

Integration

Strengthening the delivery of immunization services through PHC platforms

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WHAT DO WE MEAN WHEN WE TALK ABOUT INTEGRATION?

INTEGRATED HEALTH SERVICES - WHAT AND WHY?

Main Messages

This Technical Brief is intended as a practical aid for people involved in discussions about "integrated health services". Integration is not a new topic – in the past it has been the subject of a rather polarized debate. It is once again topical, largely because of the rise of single-disease funding and in recognition of the fact that the health Millennium Development Goals (MDGs) will not be met without improving health systems.

Integrated health services means different things to different people, and it is important to be clear about how the term is being used. The brief proposes one working definition, the focus of which is providing the 'right care' in the 'right place'. Integrated service delivery is 'the organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money.'

Many benefits are claimed for integrated health services. The evidence base is limited but there are five main messages from the literature:

- An 'always good' versus 'always bad' stance on integration is not helpful. On the ground, integration is about practical questions on how to deliver services to those that need them.
- Integration is best seen as a continuum rather than as two extremes of integrated/not integrated. It involves discussions about the organization of various tasks which need to be performed in order to provide a population with good quality health services. Integrated care can look different at different service levels. In reality, there are many possible permutations.
- Supporting integrated services does not mean that everything has to be integrated into one package. The aim is to provide services which are not disjointed for the user and which the user can easily navigate. For specialist care, the issue is how their activities are linked to other services.
- Managing change in the way services are delivered may require a mix of political, technical and administrative action. It may require action at several levels, including sustained commitment from the top. It is useful to look for good 'entry points' for enhancing integration and to consider what incentives there are for health workers and their managers to change their behaviour.
- Integration is not a cure for inadequate resources. It may provide some savings, but integrating new activities into an existing system cannot be continued indefinitely without the system as a whole being better resourced.



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Making health systems work

Range of definitions exist

- WHO working definition (2008): *The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system*
- Integration is best seen as a spectrum (from vertical programmes to ideal of PHC)

A young child with dark skin and short hair is looking towards the camera. A colorful circular graphic with concentric arcs in white, orange, green, and blue is overlaid on the left side of the image.

IA2030 VISION

**A world where everyone,
everywhere,
at every age...**

**... fully benefits from
vaccines...**

**... for good health
and well-being**

IMMUNIZATION AGENDA 2030

A global strategy to leave no one behind

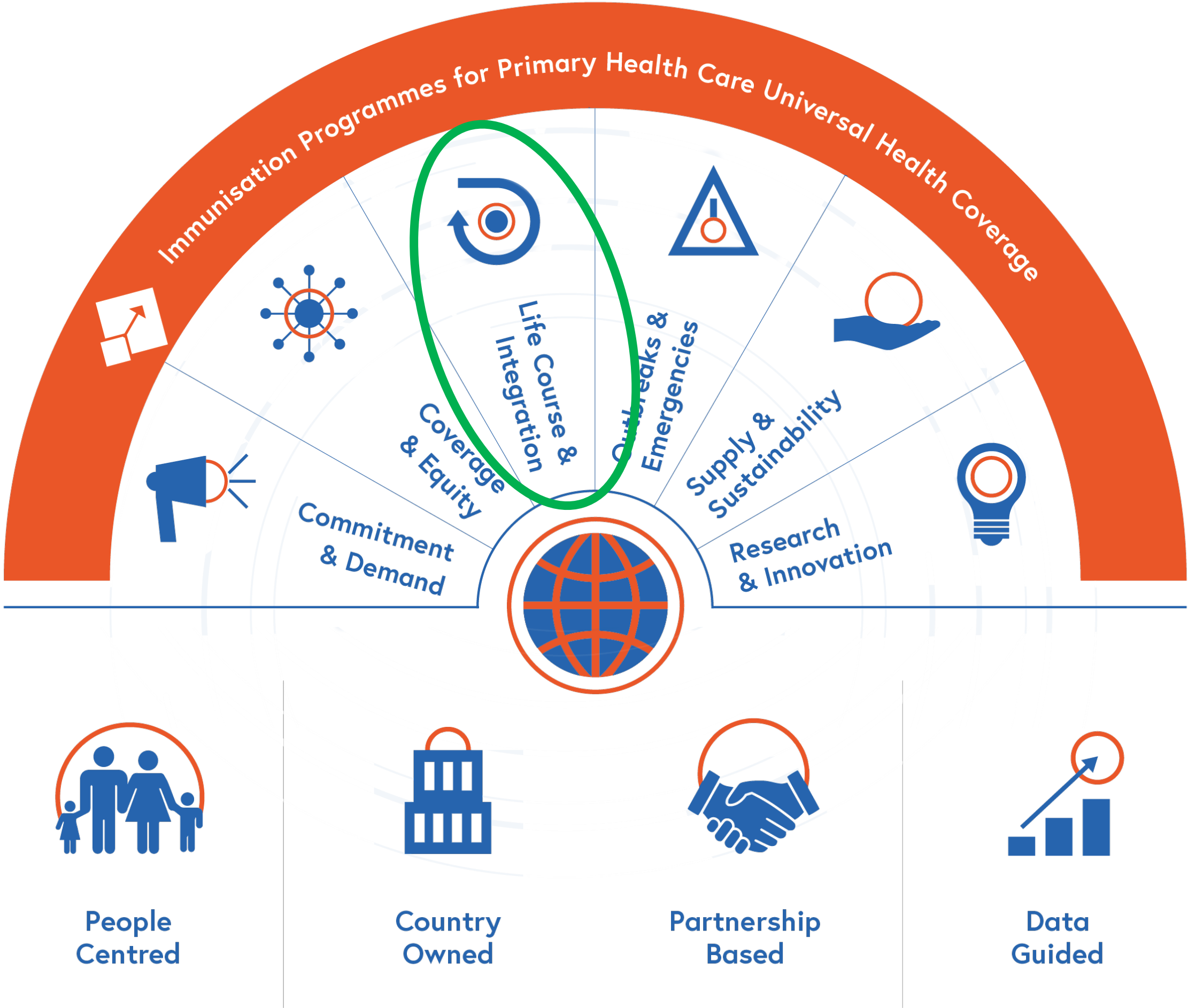


IA2030 PROPOSES A STRATEGIC FRAMEWORK

7 Strategic Priorities

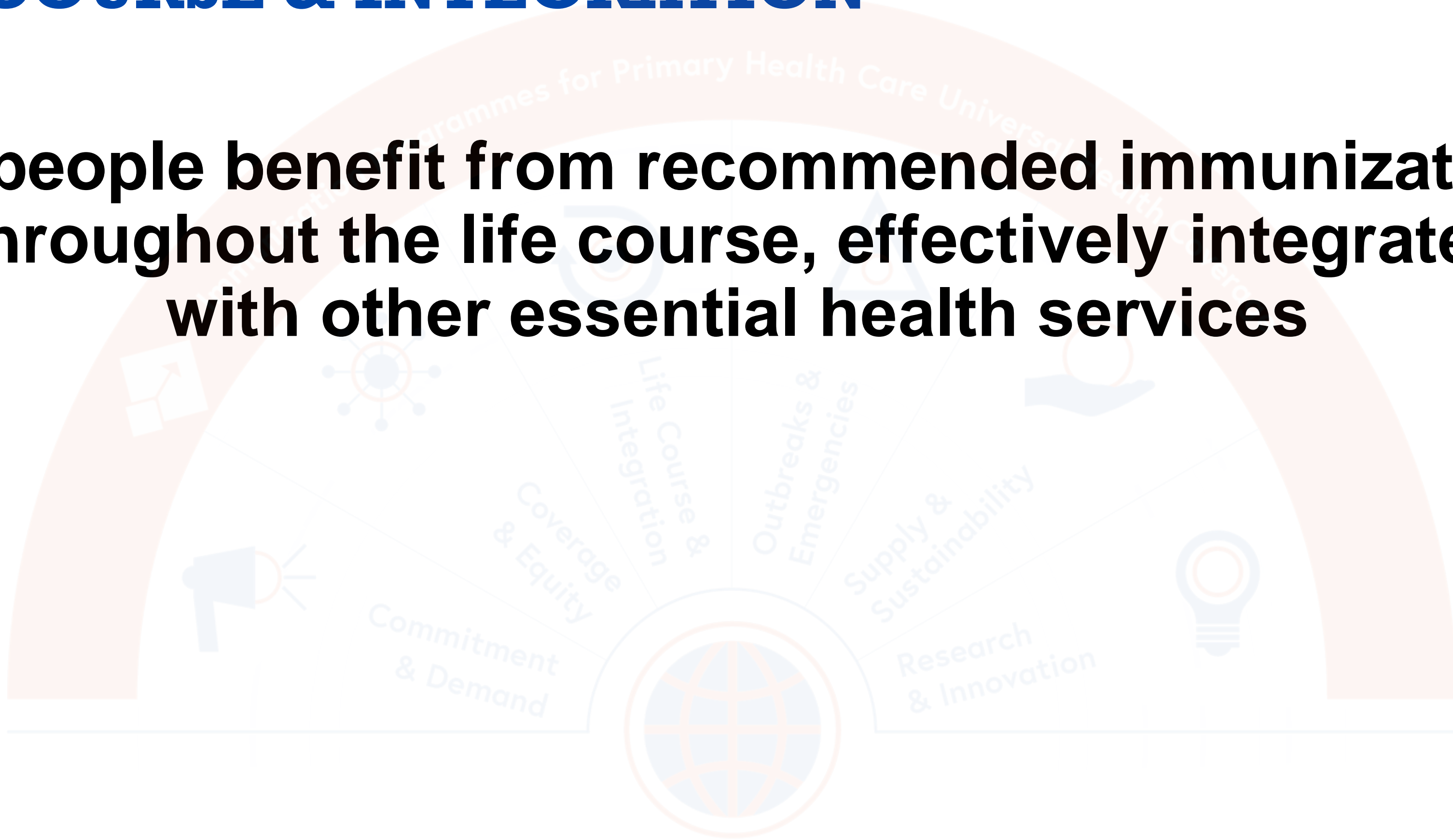
informed by

4 Core Principles for action



GOAL OF STRATEGIC PRIORITY 4: LIFE COURSE & INTEGRATION

All people benefit from recommended immunizations throughout the life course, effectively integrated with other essential health services











OBJECTIVES OF STRATEGIC PRIORITY 4: LIFE COURSE & INTEGRATION

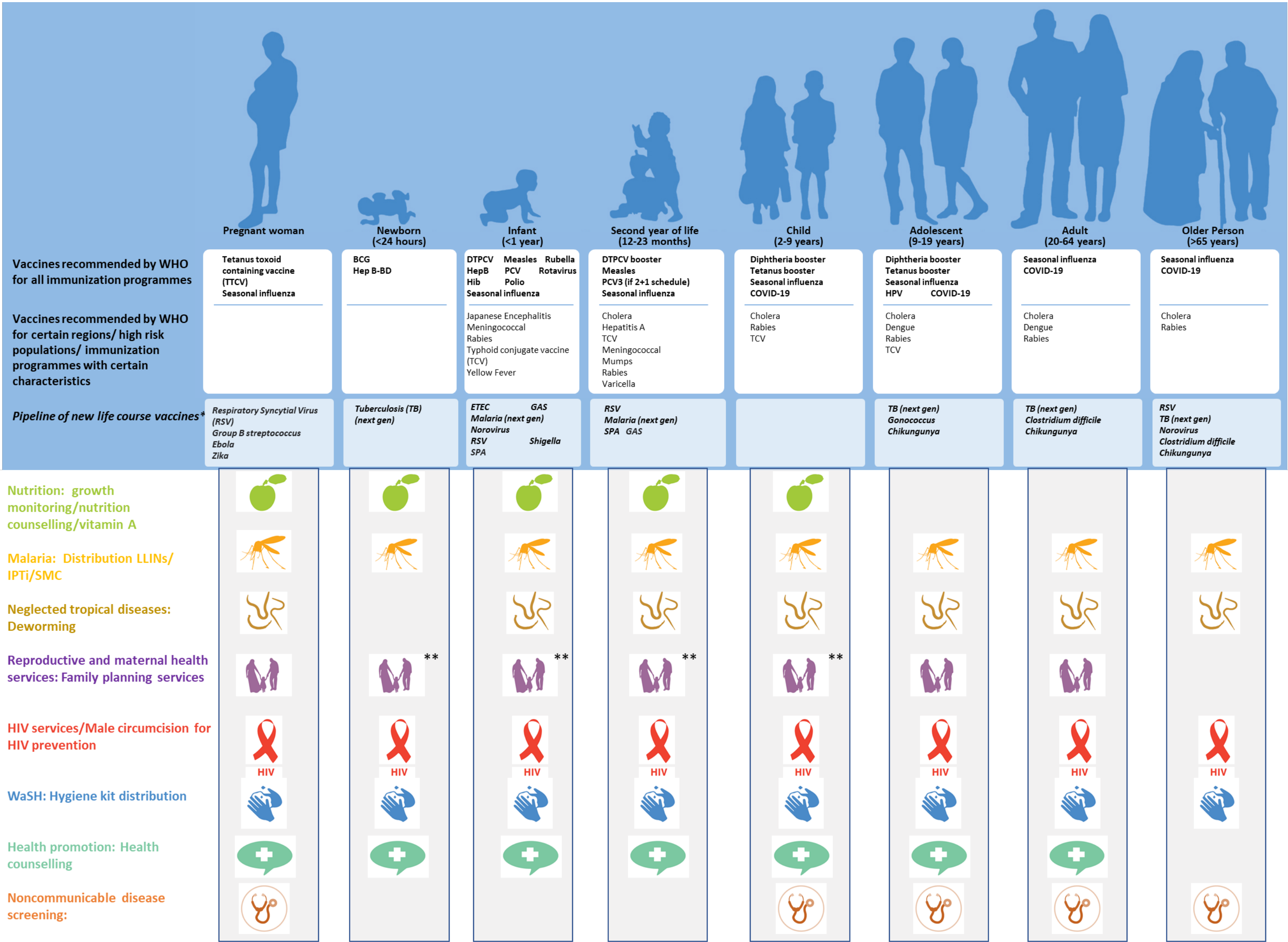
- Strengthen immunization policies and service delivery throughout the life course, including for appropriate **catch-up vaccinations** and booster doses.
- Establish **integrated delivery points** of contact between immunization and other public health interventions for different target age groups.

EXAMPLES OF LIFE COURSE & INTEGRATION

Life course vaccination recommends specific vaccines at each stage of life

								
	Pregnant woman	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)
Vaccines recommended by WHO for all immunization programmes	Tetanus toxoid containing vaccine (TTCV) Seasonal influenza	BCG Hep B-BD	DTPCV HepB Hib Seasonal influenza Measles PCV Rubella Rotavirus Polio	DTPCV booster Measles PCV3 (if 2+1 schedule) Seasonal influenza	Diphtheria booster Tetanus booster Seasonal influenza COVID-19	Diphtheria booster Tetanus booster Seasonal influenza HPV COVID-19	Seasonal influenza COVID-19	Seasonal influenza COVID-19
Vaccines recommended by WHO for certain regions/ high risk populations/ immunization programmes with certain characteristics			Japanese Encephalitis Meningococcal Rabies Typhoid conjugate vaccine (TCV) Yellow Fever	Cholera Hepatitis A TCV Meningococcal Mumps Rabies Varicella	Cholera Rabies TCV	Cholera Dengue Rabies TCV	Cholera Dengue Rabies	Cholera Rabies
Pipeline of new life course vaccines*	Respiratory Syncytial Virus (RSV) Group B streptococcus Ebola Zika	Tuberculosis (TB) (next gen)	ETEC Malaria (next gen) Norovirus RSV SPA GAS Shigella	RSV Malaria (next gen) SPA GAS		TB (next gen) Gonococcus Chikungunya	TB (next gen) Clostridium difficile Chikungunya	RSV TB (next gen) Norovirus Clostridium difficile Chikungunya

* Based on data available as of July 2022
Source: Adapted from the WHO. Working Together: An Integration Resource Guide for Immunization Services Throughout the Life Course.
DTPCV: Diphtheria, tetanus and pertussis containing vaccine; ETEC: *Enterotoxigenic Escherichia coli*; GAS: Group A streptococcus; HPV: Human Papillomavirus ; PCV: Pneumococcal conjugate vaccine; (RSV) Respiratory Syncytial Virus; SPA: *Salmonella enterica* ser. Paratyphi A; TCV: Typhoid conjugate vaccine; TB : Tuberculosis.



* Based on data available as of July 2022; ** For caregiver
Source: Adapted from the WHO. Working Together: An Integration Resource Guide for Immunization Services Throughout the Life Course.
DTPCV: Diphtheria, tetanus and pertussis containing vaccine; ETEC: *Enterotoxigenic Escherichia coli*; GAS: Group A streptococcus; HPV: Human Papillomavirus ; PCV: Pneumococcal conjugate vaccine; (RSV) Respiratory Syncytial Virus; SPA: *Salmonella enterica* ser. Paratyphi A; TCV: Typhoid conjugate vaccine; TB : Tuberculosis.

What is the rationale for integrating immunization?

- Immunization follows a schedule with multiple contact points, which overlap with other interventions for the same target populations; e.g. Vitamin A supplementation, deworming
- Relatively high immunization coverage rates - considered a “strong platform” to reach people (particularly those <2 years) with additional interventions
- Immunization can also provide a contact point for the caregiver to receive services or referrals e.g. family planning or HIV testing.
- Integration of immunization into other services can facilitate delivery throughout the life course e.g. antenatal care for maternal immunization, school health for adolescents.
- Integration of immunization with other services throughout the life course supports comprehensive approaches for disease control e.g. HPV vaccination, screening and treatment.
- Reflects a growing need for multi-sectoral approaches, e.g. cholera vaccination and WASH interventions, school-based delivery of immunization.

TYPES OF INTEGRATION: DIFFERENT OBJECTIVES

- **To strengthen health systems**, E.g., Integration of supply chains, monitoring and evaluation systems
- **To comprehensively address specific diseases**, E.g., Comprehensive health packages where vaccination alone is not enough
- **To better serve particular target populations**
 - a) **Service delivery integration**
 - Focus is on integrating the way that interventions are delivered, E.g., Child Health Days or family planning services during immunization sessions
 - b) **Integration along the life-course**
 - Focus is on addressing the clients' health needs over time, E.g. IMCI, vitamin A with routine immunizations, disease specific interventions along life-course, e.g. comprehensive cancer control strategies

INTEGRATION HAS BOTH BENEFITS AND RISKS

Potential Benefits

- **Increase coverage** of a new intervention to level of existing intervention (i.e. immunization);
- Improve **system efficiency**, reduce redundancy/costs;
- Improve **user satisfaction**, convenience; able to meet clients' multiple health needs;
- **Increase demand** through cross-promotion; may reduce missed opportunities of vaccination.

Potential Risks

- Negatively **impact overall coverage** rates or equity;
- Reduce the **quality of care**, due to reduced health worker time available;
- **Staff may not accept** taking on additional responsibilities or workload due to issues with pay, conditions, skills, knowledge or training;
- **Clients may not accept** integrated services, especially if stigmatised services are mixed with non-stigmatised (although this can also be a mechanism to reduce stigma).

...and, integration may also reduce Missed Opportunities for Vaccination

- Lack of integration
- Limited hours
- Restrictive policies on age-limits
- Poorly-designed records
- Stock-outs of supplies (including vaccines)
- Other adverse policies



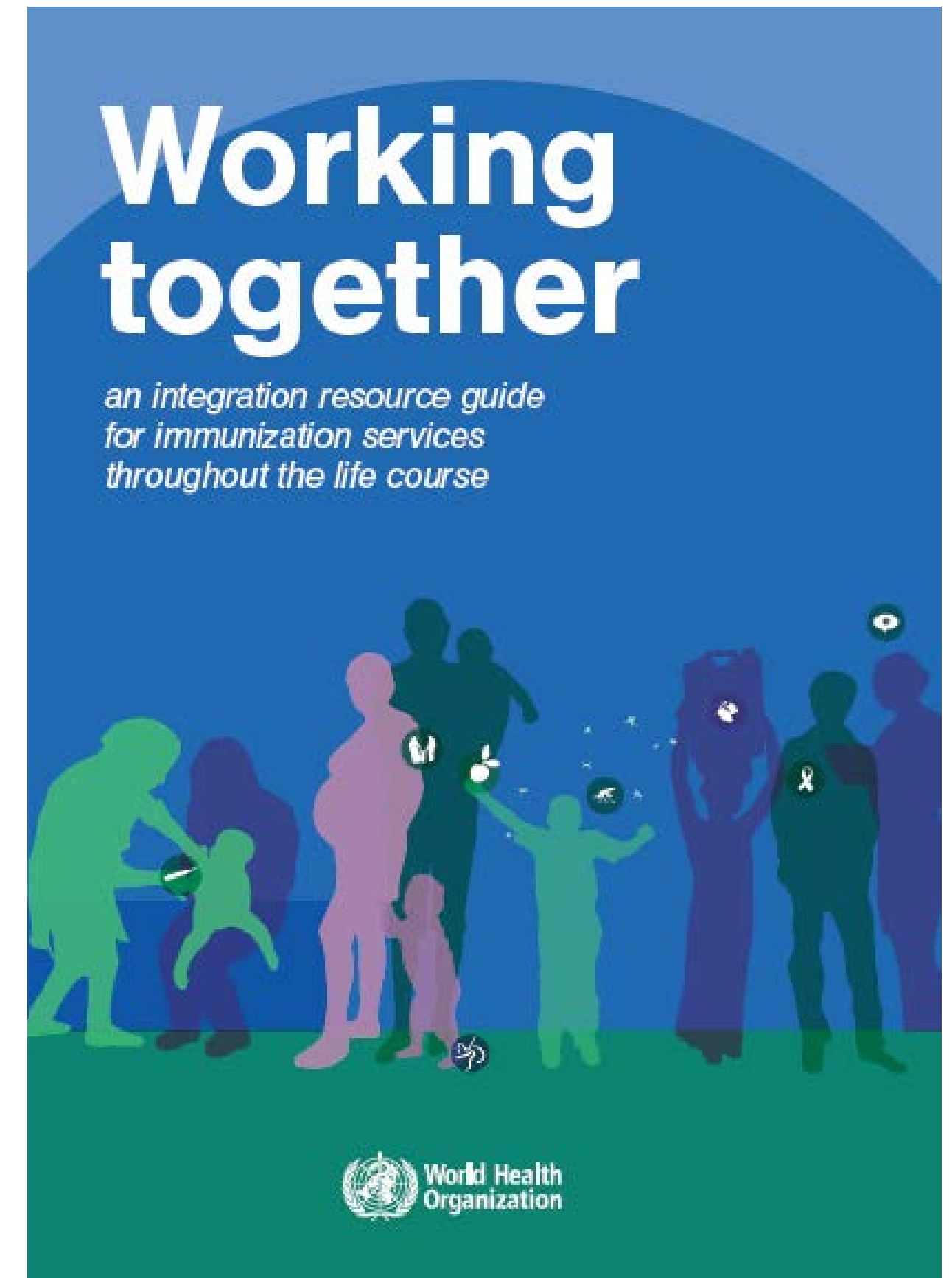
- Not retaining/bringing home-based record to clinic
- Not aware of schedule
- Lack of confidence/acceptance of vaccines
- Not screening for vaccine status
- Confusion around eligibility (including false contraindications) and the catch-up schedule

INTEGRATION OF COVID-19 VACCINATION WITH ROUTINE IMMUNIZATION

- WHO has laid out three possible scenarios for how the COVID-19 pandemic could evolve in 2022, which will have implications for the future of COVID-19 vaccination for 2022 and beyond.
- Most likely scenario is that SARS-CoV-2 continues to evolve, but the less disease severity.
- Periodic spikes in cases and deaths may occur as immunity wanes, which may require periodic boosting for high-risk populations.

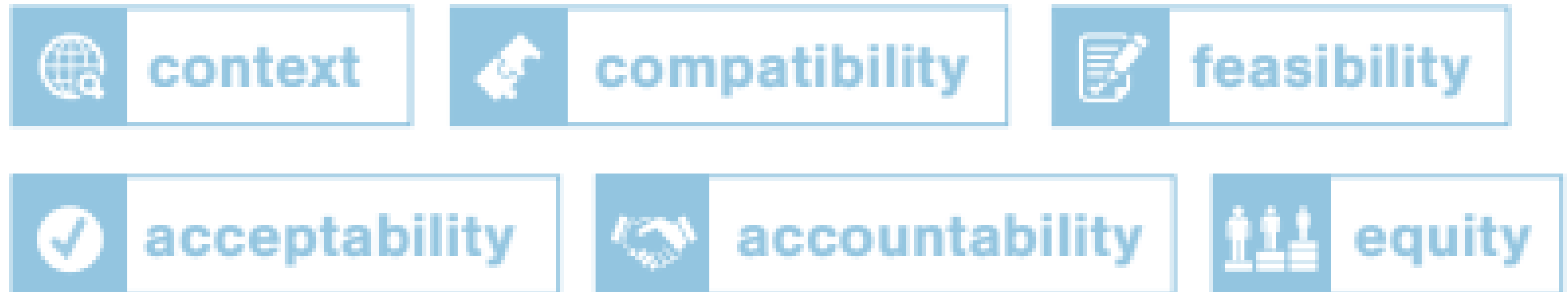
M&E INTEGRATION IN A ROUTINE IMMUNIZATION PROGRAMME

- Important to routinely monitor and manage any:
 - increase or decrease in service delivery;
 - increase or decrease in coverage;
 - changes to equity or quality of care
- Important to utilize existing monitoring systems, or programmatic evaluations, wherever possible, to minimize the resources needed to support the M&E strategy.



PLANNING FOR INTEGRATION

- Before deciding to integrate an immunization programme with other interventions, several criteria should be considered, either relating to the intervention(s) or the health system context.



Key considerations before integrating immunization with other interventions

RELATED TO THE INTERVENTION

- Has a similar target group as for routine vaccination
- Requires similar timing or frequency as routine vaccination
- Has similar logistical requirements
- Has as high a level of acceptability among patients, communities and health workers as immunization
- Entails a similar skill level among health workers

Key considerations before integrating immunization with other interventions

RELATED TO HEALTH SYSTEM CONTEXT

- High-level political will exists to promote integration and coordination among the different programme managers involved
- National policies support each intervention
- Financial support and commodity logistics are secure for each intervention
- Primary health-care structures exist for delivering each intervention
- Responsibility for monitoring each intervention is clearly defined among programmes
- Health workers are “multi-purpose”, not designated or funded for a single intervention
- Combining the interventions does not disrupt or create an unrealistic burden for service delivery

INTEGRATED SERVICES CHECKLIST

Integrated service checklist

Key considerations: general

- ☐ What are the potential benefits (e.g. improved system efficiency) and risks (e.g. additional workload for health workers) of integrating the services?
- ☐ Do the potential benefits of the integrated services outweigh the potential risks?
- ☐ Do the proposed intervention(s) have high level support?

Key considerations: context

- ☐ Does service integration make sense in the local context (including national and sub-national)?
- ☐ Is any adjustment to the service design or delivery required given the local context?

Key considerations: compatibility

- ☐ Is there a good match between the types of services being proposed (noting that schedulable services are easier to integrate)? e.g. a sufficient overlap between the target population, time and place of delivery for all of the interventions proposed.
- ☐ What is the immunization coverage level at the proposed contact? Is immunization provided in line with the national schedule? If not, what impact could delays have on the services to be integrated with immunization?

Key considerations: feasibility

- ☐ Are national policies in place for all of the interventions being considered?
- ☐ Can the health system support the integrated interventions?
- ☐ Are all of the interventions financially sustainable?
- ☐ How many interventions can be delivered together? Can they be delivered without disrupting or creating a burden on service delivery?

- ☐ Are a sufficient number of trained health workers available to deliver the interventions? If not, can additional health workers be trained to deliver them?
- ☐ Are the interventions complex and, if so, can challenges related to the complexity of service provision be overcome?
- ☐ Are the supply chains for all interventions functioning effectively?
- ☐ Do the interventions require any additional logistics, such as, separate room or screened area to provide privacy?
- ☐ How much time will it take to deliver all of the interventions?
- ☐ Will clients need to wait in multiple queues? If yes, will patient flow need to be re-organized?

Key considerations: acceptability

- ☐ Is the proposed integration of services acceptable to health workers?
- ☐ Is the proposed integration of services acceptable to community members?

Key considerations: equity

- ☐ What is the expected impact on the equity of access to immunization and other services?
- ☐ Can any equity issues be addressed?
- ☐ How will the impact on equity be monitored and evaluated?

Key considerations: accountability, including M&E strategies

- ☐ Is there clear management accountability for each of the integrated interventions?
- ☐ How will the integrated services be monitored (how frequently, by whom, with which tools)?
- ☐ How will the integrated services be evaluated (how frequently, by whom, with which tools)?

NEW GUIDANCE



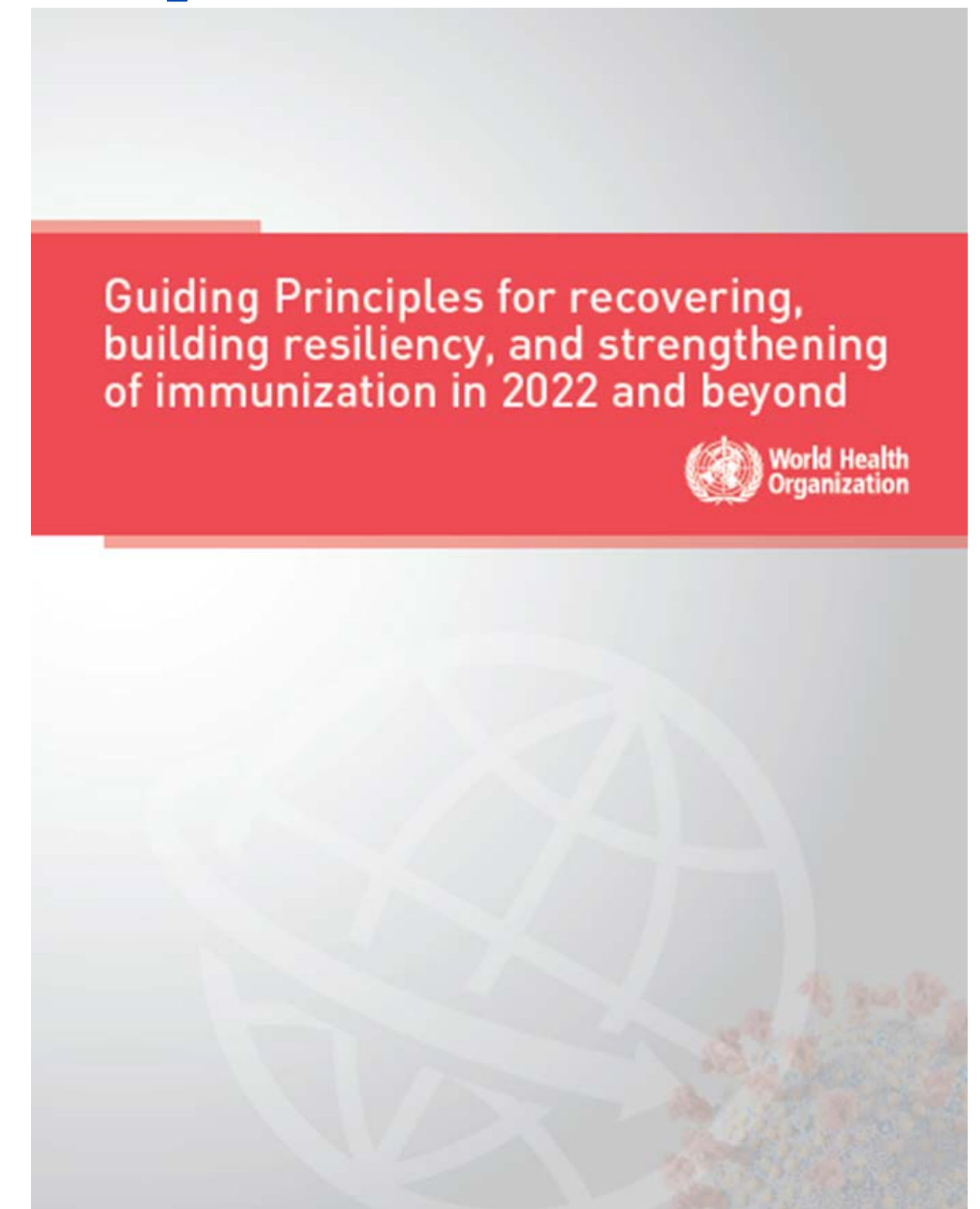
Guiding Principles for recovering, building resiliency, and strengthening of immunization in 2022 and beyond

Closing immunity gaps and recovering immunization Programmes

- Strategies to close immunity gaps should aim to ensure every eligible person receives vaccines missed before or during the pandemic.
- Strategies to recover immunization programmes should aim to facilitate catch-up vaccination at every opportunity across the life course.

Strengthening routine immunization and building resiliency

- Governance and Advocacy
- Financing
- Supply chains
- Service delivery
- Demand generation
- Health information systems



UPCOMING GUIDANCE



CONSIDERATIONS FOR PLANNING INTEGRATED HEALTH CAMPAIGNS: IMMUNIZATION AND BEYOND

- **Rationale for integrating health interventions during campaigns**
 - Benefits and risks of integrating health interventions in campaigns
- **When and how to integrate campaigns**
 - Step 1: Establish a Campaign Planning Coordination Group
 - Step 2: Decide on whether to integrate two or more health campaigns
 - Step 3: Define a five-year strategic plan for integrated campaigns
 - Step 4: Review considerations for planning an integrated campaign





**COMING
SOON**

Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond

- To provide a **definition and principles for integration of COVID-19 vaccination** into immunization programmes and primary health care (PHC).
- To provide an **overview of the benefits and risks of integration of COVID-19 vaccination** as an additional PHC service.
- To **summarize country experiences of integration of COVID-19 vaccination** into the various health system components and identify approaches for integrated service delivery.
- To propose **key steps to guide countries to operationalize integration of COVID-19 vaccination into immunization programmes and PHC services** at national and subnational level: assess their readiness, develop a plan, and identify short-term (6-12 months) capacities and investment needs.



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Thank you

USEFUL REFERENCES

- **Working together: an integration resource guide for immunization services throughout the life course** <https://apps.who.int/iris/handle/10665/276546>
- **Integrated health services – what and why? Making health systems work.** Technical brief No.1 2008. http://www.who.int/healthsystems/technical_brief_final.pdf
- **WHO recommendations for routine immunization - summary tables** <https://www.who.int/teams/immunization-vaccines-and-biologicals/policies/who-recommendations-for-routine-immunization---summary-tables>
- **SAGE COVID-19 vaccines technical documents** <https://www.who.int/groups/strategic-advisory-group-of-experts-on-immunization/covid-19-materials>
- **Engagement of private/nongovernmental health providers in immunization service delivery Considerations for National Immunization Programmes** <http://apps.who.int/iris/bitstream/handle/10665/258968/WHO-IVB-17.15-eng.pdf?sequence=1>