

How to Integrate COVID-19 Vaccination into Primary Care: A Review of Tools, Guidance, and Country Experiences

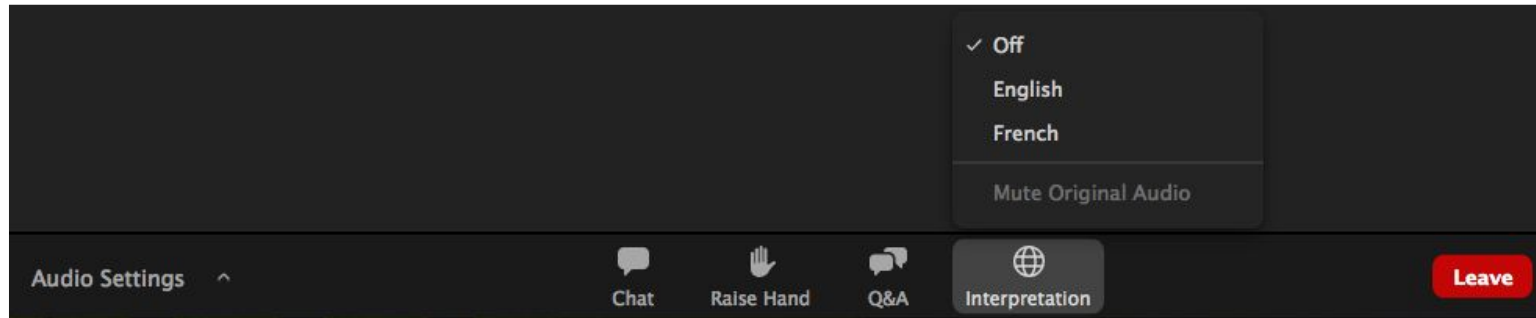
We will begin shortly! In the meantime, please introduce yourself in the chat.

20 July 2023 | Presentation by Knowledge SUCCESS



Zoom Interpretation (*Interprétation*)

L'interprétation française en direct est disponible ! Cliquez sur l'icône «Interprétation» au bas de votre écran pour écouter le webinaire en français.



Our Speakers



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Agenda

- Introduction to COVID-19 integration (Beth Tritter, USAID)
- Support Package for Integrating COVID-19 Vaccination (Alba Vilajeliu, WHO)
- Country application and experiences (Benjamin Schreiber & Imran Mirza, UNICEF)
- Integration resources and closing (Erica Nybro, Knowledge SUCCESS)

Introduction to COVID-19 Integration



Introduction to COVID-19 Integration

Beth Tritter

Director, COVID-19 Response Team, Bureau for Global Health, USAID



The Road to COVID-19 Integration

- Dec 2021 — **Launch of Global VAX**
- Jan 2022 — **Launch of CoVDP**
- Jan 2022 — **Introduction of COVID-19 Vaccination Roll-outs and Mass Campaigns**
- Jul 2022 — **WHO SAGE Updates 'Global COVID-19 Vaccination Strategy in a Changing World' - focus on high priority populations**
- Feb 2023 — **Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond**
- May 2023 — **End of PHEIC**
- June 2022 — **Sunset of CoVDP**



USAID COVID-19 Integration into Primary Health Care (PHC)

Integration: “the partial or full adoption of COVID-19 response activities - *across prevention, diagnosis, care and treatment* - into national program services, including immunization programmes, primary health care, PHC, and any other relevant health services with the overall aim of improving program efficiency and sustainability, enhancing demand and improving user satisfaction, achieving and maintaining satisfactory coverage, and addressing inequities”

Review more details in the [USAID Compendium for Integrating COVID-19 into Primary Health Care](#)

Guiding Principles for Integration



Equity



People Centered



Context specific



Optimized service coverage

Compendium of Illustrative Sub-activities for Integrating COVID-19 Response into Primary Health Care

Leadership & Governance	Health Systems Financing	Service Delivery	Health Workforce	Supply Chain Management	Demand Generation and Community Engagement	Health Information Systems (incl. utilization and surveillance)
<p>C19 response included in the national policies and guidelines for providing integrated PHC and life course vaccination</p> <p>Joint planning of C19 response as part of PHC activities at national and sub-national levels</p> <p>Joint national and sub-national coordination mechanisms of PHC and C19 response programs</p> <p>Set up joint governing bodies to integrate accountability mechanisms</p> <p>Develop norms and standards for the prevention of occupational risks (i.e. respiratory infections) in the health sector</p> <p>Develop/strengthen policies that encourage task shifting and task sharing to optimize health workforce during health crises</p> <p>Develop and disseminate policy on booster shots for high risk populations</p> <p>Home-based care package includes access to C19 self-testing</p>	<p>Joint financial forecasting, planning, and management of PHC and C19 response supplies and programs</p> <p>Ensure budget line items for integrated Emergency Operations Centers (e.g. polio, measles, C19)</p> <p>Identify opportunities for resource mobilization and cost sharing across interventions</p> <p>Encourage reliable and affordable access to bulk LOX through PSE and market shaping activities</p> <p>Test innovative pay for performance approaches to increase vaccine uptake (and other response areas)</p>	<p>Integrated management of respiratory infections implemented at PHC sites, inclusive of T2T</p> <p>Co-administration of C19 vax with other vaccines at fixed, mobile, outreach, or other sites</p> <p>Bundling of C19 vax campaigns with other vax campaigns</p> <p>Outreach services and PHC facilities have referrals for C19 vax and T2T</p> <p>Schools utilized as platforms for providing RI and PHC services, and IPC sensitization</p> <p>Leverage delivery platforms to reach high priority populations, e.g. PLHIV centers, ANC, non-communicable disease clinics</p> <p>Facilities capacitated to expand access to O2 for use in treatment of C19 and beyond</p> <p>Incorporate service delivery innovations, e.g. digital microplanning</p>	<p>C19 vax and T2T are included in JD of RI/PHC providers</p> <p>Adjusted HR needs assessment and recruitment to the increased workload due to C19 response and other disease outbreaks</p> <p>Integrated training, capacity building, and job aids for C19 response and RI/PHC providers</p> <p>HWs trained on safe and effective use of oral antivirals, clinical care and triage, IPC, and referrals for O2 treatment</p> <p>Joint supportive supervision to C19 response and PHC activities</p> <p>HWs vaccinated against C19 and empowered to promote vaccination according to the national immunization policy</p> <p>Standardized and timely payment of HWs' incentives/ compensation</p> <p>Integrated capacity building of laboratory technicians</p>	<p>Joint forecasting and planning of C19 vax, vax supplies, rapid diagnostic test kits, and antivirals</p> <p>Integrated co-distribution of C19 supplies with other PHC/RI vaccines</p> <p>Incorporating C19 vax and supplies into eLMIS for stock monitoring, and forecasting/ supply planning</p> <p>Leverage resources to strengthen a common cold chain and storage capacity</p> <p>Develop joint cold chain maintenance plans with RI</p> <p>Ensure adaptive capacity of supply chains to support surge needs related to C19 waves</p> <p>Joint planning and management of medical waste</p> <p>Incorporate digital temperature monitoring devices to sustain cold chain</p>	<p>Joint communication strategy development and coordination around C19 and other vaccines</p> <p>Coordinated research and assessment of Knowledge, Attitude & Practice (KAP) regarding T2T and C19 and other vaccines</p> <p>Joint tracking and timely addressing rumors around C19 and other vaccines</p> <p>Integrated community engagement for supporting C19 response as part of PHC</p> <p>Leverage existing networks to create demand among priority populations for C19 vaccination and T2T</p> <p>Joint evaluation of communication, demand generation, and innovation interventions</p>	<p>Unified data collection and entry for C19 response and PHC data</p> <p>Unified digital data management platforms</p> <p>Integrated dashboards at national and sub-national levels for C19 response and PHC indicators</p> <p>Leverage quarterly RI meetings for reviewing and utilizing data on C19 vax rates</p> <p>Integrated disease surveillance and AEFI tracking</p> <p>Joint data management training and proactive data backlog management</p> <p>Joint monitoring and evaluation of PHC and C19 response programs</p>

CoVDP in partnership with USAID and others have developed resources for country stakeholders to implement the initial integration guidance



Support Package for Integrating COVID-19 Vaccination

Support package for integrating COVID-19 vaccination into Primary Health Care (PHC)

USAID-funded Knowledge SUCCESS
webinar, 20 July 2023

Alba Vilajeliu, MD, MPH, PhD

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Outline

- 1. The importance of vaccinating against COVID-19**
2. Technical resources to support integrating COVID-19 vaccination
3. The benefits of integrating COVID-19 vaccination into PHC

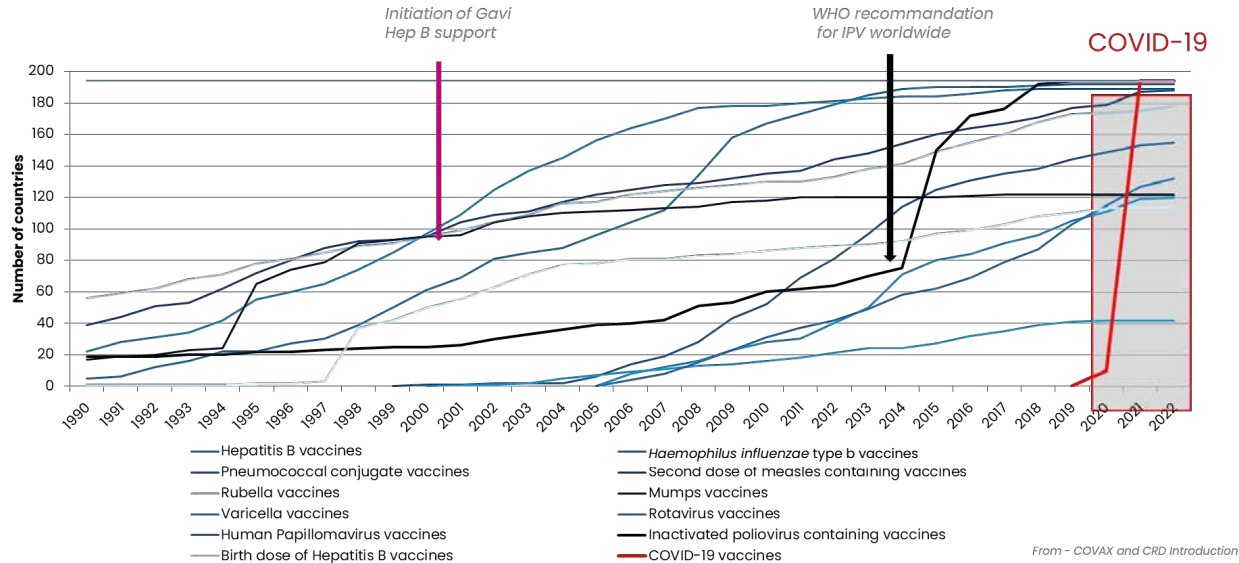
COVID-19 vaccination effort does not end with the standing down of the Public health emergency of international concern (PHEIC)¹

- SARS-CoV-2 is still circulating and **certain subgroups** continue to be at **greater risk of severe disease and mortality**:
 1. **Older adults:** *persons aged ≥60 years accounted for >80% of the overall COVID-19 mortality across all income groups²*
 2. Adults with **comorbidities or severe obesity**
 3. Children, adolescents, adults with **immunocompromising conditions**
 4. **Pregnant women:** *increased risk of severe morbidity, ICU admission, and ventilation compared with nonpregnant women; and increased risk of preterm birth and low birth weight^{3,4}*
- **WHO SAGE recommended⁵** to focus on increase COVID-19 vaccination coverage (primary series & booster doses) for these **4 groups and frontline health workers**
 - **Interval of booster doses:**
 - **12 months** for older adults/adults with comorbidities or severe obesity/frontline health workers
 - **6 months** for oldest /multiple comorbidities/severe immunocompromising conditions/ those in long-term care facilities
 - **Once during a pregnancy** (if previous dose >6 months ago)
- All WHO Emergency Use Listing (EUL) authorized COVID-19 vaccines continue to **hold EUL status** (work ongoing to move vaccine authorization into established WHO prequalification process)⁶

1. [https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic) 2. Wong MK, et al. MMWR Morb Mortal Wkly Rep. 2023 10.15585/mmwr.mm7205a1. 3. Smith ER, et al. BMJ Global Health 2023;8:e009495. <https://gh.bmj.com/content/8/1/e009495> 3. Allotey J, et al. BMJ 2022; <https://www.bmj.com/content/370/bmj.m3320> 5. <https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccines-SAGE-Roadmap> 6. <https://extranet.who.int/pqweb/key-resources/documents/implication-eul-covid-19-vaccines-after-pheic-was-declared-over>

Mass campaigns allowed COVID-19 vaccine to be the fastest delivery in history, but...

Vaccine introductions 1990 to 2022



- **Mass campaigns have strained health systems** – health workers and resources have been diverted from providing essential health services
- It is estimated that mass vaccination campaigns are **3x¹** the cost of delivery in routine services
- In the current context, **cost-effectiveness/opportunity cost considerations become increasingly important.**

Integration has different meanings and is approached in different ways

COVID-19 integration involves partial or full adoption of COVID-19 vaccination into PHC and other health services



WHO Health System Building Blocks



Leadership and governance



Health systems financing



Demand and community engagement



Service delivery



Health workforce



Health information systems



Access to essential medicines (incl. quality vaccines)

Funding resources: Gavi 2024-2025 support for COVID-19 vaccine programme

Objective 1

Maximise health impact by continuing to support COVID-19 vaccine delivery for high priority user groups per the SAGE Roadmap (March 2023)

Objective 2

Continue to support health system strengthening and integration of COVID-19 vaccination into routine immunisation, primary healthcare, and other healthcare services

91 countries are eligible for support for 2024 & 2025



Gavi-eligible 54 (**Gavi 54**) countries are eligible for full vaccine procurement without co-financing obligations and eligible for delivery support through existing COVID-19 vaccine Delivery Support (CDS) resources

COVAX AMC

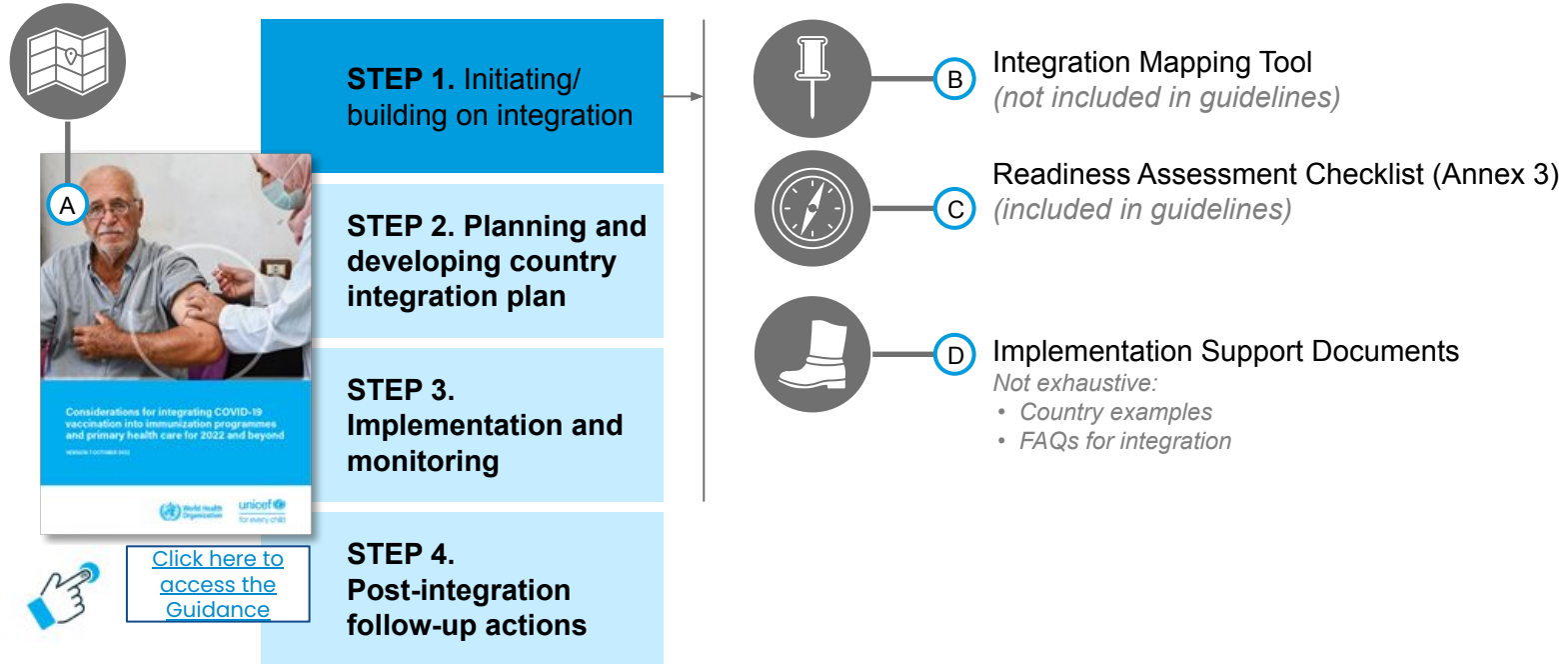
AMC 37 (former- and never-Gavi eligible countries which received COVAX support) are eligible for 50% procurement support and eligible for delivery support through existing CDS resources.

Outline

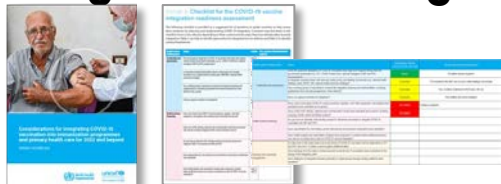
1. The importance of vaccinating against COVID-19
- 2. Technical resources to support integrating COVID-19 vaccination**
3. The benefits of integrating COVID-19 vaccination into PHC

How to integrate COVID-19 vaccination? (1/2)

Support package for countries consists of complementary materials based on guidance



Readiness Assessment Checklist and Integration Mapping Tool support integration implementation planning at different stages



Readiness Assessment Checklist



Integration Mapping Tool

Purpose

Support countries identify **specific technical actions which should be incorporated** into the integration implementation plan

Enable countries to conduct a **situational analysis and assess the current state** of C-19 vaccination integration at a given point in time

When to use

Detailing of integration implementation plan to include technical actions for the priorities / focus areas for integration identified

Input into developing integration implementation plan in order to inform priorities / focus areas for integration

Primary users

Technical focal points

High-level stakeholders

Outcomes after completion

Visualization output and list of technical actions that should be incorporated into national integration strategy, including actions / investments needed for implementation

Heatmap and visualization output of current state that can be used to identify priorities for additional attention and for advocacy

Use to date

More than 30 countries, no need for external support to use it at national and subnational level

Piloted in one country, others have expressed interest for support to use it



[Click here to access the Checklist](#)



[Click here to access the Mapping tool](#)

How to integrate COVID-19 vaccination? (2/2)



STEP 1. Initiating/ building on integration

STEP 2. Planning and developing country integration plan

STEP 3. Implementation and monitoring

STEP 4. Post-integration follow-up actions

- RITAG/NITAG updated COVID-19 vaccination recommendations
- Identify other health interventions that can be provided to the high-risk groups
- Decide delivery approaches moving away from mass vaccination campaigns to health facility based (e.g. NCD, HIV/TB clinics, ANC services, ...)
- Other investments needed (e.g. health workers training, update national guidance, information systems,...)



CO-ADMINISTRATION WITH INFLUENZA VACCINATION

Panama integrated the delivery of COVID-19 & influenza vaccination at health facilities and house-to-house



PARTNERSHIP WITH OTHER SERVICES

Tanzania partnered with HIV programme to vaccinate adults living with HIV/AIDS and with physicians treating other chronic diseases

Outline

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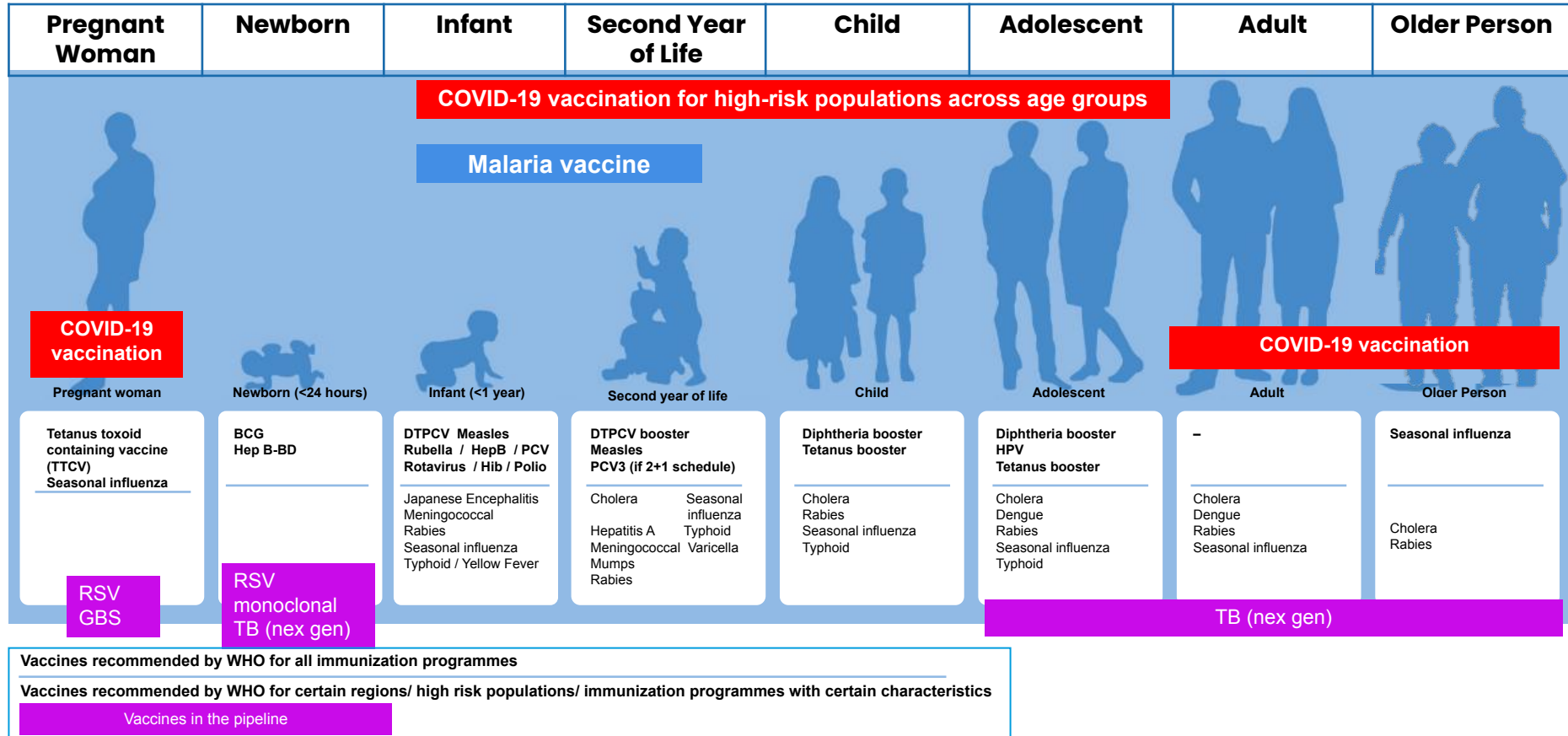
Integrating COVID-19 vaccination with other services increases opportunity for a more **people-centred approach**



[Click here to access the Guidance](https://www.who.int/publications/i/item/9789240066045)

	Fixed health care facilities	Long term care facilities	Community outreach	Outreach	Mass campaigns
Integration opportunities	Help to strengthen older adult health services (e.g. screening for NCDs, coadministration with influenza vaccine)		Co-delivery with other home interventions that include other family members		Integrate with other health services and campaigns, whole family care
Cost	Low if supported by health care budget	Medium-high		Generally high	

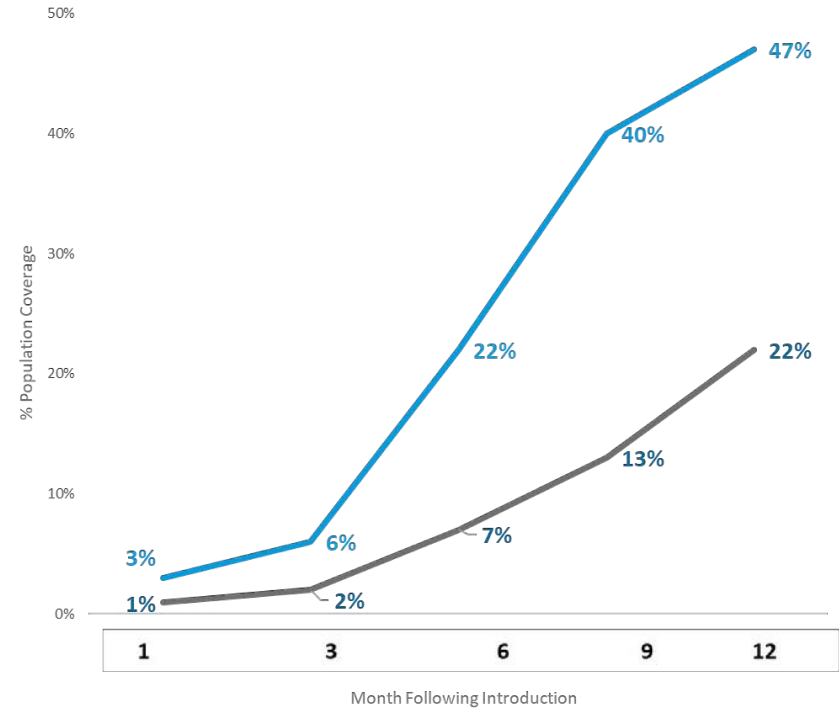
COVID-19 vaccine as life-course immunization approach for existing and future vaccines



Building delivery platforms for adults contributes to increase **pandemic preparedness and response** capacity at country level

LMICs with influenza programmes reached higher COVID-19 vaccination coverage more quickly than countries without influenza programmes

- Twelve months after introducing vaccines, influenza vaccination countries reached an average of **47% coverage** of the total population with a primary series compared with **22% in countries without influenza programmes**



Key messages

- **COVID-19 vaccine** was first vaccine routinely offered to **most adults**, globally, and provided **lessons on how to deliver vaccines through out the life course**
- **Reaching adults and moving away from mass vaccination campaigns** requires **mindset change** and engaging with other relevant health programmes/services (e.g. NCDs, HIV/TB, ANC, ...)
- **Building adult immunization delivery platforms** contributes to strengthening PHC and UHC, and to better pandemic preparedness!
- **We, WHO and UNICEF, are committed to support countries to integrate COVID-19 vaccination into life course immunization programmes**





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Thank you

POLL

Q&A / Discussion

Country Application of COVID-19 Integration Activities



COVID-19 Vaccine

DELIVERY PARTNERSHIP



How to Integrate COVID-19 Vaccination into Primary Care: A Review of Tools, Guidance, and Country Experiences

Webinar

July 2023

Agenda

- Lessons learned from country missions
Multi-country experience to date

3 major lessons learned for operationalization of future sessions/missions



Representative participation

Representation needed from all immunization and non-immunization actors incl. Ministry of Health, WHO and UNICEF, and any other in-country implementing partners (e.g. ICC members)



High-level political support

Strong commitment should be sought from the Ministry of Health and/or any other relevant bodies and stakeholders in charge of vaccination coordination



Guided discussion

3 major principles for effective discussions during virtual and in-country sessions: diversity of participants' perspectives, practical ambition, dynamic situation

Representative participation | Key in-country actors including non-immunization teams

Government representatives

- Representatives for Office of the **Ministry of Health**
- Other **government stakeholders from immunization and non-immunization programmes** including but not limited to:
 - EPI programme coordination team
 - National Centre for Disease Control
 - Primary Health Care
 - Malaria
 - Tuberculosis
 - Non-Communicable Diseases
 - HIV / AIDS & other STIs
 - Maternal and new-born health
 - Pharmaceutical & lab services
- Other members of **COVID-19 Task Force** (if any)

Non-government representatives

- Gavi **SCM**
- **WHO & UNICEF immunization** officers
- **WHO & UNICEF non-immunization** programs including but not limited to
 - Primary Health Care
 - Malaria
 - Tuberculosis
 - Non-Communicable Diseases
 - HIV / AIDS & other STIs
 - Maternal and new-born health
 - Health & humanitarian emergencies
- **Relevant in-country donor reps** (e.g., USAID, World Bank, Global Fund, Gates Foundation, etc.)
- **Relevant in-country implementation partners** (e.g., CHAI, JSI, etc.)



Objectives & Agenda | In-country mission



Key Objectives

- Introduce **integration support package** based on WHO-UNICEF Considerations for Integrating COVID-19 Vaccination
- Collect information on **country's integration status**
- Support initial country **implementation planning**



Duration

- Approximately **15 hours over 2 – 3 days**



Agenda

- Introductory meeting with **MoH and UNICEF / WHO Reps**
- **Context & importance** of integration and overview of **integration support package**
- Latest **SAGE recommendations** on target populations
- **Joint completion** of Mapping Tool or Appendix
- Synthesis of **findings** and development of **implementation roadmap**

Illustrative 3-day field test mission with primary focus to complete Mapping tool and develop initial implementation plan

Illustrative



Day 1

Programme Description

Kick-off [Introduction of mission and participants](#) at Ministry of Health



Introduction

- [Context and importance](#) of C-19 integration
- Overview of [integration support package](#)
- [SAGE recommendations](#) from March 2023

Integration Mapping Tool Introduction and completion of [Integration Mapping Tool or Appendix](#) with country stakeholders



Day 2

Programme Description

Roadmap Development of [integration implementation roadmaps](#)

Review of roadmap

- Discussion and [synthesis of solutions](#) in implementation roadmaps



Day 3

Programme Description

Synthesis Presentation of work and [summary of results](#) at Ministry of Health



Not part of the tool workshop sessions

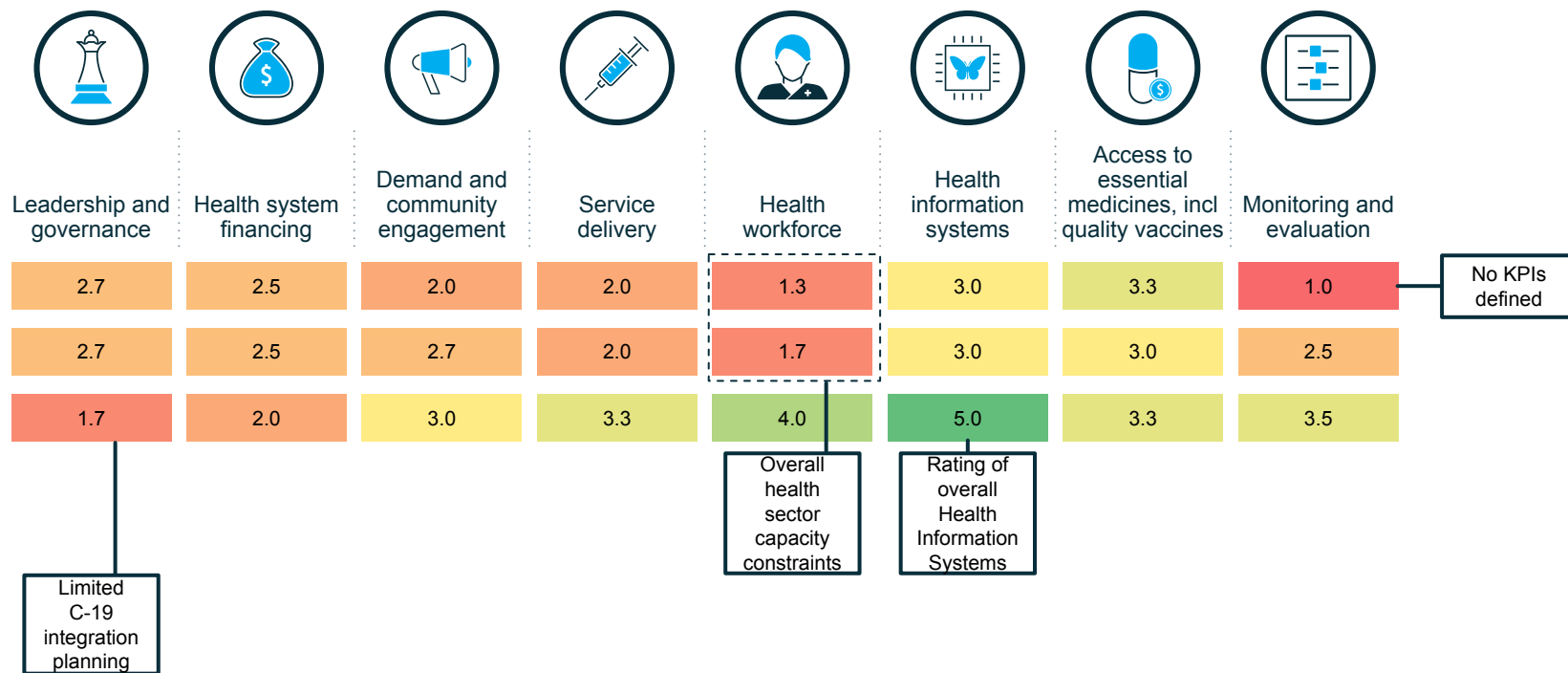
Agenda

Lessons learned from country missions

➤ Multi-country experience to date

Mapping results | Initial results from countries show no consistently high / low dimension across board




Preliminary



Notes: Scores out of 5; Pending scores across dimensions for Iraq and Ghana
 As the tool evolved, there were changes across actions (i.e., sub-dimensions) so scores might not be perfectly comparable across countries

3 main observations made during country support missions

Preliminary

	 Focus on integration into EPI	 Updating the target population	 Scoring based on overall systems
Brief description	<ul style="list-style-type: none"> Some countries initially focus on EPI when discussing integration without considering other programmes 	<ul style="list-style-type: none"> Some countries have target populations based on previous SAGE guidance or other priority populations not in line with latest SAGE recommendation esp. children and healthy adults 	<ul style="list-style-type: none"> Some countries conducted integration assessment by evaluating overall health system rather than sub-aspect that pertains to C-19 integration
Mitigating measure	<ul style="list-style-type: none"> Reiterate importance of consideration of non-immunization programmes when C-19 integration is discussed Some of these programmes include PHC, Malaria, Tuberculosis, NCDs, HIV / AIDS, etc. 	<ul style="list-style-type: none"> Share latest SAGE recommendations on target populations with countries for full visibility Communicate link between target pop. and funding and possibility of missing Gavi funding if target pop not aligned 	<ul style="list-style-type: none"> Explicitly call out need to consider additional requirements for integrating C-19 vaxx. into other health programs when conducting assessment Nudge countries to differentiate between full health system and C-19 integration system during discussions

During the stock-take in Addis over 30 countries used the global guidance to perform a self-assessment

30 participant countries shared results of their self-assessment and lessons learned from integration work so far...

- **“Opportunistic integration” is taking place** (e.g., integrated campaigns, integration with EPI,..), but **very few countries are working strategically with non-EPI programs**, i.e., HIV, Tuberculosis, non-communicable diseases,...)



Limited integration efforts

Limited integration activities launched to date, esp. at service delivery level, with Covid-19 Vx acceleration still as the main focus



Planned integration

Transition plan to integrate C-19 Vx into RI, PHC and other relevant health services, but no execution to date



Opportunistic integration

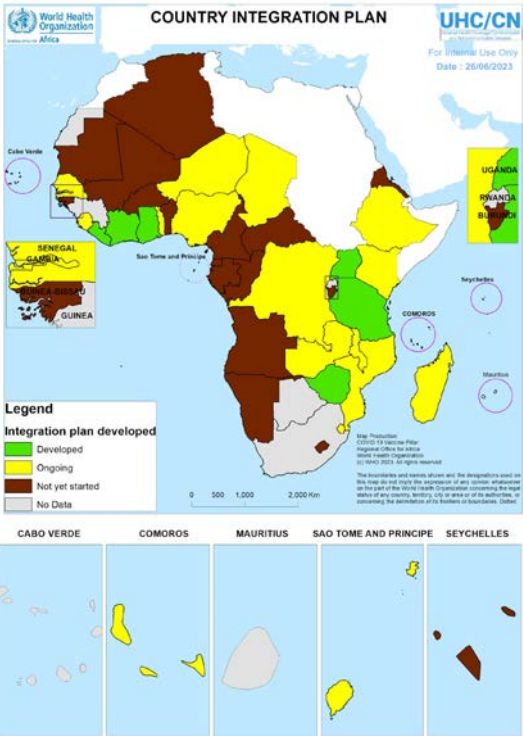
Short-term/ad-hoc activities driven out of necessity/resource constraints without clear strategy/plan in place



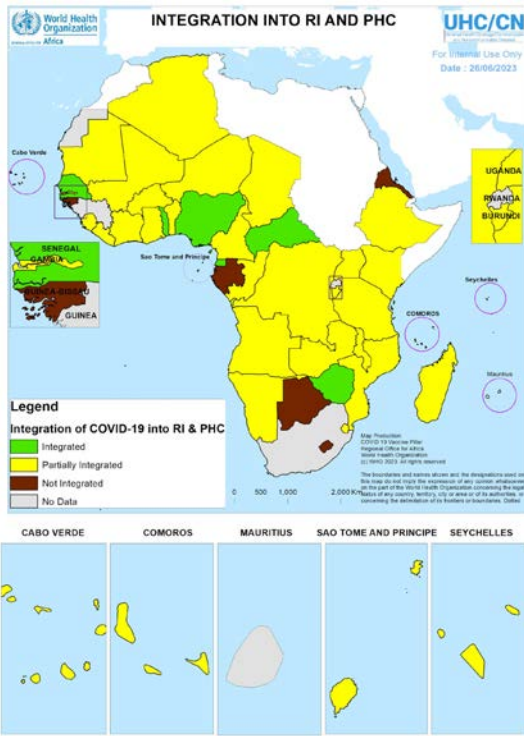
Structured integration

Strategic activities to enable systematic integration, reaching key target groups (incl. cross-sector coord. with other PHC partners)

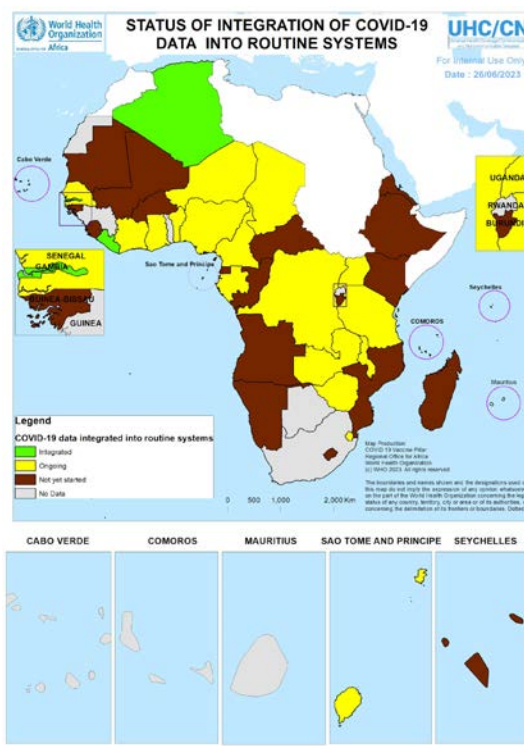
Regional Offices (ROs) are tracking status of COVID-19 Integration into routine EPI & PHC (as of July 2023)



6 countries in WHO AFRO have developed an integration plan
 18 countries are in the process of developing an integration plan
 17 countries have not yet started work on developing a plan
 6 countries have not provided any data



6 countries have fully integrated C-19 vaccination into routine
 32 countries have partially integrated into RI and PHC
 5 countries have not integrated C-19 into routine
 4 countries have not provided any data

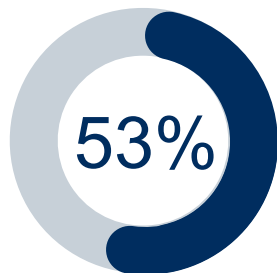


4 countries have incorporated C-19 data into routine systems
 18 countries have started the process of data integration
 18 countries have not yet started work on data integration
 7 countries have not provided any information

In parallel to increasing COVID-19 vaccinations, countries report positive impacts on health system strengthening thanks to CDS funding, amongst other contributions¹

% of Gavi-61 AMC countries reporting benefit in the following areas (36 countries reported to date)²:

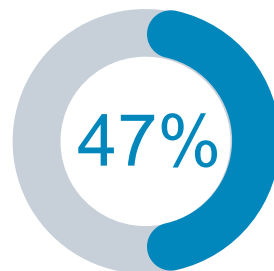
As of 23.06.2023



Upscaled cold chain infrastructure

Examples:

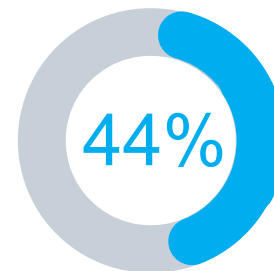
- **Ghana** procured 11 walk-in cold rooms and 48 vaccine fridges, equipping the country with CCE for C19 and other vaccines
- **Malawi** procured 3 ten-ton refrigerated trucks



Digitization of health data

Examples:

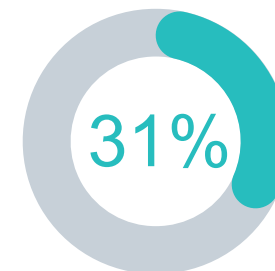
- **Uzbekistan** developed and released an Electronic Imm. Registry integrated with the gov't Civil Registry
- **Sao Tomé e Príncipe** invested in a DHIS2 module for monitoring vaccine stock



Combined C19 and RI delivery platforms

Examples:

- **Tanzania** developed a platform for integrated distribution & administration of C19 and RI vaccines
- **Kenya** integrated C19 and HPV vaccinations in mass vaccination outreach



Expanded vaccine supply chain capacity

Examples:

- **Nicaragua** increased vaccine storage capacity, improving the availability of C19 and RI vaccines at a local level
- **Angola** built technical capacity to better manage vaccine supply chain and logistics

1. Across CDS1 and CDS2 funding envelopes. Data on CDS3 utilisation not yet available; however, the CDS3 linkage to HSS investments is anticipated to be even more significant than with CDS1 & CDS2.
 2. Based on reporting of 36 lower- and lower-middle income countries of the Gavi-61 that have submitted programmatic reports on CDS1 and CDS2 utilisation to date; data aggregated from country responses to questions on top successes and innovations linked to CDS grant, investments made in cold chain equipment, and if and how CDS funds were used toward broader RI strengthening.

Risk and mitigations

- The main challenge is that with the end of the PHEIC the **demand and risk perception** from countries for COVID-19 vaccination has further dropped.
- At the country level we have seen that while **opportunistic integration** efforts (e.g., integrated campaigns) are being implemented, few countries have a strategic approach to integration.
- Further efforts are still required to advocate and create understanding among partners and countries on the concept that **integration is beyond “service delivery”**. It also includes strengthening immunization and PHC systems and developing adult vaccination platforms (life course approach) using Community based system as part of the UHC agenda.
- Collaborate and coordinate with **PHC stakeholders** (including HIV/TB, Malaria, Non-Communicable Disease, etc.,) to discuss collaboration and needs

What kind of support is available



Country support package

Guidance, tools and trainings published on Technet-21 with country examples and based on practical experiences



Technical assistance

Support at regional and global level from WHO and UNICEF to support countries in their journey



GAVI CDS3 funding

GAVI CDS3 funding can be utilized to support operationalization of the country's integration roadmap

Q&A / Discussion

Additional Integration Activities and Resources

**On the Knowledge SUCCESS
COVID-19 KM page, you can
find:**

- Essential Resource collections on reaching high priority populations, digital health, and resilient supply chains;
- Blog series on integration of COVID-19 vaccination into primary health care;
- Insights on reaching high priority populations from two learning exchange workshops;
- And more resources forthcoming!

Scan to learn more:



Integration Blog Series

- Blogs available on Knowledge SUCCESS
- Topics include:
 - Developing a COVID-19 Vaccination Integration Strategy in Uganda
 - Integrating COVID-19 Vaccination Services into a UHC System in the Philippines
 - Integrating COVID-19 Vaccine Demand Generation Activities into Primary Health Care: Examples from Liberia and Nigeria
 - And more to come



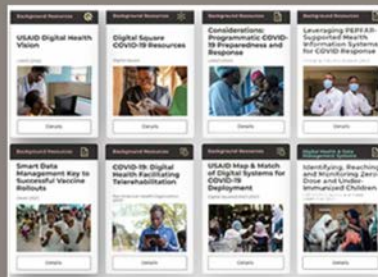
Photo by: EpiC Uganda

Essential Resource Collections

- Reaching High Priority Populations with the COVID-19 Vaccine
- Data Management & Digital Health
- Resilient Supply Chains (*forthcoming*)
- Integration (*forthcoming*)

Data Management & Digital Health

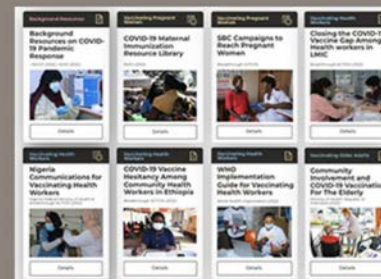
July 2023



The essential resources in this collection fall into five primary categories: general background and guidance on digital development for COVID-19 response; data management systems, tools for

Reaching High Priority Populations with the COVID-19 Vaccine

April 2023



Explore this April 2023 collection of resources on vaccinating pregnant women, health workers, older adults, vulnerable populations as well as tools for health workers.

Global Health: Science and Practice Journal Supplement

Coming in December 2023

Will include integration experiences with:

- Integration planning
- Supply chain management
- Electronic data management
- Demand generation and misinformation
- And much more



Register for the Next Webinar in the Series!

Webinar

Integrating the COVID-19 Vaccine into Primary Health Care: Lessons from the Experience in South Africa

Thursday, 27 July
8:00 - 9:30 AM EDT
(12:00 - 13:30 GMT)

Simultaneous French interpretation available

Speakers from USAID, the South Africa National Department of Health, and Right to Care, a local NGO, will review South Africa's integration experiences, with focus on the implementation of a digital health information system. Presented by the USAID-funded Knowledge SUCCESS project.

Thank you!

Contact Knowledge SUCCESS with any questions:

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