

SQUARING THE CIRCLE: SAFEGUARDING EXISTING IMMUNIZATION PROGRAMMES AND PRIMARY HEALTHCARE DURING COVID-19 VACCINATION

SUMMARY Primary healthcare workers from low- and middle-income countries have identified ways in which countries, districts and facilities are adapting to deliver both COVID-19 and existing vaccines during the pandemic.

Across two virtual events, more than 500 participants from 60 countries contributed to discussions. An analysis of their contributions provides insight into how this key issue is being addressed in LMICs, at different levels of the immunization system.

Key insights from this engagement with frontline staff include:

- **Strong leadership** is needed to ensure that both COVID-19 vaccination and existing vaccines are prioritized.
- The twin challenges have driven **rapid innovations** in practice and use of new technologies.
- **Integration of responses** has helped to enhance efficiency and created new outreach opportunities.
- **Resources mobilized for COVID-19 vaccination** have been used to strengthen traditional vaccination and primary healthcare.
- **COVID-19 vaccine hesitancy** has been a major challenge, commonly addressed through strengthening of community engagement that will benefit wider immunization programmes.

COVID-19 – The opportunity and the threat

The **COVID-19 pandemic has had a significant impact on primary healthcare services and immunization coverage** in multiple countries. In part this reflects supply-side issues – many immunization workers were diverted to COVID-19 control duties or were unwell, and public health and social measures disrupted supply chains. In addition, many people were reluctant to attend health facilities for fear of contracting COVID-19.

During 2021, COVID-19 vaccines began to be rolled out globally. Although it has the potential to save many lives, **COVID-19 vaccination also presents a major challenge to countries**, which need to deliver vaccines to large numbers of people and age groups that are not normally targeted by vaccination. If political bandwidth and resources are devoted to COVID-19 vaccination, this has the **potential to further undermine existing immunization programmes**.

On the other hand, joined-up approaches to COVID-19 and existing immunization programmes could offer **efficiency gains and help to strengthen immunization systems** across the life-course and primary healthcare systems more generally.

Leveraging a learning platform to explore perceptions and practice in the field

How exactly is this conundrum being addressed on the frontline? One way to find out is to take advantage of the engagement platform provided by the participatory learning programmes for healthcare professionals from LMICs. TGLF runs training courses for healthcare professionals from LMICs based on a **peer learning model**, in which new digital tools are exploited to enable participants to learn by **focusing on real-world challenges, sharing advice and experience**, and **solving problems collaboratively** with their peers, course alumni and facilitators.

During 2021, a cohort of more than 500 participants developed action plans based on the **Immunization Agenda 2030 (IA2030)**. To identify the challenges, solutions and success stories associated with the twin challenge of maintaining and strengthening traditional immunization programmes and primary healthcare while also introducing COVID-19 vaccination, two discussion events were organized with this cohort, course alumni and other stakeholders, in partnership with Working Group on IA2030 Strategic Priority 1 (Universal Health Coverage and Universal Health Care):

- An open event in which participants exchanged experience about the challenges and attempts to address them.
- A discussion event in which invited panellists from LMICs and the global immunization community presented their experience and encouraged participants to discuss specific challenges, approaches and successes, orally or through the chat function.

Across two virtual events, 151 participants participated in the open event and 388 in the discussion event, with more than 200 contributions being received through the chat function at each meeting. An analysis of these contributions provides an informative insight into how this key issue is being addressed in LMICs, at different levels of the immunization system.

The view from the frontline

Delivery and integration

A recurring theme of discussions was the importance of **integration** in vaccine delivery, predominately from the viewpoint of **efficiency gains** or opportunistic **closure of gaps in vaccination coverage**.

Examples discussed included integrated campaigns as part of **periodic intensification of routine immunization (PIRI)** activities. In some cases, COVID-19 vaccination campaigns have been leveraged to provide **catch-up vaccination**. Door-to-door vaccination campaigns have provided an excellent opportunity to check the vaccination status of children in the households visited and to provide catch-up vaccination. In some countries, joint immunization activities have been organized with **disease-specific initiatives**, such as polio control programmes. On occasion, integration has been extended further, with the involvement of maternal, neonatal and child health (MNCH) services.

Health information systems can support coordination of responses but factors such as interoperability and data transfer limitations from the field can be challenging. **Simple digital tools** (e.g. Google Docs, digital whiteboards) have been used to aid coordinated planning and monitoring of activities. Innovations have even been applied to traditional paper-based systems (e.g. colour coding of paper-based records).

Human resources

Very great demands have been placed on healthcare workers, particularly vaccination staff, during the pandemic. Participants noted that, in many facilities, particularly in rural areas, the same people are responsible for both traditional immunization services and COVID-19 vaccination. A further challenge is the **skewed distribution** of healthcare workers, with concentrations typically far higher in urban than in rural areas.

As well as a reluctance to visit facilities, pandemic control measures have curtailed the activities of **community health workers** involved in immunization activities, affecting coverage.

In some cases, traditional immunization and COVID-19 vaccination are carried out by the same individuals; in others, separate teams are responsible for the two activities. In terms of integration, a **lack of communication between teams** has sometimes led to limited coordination. Another challenge reported was **coordination across different levels of the health system**, with state-, district- and facility-level staff not necessarily acting in unison.

The response to the pandemic has added further stresses to healthcare systems that are often understaffed. Participants identified a range of innovative approaches that have been adopted or suggested to manage this additional demand:

- Recruitment of community volunteers.
- Involvement of trainee healthcare workers (e.g. trainee nurses).
- Use of contract staff, if financial resources are available.
- Use of retired healthcare workers, if they are willing to re-enlist.
- Engagement with civil society organizations (CSOs).
- Use of private sector healthcare worker resources.

In some cases, the COVID-19 response has brought in **additional resources**, which have been used to train both new and existing staff in COVID-19 vaccination and immunization systems, building immunization capacity and strengthening coordination.

Leadership

One lesson from COVID-19 is that **epidemic preparedness** at the national level has often been inadequate. When response plans did exist, they were not necessarily sufficiently detailed to ensure effective implementation.

Strong leadership within immunization programmes has ensured that existing immunization activities are not neglected during the rollout of COVID-19 vaccination. In some subnational strategic plans, protection of existing immunization services has been an explicit objective of rollout, reinforced by clear communication to immunization managers at lower levels of the immunization system and regular monitoring of coverage of both COVID-19 and traditional vaccines. Such data tracking also makes an important contribution to accountability.

COVID-19 has attracted much **political attention**, and there is a danger that COVID-19 vaccination is prioritized at the expense of traditional immunization. **Advocacy with decision-makers** may be necessary to make the case for traditional immunization, using a data-driven approach to communicate the risks associated with the neglect of traditional immunization, including the potential for outbreaks of vaccine-preventable diseases.

Hesitancy

COVID-19 vaccination targets age groups that do not normally access immunization services. In many communities, COVID-19 is a new and poorly understood disease, and the value of vaccination of healthy individuals may not be appreciated. Rumours and misconceptions have led to high levels of **COVID-19 vaccine hesitancy** in many communities.

There are concerns that COVID-19 vaccine hesitancy may lead to a decline in confidence in traditional vaccines. Conversely, in some cases, the value of traditional immunization in preventing childhood diseases has been used to persuade people of the benefits of COVID-19 vaccination.

In some settings, **past experience of outbreaks such as Ebola** led to an emphasis on enhanced infection prevention and control in health facilities, leading to good take up of services. Reminders that the Ebola outbreak led to an **upsurge in measles** because of reduced take up of immunization services has also motivated people to seek vaccination. However, this progress has been undermined by COVID-19 vaccine hesitancy.

Community engagement has been at the heart of responses to address COVID-19 vaccine hesitancy. **Multiple media channels** have been used to provide accurate information, in some cases using celebrities or trusted individuals to convey messages. Digital tools such as **mass text messaging** have also been used to disseminate reliable information to communities.

Engagement with **community gatekeepers** has been essential. Given their influence in communities and ability to encourage vaccine uptake, engagement with **religious leaders** is also seen as critical.

These efforts to engage with communities, to ensure they are well informed and to build trust, have the potential not only to enhance take up of COVID-19 vaccination but also to **lay the foundation for greater involvement in all immunization activities**. Community engagement is commonly seen as core at all points, from the design of services through involvement in service delivery and the monitoring of performance.

Conclusions

The engagement exercise focused on safeguarding immunization and PHC systems during COVID-19 vaccine introduction provided an opportunity for Scholars taking part in a peer learning programme to discuss challenges and some of the approaches being taken to address them. At the same time, although contributors cannot be considered fully representative of global immunization staff, these discussions have the potential to inform global responses.

During discussions, examples were identified where COVID-19 responses have been leveraged to support traditional immunization, or effective planning has enabled more efficient coordinated activities to be undertaken. Key enablers identified in discussions have included:

- **Explicit prioritization** of traditional immunization by programme leaders.
- **Good coordination** between individuals and groups responsible for COVID-19 vaccination and traditional immunization activities.
- **Leveraging COVID-19-related resource mobilization** to support both COVID-19 and traditional vaccination.
- **Innovative use of simple digital tools** to aid planning.
- **Establishing new partnerships**, including with sectors not normally engaged in immunization programmes.
- **Strengthening community engagement**, to address COVID-19 and other vaccine hesitancy.

Notably, the COVID-19 response has also catalysed changes and innovations that were needed pre-pandemic. Opportunities now exist to embed these new tools and partnerships within immunization systems.

There is now also the potential to learn from the early experience of the COVID-19 vaccines at the frontline to inform future national planning and global action.

A platform for engagement

This consultation has been an experiment, enabled through Wellcome funding, to test whether it is possible to engage with frontline immunization staff at different levels of the immunization system in LMICs through the TGLF learning platform, in order to gain insights of value to global planning. This engagement has provided **a real and rare opportunity for frontline staff to feed into global discussions**, truly giving a voice to those directly engaged in the challenges of delivering immunization services in difficult settings.

This first experiment, based on two virtual events organized at short notice, successfully delivered insights into the challenge of maintaining traditional immunization activities in the face of COVID-19 vaccine rollout. It has demonstrated **considerable appetite among course participants for engagement with global bodies**, as well as an enthusiasm to share experiences. Nevertheless, there are opportunities to reflect on this pilot work to consider how to make full use of this platform for engagement.

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