



# ROUTINE IMMUNISATION AMIDST THE COVID-19 PANDEMIC

July 2022



**Gavi CSO Constituency**  
for Immunisation and Stronger Health Systems  
Helping to reach Every Child with Immunisation and Health Services

**RESULTS**

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From April to May 2022, the Gavi CSO Constituency in collaboration with RESULTS UK, UNICEF, Save the Children, USAID’s Momentum Country and Global Leadership, the Geneva Learning Foundation and Gavi, the Vaccine Alliance, hosted a three-part webinar series addressing the risks and opportunities for routine immunisation services in light of the COVID-19 pandemic.

The series provided a platform for an interactive global discussion on how to sustain, restore and increase uptake of essential routine immunisation services featuring first-hand testimonies of experts and immunisation stakeholders from around the world. The series coincided with World Immunisation Week 2022 to drive further attention and awareness about immunisation.

This briefing outlines the key learnings from the series, outlining specific recommendations for consideration of civil society organisations (CSOs), donor and implementing governments, and the wider immunisation community. These recommendations can be used as an advocacy resource for all immunisation stakeholders seeking to accelerate progress against **Immunisation Agenda 2030** and achieve equitable access to immunisation for all.



*Health workers from the Dakar North District immunisation “outreach” team set out on foot after reaching the end of the built road. They are taking vaccines to families in Nabisouikr, one of Dakar’s slum areas.  
Gavi/2018/Simon Davis*

*Cover photo: Nurses delivering Covishield Vaccinations to local vaccination points, in the Sunderbarn / India.  
Gavi/2022/Benedikt v.Loebell*

# Executive Summary

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Prior investments in health systems enabled countries to respond to the COVID-19 pandemic at varying levels. However, the pandemic and the subsequent response to it has resulted in a double shock – health and economic – which has exacerbated as countries have shifted their priorities and resources to combat the crisis. A detailed review of the impact of COVID-19 on routine immunisation in 170 countries, published in the *Lancet Global Health*, found concerning declines in diphtheria, tetanus, and pertussis and measles vaccination in 2020.<sup>1</sup> As the 2021 World Health Organization “pulse survey” indicated – 90% of countries were experiencing disruptions to essential health services, marking no substantial global change since the first survey conducted in the summer of 2020.<sup>2</sup> This was mainly due to countries’ shifting attention and resources towards combating the pandemic. Notably, the effects of the pandemic have varied between low-income countries, as many of them experienced challenges in accelerating the roll-out of COVID-19 vaccines while maintaining and extending the reach of routine immunisation services.

Prior to the COVID-19 pandemic, global vaccination coverage rates against diphtheria, tetanus, pertussis (DTP3), measles, and polio had been stalled for some years at around 86%.<sup>3</sup> This rate is much below the World Health Organization (WHO)-recommended level of 95% to protect against measles, which is frequently the first disease to re-emerge when children are not reached with immunisations.<sup>4</sup> In 2021, 25 million children missed out on basic childhood vaccines, six million more than in 2019.<sup>5</sup> This was the largest sustained backsliding in immunisation in approximately three decades. Global

immunisation coverage against DTP3 and measles (MCV1) dropped to lowest levels since 2008 from 86% in 2019 to 81% in 2021.<sup>6</sup> There has also been an increase in the number of zero-dose children with 18 million children likely not to have received a single vaccine during 2021 – an increase of five million from 2019.<sup>7</sup> Despite remarkable, and some successful, efforts to make 2021 a year of recovery, this decline is attributed to many factors including supply chain disruptions, misinformation, increased number of children living in conflict and fragile settings, as well as COVID-19 associated resource diversion and isolation measures increasing challenges in accessing immunisation services.<sup>8</sup>

The combined impact of malnutrition and infectious diseases contribute to almost half of all deaths among children under the age of five.<sup>9</sup> These vaccine-preventable diseases often tip marginally nourished children into a malnourished state and in a vicious cycle, malnourished children are more likely to die from infectious diseases such as diarrhoea, measles and pneumonia, which can partly be prevented by vaccines. Moreover detrimental effects on water and sanitation – results in increased infectious diseases such as cholera, dysentery, hepatitis A, typhoid and polio.<sup>10</sup> Unsafe sanitation is single-handedly a leading risk factor for death, responsible for approximately 775,000 deaths each year and when combined with limited access to other essential services like routine immunisation, is much more deadly.<sup>11</sup>

Vaccinating every cohort of newborns along with providing boosters and new vaccines to children requires adequate and sustained financing. The cost of national immunisation programmes is rising as new vaccines, such

as those for pneumonia and cervical cancer, are more expensive per dose than traditional vaccines.<sup>12</sup> Reaching children of families that live in remote and isolated households adds to the expense as more resources are needed to do so. The pandemic, coupled with the ongoing crisis in Ukraine, has impacted the global economy, reducing fiscal space for health.<sup>13</sup> Before the pandemic, global health systems lacked an estimated \$176 billion each year, a substantial gap in financing for universal, basic, good-quality healthcare.<sup>14</sup> Although the pandemic forced governments to spend more on health, this was not spent on essential health services. As a result of this lack of investment, for each COVID-19 death in 2021, it is estimated that more than two women and children died due to disruptions in health systems – far surpassing the scale of the pandemic.<sup>15</sup>

Regarding economic growth, low-and-middle-income countries have been disproportionately affected in 2020. As a result, governments had less to spend and compensated by borrowing more money – costing countries an estimated 14% of Gross Domestic Product (GDP) in terms of interest repayments alone and leading to 60% of low-income countries in debt distress.<sup>16</sup> Some of these economies may only recover to pre-pandemic GDP levels in 2025.<sup>17</sup> This will likely affect domestic financing for immunisation and hinder these countries from reaching zero-dose children<sup>18</sup> and missed communities.

Despite the adverse effects of COVID-19, there is an opportunity to restore and maintain resilient and sustainable immunisation services that deliver real change for people's lives, putting the world firmly on course to reach Sustainable Development Goal 3. More than two years since the onset of the pandemic, there have been some signs of this restoration owing to unprecedented collaboration between Vaccine Alliance partners like WHO, UNICEF, governments, CSOs, and health workers. The need to ensure that we “leave no one behind” in the recovery presents a window of opportunity to catch up on children missed

before and during the pandemic – including the 18 million “zero-dose” children.<sup>19</sup> This can be done through a renewed approach to integration of primary health services to ensure greater efficiency and ensure that children are reached with the full comprehensive package of services needed to realise their right to good health. By reaching these children with life-saving vaccines, routine immunisation offers a platform to reach vulnerable and marginalised communities with additional basic services. Given the multiplicity of crises across the pandemic, conflict and climate, countries will have to make bold choices to avoid falls in government health spending. Efforts to deliver COVID-19 vaccines, such as investments in health workforce and supply chain systems, could be leveraged to strengthen routine immunisation platforms in countries as well as promoting access to age-appropriate vaccines across the life course for the benefit of all.

The organisers of the series have compiled the following key learning and recommendations for the consideration of CSOs, donor and implementing governments, and the immunisation community as a whole.

**COVID-19 vaccine investments provide a unique opportunity to strengthen routine immunisation and primary health care (PHC).** Countries can leverage COVID-19 resources to enhance their cold chain and vaccine management capacity, establish social listening and misinformation management systems, implement real-time monitoring of vaccine distribution and immunisation services using digital tools, and further strengthen disease and adverse events following immunisation (AEFI) surveillance.

**CSOs play a critical role in advancing and implementing immunisation strategies and programmes.** Their actions can help (1) strengthen political will and accountability, (2) build trust, confidence, and active demand for immunisation and PHC, as well as (3) complement public sector immunisation service



delivery and extend services to areas where government programmes have limited access.

**Governments are encouraged to systematically include CSOs** in the national coordination mechanisms and engage on the ground to reach zero-dose children and missed communities.

**Immunisation services are an essential component of PHC** and should be systematically embedded into the national PHC strategies and operations to pursue the universal health coverage objectives.

**The human centred design and delivery of an integrated package of PHC services to zero dose children and missed communities builds trust and confidence** while improving active demand for immunisation and essential health services on the part of families and communities.

**Governments should create an enabling environment for effective coordination, management, implementation and monitoring of integrated PHC service delivery approaches.** In close collaboration with partners, including CSOs, governments should support the integration of immunisation

with other PHC services. The effectiveness and efficiency of integrated service delivery approaches which include immunisation should be widely documented and disseminated to strengthen programming approaches in this area.

**Protect and increase financing for immunisation services** – Donor and domestic financing for immunisation should be protected and where necessary increased to accelerate progress on immunisation targets. Where possible opportunities to leverage funds made available for COVID-19 vaccine introduction and delivery should be utilised.

**Advocate and increase awareness of immunisation financing needs at international, national and subnational levels** – Immunisation financing gaps must be addressed at global, country and province/district levels in order to ensure adequate financial support for vaccine procurement through to services delivery.

**Greater accountability on tracking immunisation financing** – CSOs play a critical role in advocating for budget transparency and holding the government accountable on financial commitments for immunisation and PHC.



*Health workers interact at a school during community vaccination in Adukrom in the Eastern Region, Ghana, on April 27, 2022. Ghana pushes towards community vaccination to increase its vaccinated population. Gavi/2022/Nipah Dennis*

## WEBINAR ONE: DELIVERY OF ROUTINE IMMUNISATION AMIDST THE COVID-19 PANDEMIC

Facilitated by Laura Nic Lochlainn from the WHO, the series began with expert insights into the risks and opportunities for routine immunisation amidst the COVID-19 pandemic. Participants provided first-hand experiences of the challenges faced by routine immunisation services and the opportunity to leverage the COVID-19 response as a catalytic moment to strengthen immunisation systems.

### UNPRECEDENTED CHALLENGES

As Dr. Viorica Berdaga, Deputy Chief of Immunization at UNICEF, outlined that from the outset, even prior to the COVID-19 pandemic routine immunisation coverage was stagnant for over a decade with persistent challenges in reaching zero-dose children and missed communities. She mentioned key settings with a high number of zero-dose children— urban poor, rural remote and conflict affected areas – stressing that gender-related barriers underpin poor access and utilisation of immunisation services. Dr. Berdaga also emphasised the need for a multisectoral approach to reaching zero-dose children and missed communities to address the multiple deprivations faced by them. The COVID-19 pandemic has caused further disruption resulting in immunisation coverage falling to the lowest levels since 2009.<sup>20</sup> Fifty four countries are off track to reach the Sustainable Development Goal target on child mortality, and without action, 48 million children risk losing their lives from vaccine preventable causes by 2030. With millions of children missing out on life-saving routine immunisation, and the risk of further backsliding and lost confidence, Dr. Berdaga emphasised the need for urgent action (1) **to ‘catch-up’ children who have been missed in the pandemic**, and (2) **to reach those who were already missing out** – to prevent the spread and re-emergence of vaccine preventable diseases which pose the biggest risks to child mortality.

Dr. Chizoba Wonodi from USAID’s Momentum Country and Global Leadership, remarked that the COVID-19 pandemic has seen four phases in Nigeria, each bringing a unique set of challenges. Firstly, an initial period after the declaration of the pandemic in which restrictions and fear of virus transmission impacted routine immunisation. After successful catch-up campaigns, Nigeria then faced the challenge of inequitable access to COVID-19 vaccines once available. Following the increased supply of COVID-19 vaccines, the country now faces mass COVID-19 vaccination challenges, which in turn presents a threat to routine immunisation services, compounded by increased vaccine hesitancy.

### ‘UNIQUE OPPORTUNITIES’

Among the challenges presented by COVID-19, panellists concordantly agreed that the introduction of COVID-19 vaccine and renewed political will for immunisation offered unique opportunities to address long-standing barriers to access immunisation services that existed before the pandemic.

Dr. Berdaga signposted the specific interventions required to strengthen immunisation systems from cold chain infrastructure, vaccine management capacity, misinformation management, vaccine distribution and monitoring through to disease surveillance. She further cited the importance of adopting a life course approach through integrated service delivery and the opportunities to leverage plans to expand the package of essential services to zero-dose and missed communities. A crucial value-add for immunisation programmes that was discussed in the second webinar.

Speaking from her experiences in Nigeria, Dr. Wonodi highlighted how the strengthening of coordination accountability of routine immunisation services have enabled immunisation services amidst the challenges presented by COVID-19. Dr. Wonodi cited that

the development of coordination platforms, decisions informed by community-based data, intensification of activities in low-performing districts and integration of COVID-19 vaccination with routine immunisation have all strengthened the country's immunisation response.

Edmund Duodo, a community health nurse based in Ghana, emphasised the need to strengthen health workforce capacity and the direct link with countries' ability to increase uptake of routine immunisation services and increasing community trust in immunisation. Increased number of qualified healthcare workers, such as community health workers, nurses, and volunteers, would be integral for increasing service provision for communities and for increasing public confidence in immunisation services and whilst addressing misinformation. Speaking from his experience as a frontline health worker, Duodo highlighted the need to address the issue of

limited resources, citing the issue of a lack of cold chain infrastructure as a continuing challenge for service delivery. He concluded his remarks by calling for the need to urgently invest in human resources.

From KANCO, Jack Ndegwa highlighted a series of opportunities to strengthen immunisation systems through enhanced political will for routine immunisation through a more efficient service delivery. In addition to enhancing service delivery, he highlighted the importance of stakeholder advocacy, accelerating political will and engagement through relevant parliamentarians and ministries. This is an integral step towards creating sustainable financial support for immunisation (a topic which would be revisited in the third webinar). In addition to political advocacy, Ndegwa cited the crucial role of the media in reaching populations with the right information about vaccination.

## RECOMMENDATIONS/KEY LEARNINGS:

**COVID-19 vaccine investments provide a unique opportunity to strengthen routine immunisation and PHC.** Countries can leverage COVID-19 resources to enhance their cold chain and vaccine management capacity, establish social listening and misinformation management systems, implement real-time monitoring of vaccine distribution and immunisation services using digital tools, and further strengthen disease and AEFI surveillance.

**CSOs play a critical role in advancing and implementing immunisation strategies and programmes.** Their actions can help (1) strengthen political will and accountability, (2) build trust, confidence, and active demand for immunisation and Primary Health Care (PHC), as well as (3) complement public sector immunisation service delivery and extend services to areas where government programmes have limited access.

**Governments are encouraged to systematically include CSOs** in the national coordination mechanisms and engage on the ground to reach zero-dose children and missed communities.

## **WEBINAR TWO: INTEGRATION OF IMMUNISATION AND OTHER ESSENTIAL HEALTH SERVICES**

Facilitated by Fara Nidaye from Speak Up Africa, the second of the three-part webinar series focussed on the importance and unique value-add of immunisation services in reaching communities with essential primary healthcare services. Highlighting challenges and opportunities for integrating immunisation for an efficient way to devise an integrated approach to reaching missed communities with the full range of primary health interventions.

### **A CRUCIAL ENTRY POINT**

UNICEF's Associate Director (Immunization), Dr. Ephrem Lemango, began the second webinar by highlighting immunisation as an entry point for other essential health services. Dr. Lemango outlined the need for health systems at primary care level to be optimised to be 'human-focused' to protect children and mothers with the full range of interventions needed to achieve good health and wellbeing. The wide reach of immunisation programmes provides a good platform for the delivery of other PHC services and allows to minimise missed opportunities to reach communities with a package of interventions, including nutrition services, family planning and antenatal care. Dr. Lemango highlighted that amid the challenges of overstretched systems and vertical approaches to COVID-19 vaccination there is a need to pivot towards a more integrated service delivery approach harnessing the investments into the pandemic response.

### **EFFICIENCY OF INTEGRATED SERVICE DELIVERY**

Speaking from a health clinic in Juba, the capital of South Sudan – Regional Expanded Programme on Immunization (EPI) Manager, David Majuch, spoke of the experiences of the recognition for the need for integration of immunisation and PHC services in South

Sudan. South Sudan, a country with a fragile health system after years of prolonged conflict, faces a high-level of under-five mortality and has not been able to reach maternal, newborn and child health targets, including immunisation, a situation that for years had been exacerbated in part due to the prevalence of vertical interventions meaning children were missing out on immunisation and other PHC services.

Majuch spoke of how children in South Sudan have been reached with immunisation services at nutrition sites. The Ministry of Health (MoH)/Gavi tailored approach into a large-scale ready-to-use therapeutic food (RUTF) programme targeted 686 out-patient therapeutic programme centres in 54 priority districts with the highest number of zero-dose and unvaccinated children. Co-location, co-delivery, and reporting such as immunisation screening at nutrition, outpatient departments and inpatient departments for vaccination status for 0–23-month-old children, were key in the success of this approach. Also crucial for the success of this programme is the frequent orientation and on-job training for programme managers and vaccinators, and integrated supportive supervision (materials, job aids, coordinated microplanning, joint review meetings, reporting, follow-ups).

Youth for Nutrition Leader, Dr. Florence Sibomana, spoke of her experiences of integrating improving access to immunisation and other health services in Rwanda. Dr. Sibomana outlined the benefit of PHC services located in communities to increase coverage of PHC services with community health workers playing a crucial role in community mobilisation, provision of treatment and referral to health clinics. Health information systems play a crucial role in data management, monitoring and evaluation and reporting of health services. The efficiency of Rwanda's approach to integrated health care based on community based PHC was





*Every year, malaria kills hundreds of thousands of children so a vaccine offering good protection has the potential to bring enormous public health benefits. The RTS,S malaria vaccine candidate has been under development since the 1980s with partners from the public and private sectors. The collaboration involves researchers in many GAVI-eligible countries in Africa, including Burkina Faso, Gambia, Ghana, Kenya, Malawi, Mozambique, and Tanzania, and in the United States and Europe. In January 2001, GlaxoSmithKline Vaccines and the PATH Malaria Vaccine Initiative entered into a public-private partnership specifically to develop the vaccine for infants and young children living in malaria-endemic regions in sub-Saharan Africa.*  
GAVI/2008/Sala Lewis

attributed to playing a significant role in recent successes in Rwanda's provision of essential health services, with basic vaccination coverage reaching 90% and 40% coverage for COVID-19 vaccination at the end of 2021.

## **THE WHOLE FAMILY APPROACH**

Mrs Chika Offor from Vaccine Network for Disease Control, introduced a simple and highly efficient approach to maximising access to essential PHC services – the Whole Family Approach. A Whole Family Approach ensures all family members are able to access health services during a visit to a health clinic, from routine immunisation services for children to monitoring non-communicable diseases, such as diabetes for adults. Mrs. Offor detailed her own experiences of providing a 'One Stop Shop' for families to access a range of PHC services, including building awareness of available services for families, such as the delivery of COVID-19 vaccination alongside routine immunisation services for children.

Mrs. Offor emphasised that in order for innovative approaches to efficient PHC service delivery to work, trust in health facilities would be imperative, requiring PHC centres to be functional enabling families to have confidence to rely on PHC centres and plans visits to enable all family members to receive treatment.

## **RECOMMENDATIONS/ KEY LEARNINGS:**

Immunisation services are an essential component of PHC and should be systematically embedded into the national PHC strategies and operations to pursue universal health coverage objectives.

The human centred design and delivery of an integrated package of PHC services for zero dose children and missed communities builds trust and confidence while improving active demand for immunisation and essential health services on the part of families and communities.

Governments should create an enabling environment for effective coordination, management, implementation and monitoring of integrated PHC service delivery approaches. In close collaboration with partners, including CSOs, governments should support the integration of immunisation with other PHC services. The effectiveness and efficiency of integrated service delivery approaches which include immunisation should be widely documented and disseminated to strengthen programming approaches in this area.

### **WEBINAR THREE: IMMUNISATION FINANCING AND ACCOUNTABILITY**

The third and final webinar, facilitated by Rosemary Mburu from WACI Health, outlined the crucial need to protect and increase financial support for immunisation services and ensure accountability on immunisation commitments at national, subnational and international levels to accelerate progress on immunisation.

### **LEVERAGING OPPORTUNITIES FOR IMMUNISATION FINANCING**

Dr. Ulla Griffiths, Senior Advisor immunisation and Health Systems Strengthening at UNICEF, outlined that government expenditure on immunisation even before the pandemic was inadequate, leaving a heavy reliance on external donor funding. In 2020, despite the overall cost of vaccinating a child with the full set of basic vaccines amounting to \$58, countries only budgeted around \$6 per child for immunisation, ranging from \$1.37 in the Democratic Republic of the Congo (DRC) to \$17.66 in Angola.<sup>21</sup>

Dr. Griffiths highlighted that in comparison substantial funds had been made available for COVID-19 vaccination which in turn provides opportunities for additional funding to be made available for routine immunisation. Dr. Griffiths concluded by highlighting that while there was a strong belief that emphasis on COVID-19 vaccine financing had negatively impacted fiscal space for routine immunisation services, further assessments would be needed to determine the extent of the impact.

Dr. Njoh Ateke, EPI Deputy Director in Cameroon, outlined the challenges routine immunisation faced in light of economic challenges, with the International Monetary Fund having observed a fall in GDP annual growth from 4% 2019 to 0.7% in 2020. However, in light of economic challenges presented by COVID-19, Dr. Ateke highlighted the opportunity to integrate COVID-19

vaccination alongside routine immunisation services, the need for capacity building across a range of health actors, and new doors opened for immunisation service partnerships presented by the COVID-19 pandemic whilst highlighting the need for investment in immunisation logistics. Dr. Ateke also highlighted the efficiencies in integrated approaches from a financial perspective, highlighting that the malaria programme in Cameroon had been used to track missed and zero-dose children without additional cost to EPI.

### **ADVOCACY IMMUNISATION FINANCING – FROM NATIONAL TO SUB-NATIONAL**

Village Reach's Dr. Patou Musumari, outlined that the Declaration of Kinshasa in 2018, adopted after the first National Forum on immunisation and Polio Eradication, contained a series of high-level commitments on immunisation – including financing.<sup>22</sup> Speaking from the VillageReach Office in Kinshasa, DRC, Dr. Musumari outlined that since the Declaration had been established the central Government of the DRC had fulfilled financial commitments in 2020-2021 – however provincial governments still had significant ground to make up. Dr. Musumari outlined the critical role of advocacy in holding duty-bearers accountable to the Declaration of Kinshasa, particularly amongst provinces that continue to fall behind, and raising awareness of the need to raise funds for immunisation activities and polio eradication.

Dr. Oneka Scott, from the MoH in Guyana, emphasised the need to consider a range of factors when determining how to improve the immunisation financing space and the need for immunisation stakeholders to situate immunisation financing considerations within broader political, economic, social and geopolitical contexts. Dr. Scott outlined the need for immunisation stakeholders to consider geopolitical factors when determining



factors impairing the funding space as well as considering the role of immunisation in instigating economic transformation in light of the pandemic. Dr. Scott highlighted the importance of public-private partnerships as a route to pursue immunisation financing on the political agenda.

## **CHALLENGES AND OPPORTUNITIES FOR IMMUNISATION FINANCING – EXPERIENCES FROM POLIO TRANSITION**

Dr. Mohammed Taufiq Mashal – EPI/Polio Team lead, WHO, spoke to Sudan’s experiences undergoing polio transition<sup>23</sup> and the crucial role of polio human resources, financing and infrastructure in the country’s immunisation and public health architecture. As Dr. Mashal highlighted, the polio workforce in Sudan was instrumental in the country’s response to COVID-19, which demonstrates the potential for their role to contribute in the long term to

strengthening health systems and to deliver on broader public health functions. With a finalised and endorsed polio transition plan, Sudan is the first country in the region to begin implementation of Integrated public health functions to enhance financial and technical efficiency. Sudan is no longer receiving funding support for polio operations combined with decreasing funding from other donors. Therefore, to overcome these challenges and ensure sustainability of essential public health functions, there is a need to significantly accelerate immunisation financing in the coming years.

The challenges and opportunities relating to polio transition are also extremely prevalent in other contexts. Reflecting on experiences in the DRC, Dr. Musumari outlined the various activities that have been undertaken to improve awareness of the risks and opportunities for polio transition, including engaging local CSOs, parliamentarians, media and other immunisation partners.

### **RECOMMENDATIONS/KEY LEARNINGS:**

**Protect and increase financing for immunisation services** – Donor and domestic financing for immunisation should be protected and where necessary increased to accelerate progress on immunisation targets. Where possible opportunities to leverage funds made available for COVID-19 vaccine introduction and delivery should be utilised.

**Advocate and increase awareness of immunisation and PHC financing needs at international, national and subnational levels** – immunisation financing gaps must be addressed at global, country and province/district levels in order to ensure adequate financial support for immunisation procurement through to services delivery.

**Greater accountability on tracking immunisation financing** – CSOs play a critical role in advocating for budget transparency and holding the government accountable on financial commitments on immunisation.

# Conclusion

It is widely acknowledged that immunisation remains one of the most successful and cost-effective public health interventions. Families whose children have no access to vaccination miss out on crucial PHC services that affect both mothers and children. Child immunisation therefore offers an opportunity for an integrated service delivery to reduce some of the inequities that we see today. Given the multiplicity of crises across the pandemic, conflict and climate, priority-setting at the national and local levels will be crucial for governments to ration adequate financial

resources towards sustained immunisation and essential services. This critical time and fragile fiscal space for health requires the global community to be more vigilant and strategic on how we spend finite resources. This requires transparency and coordination around financing for immunisation and routine essential services more widely. CSOs, healthcare workers and communities must be at the centre of these efforts to ensure that governments, private sector, and the multilateral system deliver on ensuring equitable access to these life-saving vaccines.

## NEXT STEPS/CONCRETE ACTIONS

Increased advocacy campaigns are clearly needed to sustain routine immunisation and CSOs will be crucial in amplifying this message to governments and other key actors. Collaborative decision-making among government ministries such as ministries of agriculture, health, finance, and education, from planning to implementation levels, will be crucial in ensuring successful and sustained integration services. Such lessons can be drawn from South Sudan's successful RUTF programme. Healthcare workers who are at the forefront of immunisation service delivery also need to be consulted throughout any planning and implementation processes to ensure their unique and crucial experiences are considered for improved immunisation outcomes. The "Whole Family Approach" in Nigeria has great potential for scale-up in other Nigerian states as part of MoH/government programmes, which other countries can successfully adopt to ensure that essential services are delivered to each family member. Using clear and standard frameworks, priority-setting exercises must be regularly carried out at global, regional, national, and sub-national levels to emphasise the importance of financing immunisation along with other essential services to prevent vaccine-preventable illnesses and deaths while also alleviating the pressures on health systems and families, including out-of-pocket expenses on care-seeking that disproportionately affect low-income families.



The organisers would like to express their gratitude to all the participants who shared their views, expertise and experiences over the course of the series.

## THANK YOU TO ALL WEBINAR PANELISTS

### **Dr. Laura Nic Lochlainn, PhD**

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### **Dr. Viorica Berdaga**

Deputy Chief of Immunization at UNICEF

### **Dr. Chizoba Wonodi**

Associate Scientist at the Johns Hopkins Bloomberg School of Public Health and Nigeria Country Director JHU's International Vaccine Access Center (IVAC)

### **Edmund Duodo**

Community Health Nurse and Vaccinator, Ghana Health Service/Ministry of Health and Executive Director of the Divine Mother and Child Foundation, Ghana

### **Jack Ndegwa**

Head of Health Systems and Policy at the Kenyan AIDS NGO Consortium (KANCO)

### **Fara Ndiaye**

Deputy Executive Director at Speak Up Africa and an advisory board member for The African Civil Society Network on Water and Sanitation (ANEW)

### **Dr. Ephrem Lemango**

Associate Director (Immunization) at UNICEF

### **David Majuch**

Regional EPI Coordinator, The African Field Epidemiology Network (AFENET) and a Fellow at the Centre for Epidemiological Modelling and Analysis (CEMA)

### **Dr. Florence Sibomana**

Medical Doctor and Youth for Nutrition Leader

### **Mrs. Chika Offor**

Founder of the Vaccine Network for Disease Control in Nigeria

### **Rosemary Mburu**

Executive Director at WACI Health, Kenya

### **Dr. Ulla Griffiths**

Senior Advisor, Immunisation and Health Systems Strengthening at UNICEF

### **Dr. Njoh Ateke**

Medical Doctor and Deputy Director for Expanded Programme on Immunisation in Cameroon

### **Dr. Patou Musumari**

Country Director Advisor, VillageReach, DRC

### **Dr. Oneka Scott**

Director of Maternal and Child Health, Ministry of Health, Guyana

### **Dr. Mohammed Taufiq Mashal**

Team lead for Expanded Programme on Immunisation/Polio at World Health Organization

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**Gavi CSO Constituency**  
for Immunisation and Stronger Health Systems  
Helping to reach Every Child with Immunisation and Health Services

**RESULTS**

unicef  for every child

