

## **Strengthening Immunisation Service Delivery through Primary Health Care Platforms**

Key Takeaways from the Linked Europe–Central Asia Workshop

### **THE LEARNING EXCHANGE**

The Linked Immunisation Action Network brought together immunisation stakeholders from seven countries across the Europe–Central Asia region for a workshop focused on “*Strengthening Immunisation Service Delivery through Primary Health Care (PHC) Platforms.*” Led by the Curatio International Foundation and held in Tbilisi, Georgia, the engagement enabled immunisation practitioners and global and regional experts to share experiences and good practices to improve the delivery of immunisation services through PHC platforms, with the objective of strengthening service delivery to maintain, increase, or restore immunisation coverage levels affected by the COVID-19 pandemic. Country government teams from Armenia, Azerbaijan, Georgia, Moldova, Mongolia, Ukraine, and Uzbekistan participated and were joined by UNICEF and WHO country office immunisation specialists.

### **KEY TAKEAWAYS**

- Integration is a strategy to improve coverage and/or efficiency of immunisation and other health programming.
- Several criteria should be considered before deciding to integrate an immunisation programme with other interventions: context, compatibility, feasibility, acceptability, accountability, and equity.
- Community context matters when considering the integration of services. Microplanning that incorporates an understanding of each community’s population, their health workforce, and local government can guide decision-making about how to tailor immunisation delivery to optimize outcomes for each community.
- Key challenges related to integration include effective coordination of immunisation services with other PHC services, sufficient immunisation knowledge and performance of PHC workers, and mechanisms for monitoring programme performance across delivery platforms.
- Strengthening coordination between immunisation and PHC may reduce missed opportunities for vaccination.
- To strengthen the capacity of PHC workers to deliver immunisation services, in-service training that utilizes adult learning principles, including on-the-job training, mentoring, and feedback has been shown to increase not only capacity but also job satisfaction and health worker motivation.
- Incentives have an important role to play in motivating immunisation performance improvement, and a well-designed balance of both financial and non-financial incentives are likely to be most effective.
- Within an integrated system, immunisation programmes must adapt how they monitor and manage performance to identify changes in service delivery, coverage, equity, or quality of care.

## INTRODUCTION

WHO has declared that “strong immunisation systems, as part of broader health systems and closely coordinated with other primary health care delivery programmes, are essential for achieving immunisation goals” and that “integration has also been proposed as a strategy to improve coverage and/or efficiency of immunisation and other health programming.”<sup>1</sup> Integration is also included as a goal under Strategic Priority 1 in the Immunisation Agenda 2030, defined as “effective, efficient and resilient immunisation services that are accessible to all people as an essential part of primary health care, and thereby contribute to universal health coverage.” The key areas of focus under this goal include: effective coordination, financial management, and performance monitoring across PHC delivery platforms; and ensuring that PHC health care workers are available, knowledgeable, skilled, and motivated to implement immunisation activities.<sup>2</sup>

The country teams at the workshop noted several key challenges related to integration, including poor coordination of immunisation services with other PHC services, insufficient immunisation knowledge among PHC workers, poor PHC worker performance, and weak mechanisms for monitoring programme performance. The workshop addressed these challenges, with select findings summarized below. The country teams drew on the learnings to develop action plans to strengthen their immunisation programming, and the Linked Immunisation Action Network will continue to support them and share additional learnings as they implement their action plans.

### Strengthening Coordination with Other PHC Services

Before deciding to integrate an immunisation programme with other interventions, several criteria should be considered, either relating to the intervention(s) or the health system context. These criteria include context, compatibility, feasibility, acceptability, accountability, and equity. While integration has many benefits, it also introduces potential risks to the immunisation programme.

**Table 1: Integration has Both Benefits and Risks<sup>3</sup>**

Potential Benefits	Potential Risks
<ul style="list-style-type: none"><li>• <b>Increase coverage</b> of a new intervention to the level of existing intervention (i.e., immunisation)</li><li>• <b>Improve system efficiency</b>, reduce redundancy and cost</li><li>• <b>Improve user satisfaction</b>, with the convenience of meeting clients’ multiple health needs simultaneously</li><li>• <b>Increase demand</b> through cross-promotion of multiple services which may reduce missed opportunities of vaccination</li></ul>	<ul style="list-style-type: none"><li>• <b>Negative impact on overall coverage</b> rates or equity</li><li>• <b>Reduce the quality of care</b>, due to reduced health worker time available</li><li>• <b>Staff may not accept</b> the additional responsibilities or workload due to issues with pay, conditions, skills, knowledge, or training</li><li>• <b>Clients may not accept</b> integrated services, especially if stigmatized services are mixed with non-stigmatized (although this can also be a mechanism to reduce stigma)</li></ul>

<sup>1</sup> World Health Organization. (2018). *Working together: an integration resource guide for immunization services throughout the life course*. World Health Organization. <https://apps.who.int/iris/handle/10665/276546>

<sup>2</sup> World Health Organization. *Immunization Agenda 2030: A global strategy to leave no one behind*. Geneva: World Health Organization; 2021. <https://www.immunizationagenda2030.org/>

<sup>3</sup> Adapted from: Nic Lochlainn, L. *Integration: Strengthening the delivery of immunization services through PHC platforms*. Essential Programme on Immunization, WHO/IVB. July 2022. [https://www.linkedimmunisation.org/wp-content/uploads/2022/08/Lochlainn\\_EURO\\_meeting\\_Integration\\_PHC\\_ENG.pdf](https://www.linkedimmunisation.org/wp-content/uploads/2022/08/Lochlainn_EURO_meeting_Integration_PHC_ENG.pdf)

The community context matters when considering the integration of services. Microplanning that incorporates an understanding of each community's population, their health workforce, and local government can guide decision-making about how to tailor immunisation delivery to optimize outcomes for each community.

Another benefit of strengthening coordination between immunisation and PHC is in reducing missed opportunities for vaccination (MOV). A MOV is any visit for a health service which does not result in the person receiving all the vaccine doses for which he or she is eligible. Strategies to reduce MOVs at health facilities may include: 1) Reorganizing their setup so that the vaccination room is in a central location; 2) Setting up a system to screen and triage all visitors to the health facility on their vaccination status; and 3) Using stickers or other visual aids for caregivers or health workers, such as reminder signs or "completely vaccinated" stickers for the vaccination records of children. Strengthening coordination with the education sector to introduce school-based vaccination screenings is another opportunity to identify children with missed vaccinations, refer them to the local health facility, or have PHC workers visit the school to provide missed vaccinations.<sup>4</sup>



The European-Central Asian countries have introduced different measures to strengthen coordination with other PHC services and reduce MOVs. For example, Mongolia implemented trainings on vaccination for family health care centers, Azerbaijan introduced a program for gynecologists to share information about childhood vaccination with pregnant women in their third trimester, and Moldova is including information about vaccination in university and post-graduate curricula for medical and specialist providers.

### **Strengthening Human Resources Capacity and Performance**

PHC workers have a powerful influence on the behavior and acceptance of vaccination among their patients and the broader population. However, their full potential to improve immunisation coverage is complex, as many health workers face knowledge gaps, barriers and challenges related to vaccinating their patients, and may have their own concerns about vaccines and vaccination. Health workers account for two-thirds of MOVs for reasons including:

- Failure of health workers to regularly screen patients for eligibility at intake
- Perceived contra-indications, such as so-called "over-aged" children, mildly ill or underweight children, and multiple injections
- Reluctance to vaccinate sick children due to liability issues
- Health workers' knowledge, attitudes and practices related to vaccine wastage, correct dosing intervals, and delayed schedules

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<sup>4</sup> Wallace, A. Strengthening Coordination Between Immunization & Primary Healthcare: The Missed Opportunities For Vaccination Approach. July 2022  
[https://www.linkedimmunisation.org/wp-content/uploads/2022/08/Wallas\\_EPI-PHC-Coordination\\_ENG.pdf](https://www.linkedimmunisation.org/wp-content/uploads/2022/08/Wallas_EPI-PHC-Coordination_ENG.pdf)

Key strategies to empower health workers to effectively deliver immunisation services are to understand their concerns and challenges, engage them in designing service delivery strategies, provide incentives to motivate them, and build their knowledge, skills, and confidence. When considering how to strengthen their capacity, there are limitations to traditional in-service capacity building approaches, such as removing health workers from their work setting, failure to address individual learning needs or account for participants previous experience, and cost. In-service training that utilizes adult learning principles, including on-the-job training, mentoring and feedback, and follow-up has been shown to increase not only capacity, but also job satisfaction and health worker motivation. Supportive supervision visits are an opportunity to implement such approaches by focusing on the needs of the individual health worker, and incorporating training, mentoring, and regular follow-up.



Incentives have an important role to play in motivating immunisation performance improvement, and a well-designed balance of both financial and non-financial incentives are likely to be most effective. Financial incentives that offer a small financial reward may effectively drive change and encourage innovation, but these should be complemented by non-financial incentives which can also be effective in motivating immunisation service delivery improvement. Facilitating professional development opportunities and career advancement, and delegating sufficient decision-making autonomy to health workers, can be especially motivating, improving morale and encouraging retention.<sup>5</sup>

Representatives from Armenia, Estonia, Moldova, and Mongolia shared their experiences introducing financial incentives for immunisation and their lessons learned, including the need to offer a sufficient amount for the financial incentive to be effective, the importance of PHC workers understanding the incentive scheme, and ensuring fairness across all geographies based on the size of the target population.

### **Strengthening Performance Management and Monitoring**

Within an integrated system, immunisation programmes must adapt how they monitor and manage performance to identify changes in service delivery, coverage, equity, or quality of care. The most likely implication is a change in how immunisation programmes collect data, with it being important to utilize existing monitoring systems or programmatic evaluations within the PHC system, whenever possible. Additionally, to capture inequities in immunisation, programmes need population data beyond those maintained by health facilities, to include the broader PHC network (e.g., data from maternity clinics) and other country data sources.

Resources from the workshop, including all presentations and country posters, are available at: <https://www.linkedimmunisation.org/resources/linked-workshop-strengthening-the-delivery-of-immunisation-services-through-phc-platforms/>

<sup>5</sup> Zoidze, A. *Overview of strategies and best practices to strengthen HR capacity and motivation to deliver immunisation*. July 2022. [https://www.linkedimmunisation.org/wp-content/uploads/2022/08/Zoidze\\_HW-capacity-motivation\\_ENG.pdf](https://www.linkedimmunisation.org/wp-content/uploads/2022/08/Zoidze_HW-capacity-motivation_ENG.pdf)