCHIC, NEOC, CHIPS, NLWG (this is ongoing)

Preparation for Integration

Planning and coordination of integration with:

- National product supply chain management program (NPSCMP) at national
- Logistic management coordination unit (LMCU) at state

The new Integration concept – The Integrated Medical Outreach Program (I-MOP) Strategies



Key Challenges that affect Integration in Nigeria – Human Resource

- Human resources
 - Human resources' capacity to integrate multiple services is a challenge but this not new in immunization space in Nigeria, efforts were in place since 2017.
 - Integration of supervision is a challenge because we are bring people from different specialties, however in every team we have people with expertise in program integration and this made it easier.
 - Renumeration package for HCWs was also a source of concern
 - Adequacy of the HR for health is also a challenge to service delivery
 - Limited in-service certified programs to support the HR for health that have bearing to carrier progression of the staff
 - Poor collaboration between the program and the academia that support regular curriculum review
 - The public and HR at the subnational level are dominated by the low capacity personnel especially in the Northern zones

Key Challenges cont ... - Availability of Commodities

- Commodities
 - Bundle vaccines are provided by central level through our routine logistics and supply chain system of immunization
 - Other PHC commodities are being procured through the existing system in the states and move to the last mile through routine system in the states
 - Specialized commodities specialized and complex programs such as HIV/AIDS and other programs supported by GF, PEPFAR and partners can be integrated fully in only the existing facilities supported by the programs
 - Funding gaps is negatively impacting the availability of commodities
 - Lack of central supply chain system for immunization and PHC is one of the main challenges affecting integration in Nigeria

Question for discussion

Proposed Question for discussion

- As expert with verse experience across different continents, what support and guidance will you provide to the Country that will help improve our program?

Thank you!