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Integrating COVID-19 Vaccination into Primary Health Care

Report on a Learning
Exchange Held in
Dar es Salaam, Tanzania,
August 22-24, 2023



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Background

As the COVID-19 pandemic response has shifted away from emergency status, countries are faced with the challenge of integrating COVID-19 vaccination and other related services into the primary health care (PHC) system. Recent guidance from UNICEF, WHO, and USAID all provide a suggested process and action plan for developing an integrated response. An interactive workshop brought together COVID-19 vaccine implementing partners, government representatives, and global/regional representatives from USAID, UNICEF, and WHO from 11 countries to: 1) review integration guidance; 2) assess country readiness for integration; 3) exchange integration experiences across countries; and 4) develop integration action plans, including implementation and monitoring. The workshop was hosted by Knowledge SUCCESS in close collaboration with USAID.

Meeting details

The three-day in-person workshop was held at the Ramada Hotel in Dar es Salaam, Tanzania from August 22–24, 2023. A total of 77 participants and seven staff attended the workshop. Participants represented 11 countries in the Southern and Eastern Africa regions (Angola, Botswana, Eswatini, Lesotho, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe). Each country was asked to send up to two government representatives (most likely from the Ministry of Health [MOH]), staff from one or two USAID implementing partners currently working on COVID integration activities, and a USAID Mission representative. Portuguese/English interpretation was provided. The agenda allowed for a high degree of interactivity, reflection, and peer-to-peer mentoring. Plenary presentations helped orient participants to global tools and guidance, as well as successful country integration activities. Country teams also had considerable time to work in small groups to begin drafting their own, country-specific integration strategies and action plans with direct assistance from WHO, UNICEF, and USAID. Below is a summary of the workshop insights and discussions.

Day 1: August 22, 2023

How integration resources can be used to help strengthen and/or develop integration plans

Day 1's overarching objective was to ensure that participants had a shared understanding of integration concepts and available planning tools, as well as provide opportunities for discussion about common challenges.

Opening remarks were provided by Kristina Yarrow, Deputy Director of the USAID COVID-19 Response Team (CRT); Dr. Ntuli Kapologwe, Director of Health, Social Welfare and Nutrition Services at the Tanzania President's Office – Regional Administration and Local Government Authorities (PORALG); and Dr. Frederick Rwegerera, Project Management Specialist (Child Health), USAID/Tanzania. Ms. Yarrow summarized the impressive efforts of USAID programs throughout the pandemic, starting with Global VAX's mass COVID-19 vaccination efforts, through the identification of high-priority populations, and now to integration. She noted that response efforts have now shifted to regaining lost progress in routine immunization and health system strengthening as we prepare to respond to the next pandemic. Dr. Ntuli welcomed the group to Tanzania and provided some context about the Tanzanian health system, which is prioritizing primary health care. This is especially important as Tanzania, as well as other countries, has seen a backslide in vaccine-preventable illnesses such as measles and rubella. Finally, Dr. Rwegerera summarized Tanzania's rapid progress in providing COVID-19 vaccinations to 90% of the eligible population in just about one year's time. He stressed the importance of taking lessons learned from polio and COVID-19 and reminding people about the need for continued vaccinations and boosters.

In an anonymous online poll, participants reported being excited for networking, sharing experiences, capacity building, collaboration, learning from problem-solving tools, improving performance, and other similar themes. Some burning questions related to integration that participants hoped to answer during the workshop included:

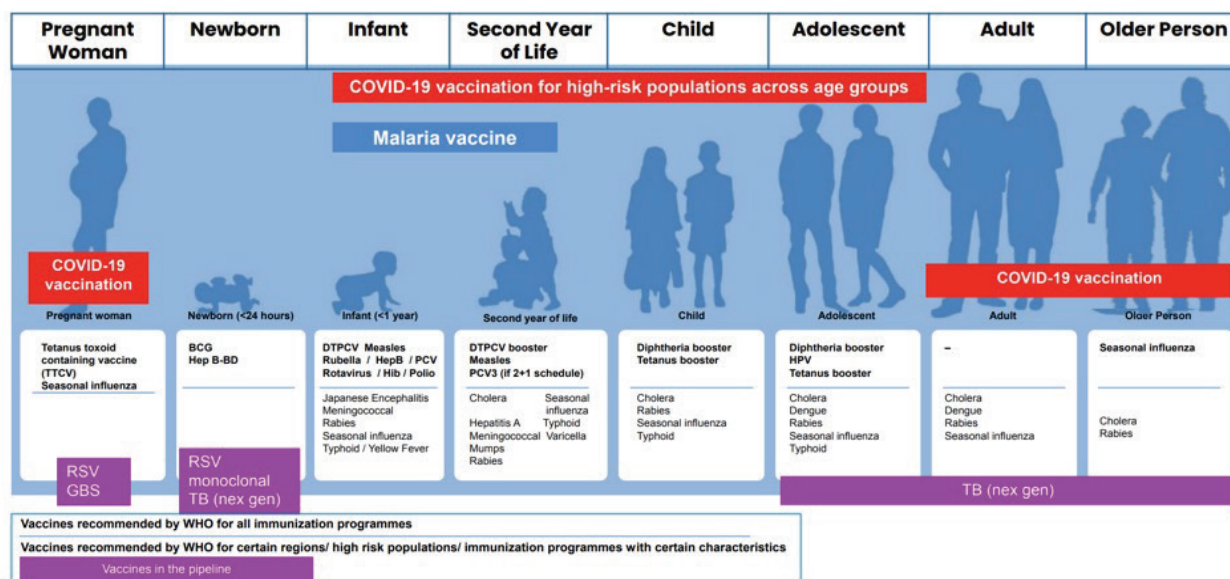
- “How can coordination be strengthened at national and district levels to promote integrated vaccine programming?”
- “How to develop a robust monitoring and evaluation framework to monitor our integration efforts as countries?”
- “How are we going to sustain the outreaches for integrated delivery of COVID-19 into PHC?”
- “What has worked well for countries that is not widely known?”

Global guidance: WHO, UNICEF, USAID

This plenary session provided participants with an overview of the integration guidance and tools available from WHO, UNICEF, and USAID.

- **Dr. Ezekiel Danjuma, WHO COVID-19 Integration Coordinator** provided an overview of the current state of COVID-19 infection and vaccination globally and in Africa. As of August 2023, only four countries in Africa have achieved over 70% vaccination coverage (Liberia, Mauritius, Rwanda, and Seychelles) while three countries are below 10% (Burundi, Madagascar, and Senegal). Vaccination among priority groups such as health workers and older adults is also below target. WHO recommends the continued provision of COVID-19 vaccination through integrated PHC services across the [WHO health systems building blocks](#) and as part of a life-course immunization approach (Figure 1).

Figure 1: COVID-19 as a life-course immunization approach for existing and future vaccines.



Adapted from [Working together: An integrated resource guide for planning and strengthening immunization services throughout the life course](#) and the [WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines \(updated March 2023\)](#).

Dr. Danjuma also reviewed the four key principles of COVID-19 vaccination integration: equity, a people-centered approach, context-specific interventions, and optimized service coverage. As of August 2023, most African countries have not developed a formal integration plan. WHO, along with UNICEF, believes that building a life-course immunization program and providing integrated services will strengthen PHC and lead to better pandemic preparedness.

- **Dr. Imran Mirza, UNICEF Health Specialist** , presented the [SAGE recommendations](#) to focus on vaccinating priority groups and [integrating COVID-19 vaccination into PHC](#) through a life-course approach. UNICEF advocates for a structured and strategic plan for COVID-19 vaccine integration in order to leverage resources and lessons learned and build a sustainable life-course approach. Dr. Mirza shared scenarios that highlighted integration through different WHO building blocks (e.g., cold chain, pooled funding, integrated communication campaigns and demand generation, support for a diversified health workforce). He also acknowledged that COVID-19 vaccination programs will, and should, look different in individual country contexts depending on the identification of priority groups, the status of digital health systems, health governance, and many other factors.
- **Kristina Yarrow, Deputy Director of the USAID COVID-19 Response Team** summarized USAID’s COVID-19 response priorities, which are aligned with those of UNICEF and WHO—namely, increasing vaccination coverage of high-priority populations and integrating COVID-19 vaccination into PHC to build resilient health systems. USAID’s definition of vaccine integration builds on the WHO/UNICEF definition to also include diagnosis, care, and treatment:

“The partial or full adoption of COVID-19 response activities—across prevention, diagnosis, care and treatment¹—into national program services, including immunization programmes, primary health care 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.”

Ms. Yarrow also shared the [USAID Compendium of Illustrative Sub-activities for Integrating COVID-19 Response into Primary Health Care](#), which provides examples of integrated activities across the WHO health system building blocks. She featured successful integration case studies from Ethiopia, Kenya, Nigeria, Rwanda, and Yemen. The compendium was also provided as a large poster in the workshop space, and participants were asked to add additional examples to each building block based on their integration efforts.

Participants had several important questions and comments in response to these guiding presentations, including the following:

¹ The italicized portion indicates the phrase that has been added by USAID in its adoption of WHO’s integration definition.

- **Have you been able to analyze vaccine expiration across countries? Can you shuttle the vaccine to other countries that need it?** UNICEF and WHO representatives explained that due to concerns about safety and quality, vaccines cannot be moved from one country to another. WHO is monitoring expiration dates, but data is limited. With integration, countries should start to request staggered shipments. This requires planning to determine how fast a country can provide vaccines. WHO understands that multiple shipments increase cost; however, countries have to balance vaccine expiration against increased costs.
- **How can we tap funding available in other health areas (besides immunization) to support integration?** Responses confirmed that funds are often available from other departments and ministries, but that ministries and partners may not necessarily know what has been provided by other donors. Human resources are also a challenge for funding and sustaining integration. Governments should consider training current staff rather than simply hiring more people. Integrated health services require that the right staff are in the right roles.
- **What is WHO doing about limited data reporting and poor data quality? Are there strategies or incentives for countries to improve their data reporting?** WHO is following up with countries on data management. Sometimes, this becomes difficult because an MOH may not share its data. However, most gaps are from our own partners, who are not willing to share their data on a timely basis. WHO is doing its best and expressed hope that, after this meeting, all 11 countries will report their data.

Systems-level integration in action: South Africa and Zambia

The objective of this session was to share ongoing integration activities from two settings: South Africa, which has an advanced, strategic, and dynamic set of activities; and Zambia, which is at an early stage of implementation.

- Staff from **Right to Care's ADAPT project (Wendy Ovens , Cyprian Lucas, and Sharlene Govender)** along with **Heena Brahmbatt from USAID/South Africa**, shared South Africa's experience, where COVID-19 caused an estimated nine-year reduction in life expectancy. The integration plan was first implemented at the national level, then expanded to the provincial and district levels, and is now fully scaled to local facilities and outreach centers. PEPFAR, DREAMS², and Orphans and Vulnerable Children (OVC) programs were leveraged to reach high-priority populations. Global VAX activities

² Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) is PEPFAR's public-private partnership with the Bill & Melinda Gates Foundation, Girl Effect, Gilead Sciences, Johnson & Johnson, and ViiV Healthcare.

were integrated with diabetes and hypertension screening, HIV services, condom distribution, childhood measles vaccination, and general health messaging and health promotion materials. South Africa also had a very robust system for monitoring COVID-19 through genomic systems, hospital surveillance, and waste-water monitoring. The ADAPT project also focused on demand generation through ward-based community engagement, localized communications, and faith-based organizations. The team also shared their lessons learned from developing an integrated electronic vaccination data system (EVDS), which has helped support evidence-based decision-making.

- **Dr. Jacob Sakala, Zambia’s National Expanded Programme on Immunization (EPI) Manager**, shared the progress his country has made towards integration during 2023. The EPI developed draft guidelines with the purpose of providing guiding principles for integrating COVID-19 into PHC, to highlight the benefits and risks associated with integration, and to propose key steps for service providers and stakeholders. Zambia also aligned its integration plans with the seven WHO building blocks. It undertook the COVID-19 integration readiness assessment and found that its readiness varied substantially by building block. The country then developed an integration roadmap that defines activities, responsible parties, and an implementation timeline. Zambia is prioritizing a “one plan, one budget, one M&E framework” approach. Despite great gains, it still faces challenges with unclear estimates for high-risk populations, lack of health system capacity, vaccine hesitancy for COVID-19 and routine immunization (RI), and inadequate data systems.
- Questions from the audience focused on how various integration elements were implemented in the hopes that they could be replicated in other countries. For example, one participant asked how the South Africa team integrated COVID-19 vaccine data with routine immunization data. The recommendation was to start with an existing system and then augment, rather than start from scratch. Both teams were also asked how to bring together different stakeholders and partners. The Zambia team shared that getting the partners together was difficult, but that the commitment from leadership was an essential advantage from the start. The South Africa integration discussion happened through the ADAPT program, which already had a mechanism to work and meet routinely with partners, so those relationships were leveraged.

Scenario discussions: Small group discussions

Participants were given a choice of four scenarios to discuss. These scenarios were created based on the participant pre-survey to address the most common challenges. Each focused on an example from a different health system building block to prompt discussion about specific integration-related challenges: low demand for COVID-19 vaccine, health workforce, supply chain, and data/health information systems. Participants met in groups of 10 to reflect on barriers,

facilitators, possible solutions, and partners and resources needed to address each specific challenge. After the small group discussions, participants shared reflections in plenary.

Key takeaways from each scenario are listed below.

- **Low Demand for COVID-19 Vaccine:**
 - Barriers: misinformation, competing priorities, lack of family and community support, workforce shortage
 - Solutions: implement continual review of messages to ensure they are data-informed, engage in audience segmentation, leverage community and religious structures and leaders, ensure gatekeepers have full buy-in, implement social media listening and message creation to address misinformation
- **Health Workforce:**
 - Barriers: shortage of human resources, work overload, poor remuneration, lack of supportive supervision
 - Solutions: engage local civil service organizations to address shortages and redistribute work such as data entry, engage pre-service students and interns, use community health workers, engage the private sector, mobilize for domestic financing, engage external donors and partners for capacity building, build on existing HIV programs, ensure payment of subsidies to people working on the front lines to motivate them to vaccinate communities
- **Supply Chain:**
 - Barriers: poor planning and forecasting, lack of accurate data, competing priorities (e.g., cholera outbreak), transportation challenges, lack of human resources, expired and/or unavailable vaccines, misinformation and rumors related to vaccine expiration
 - Solutions: increase partner support and coordination, trace and track vaccines so they can be used before they expire, use private-public partnerships in vaccine



Image: Participants joined together to discuss supply chain-related challenges.

delivery, strengthen the capacity of new health care workers, work with media to explain and promote the availability of vaccines through the supply chain, work with the private sector to reach the last mile

• **Data and Health Information Systems:**

- Barriers: parallel and paper-based systems, competing priorities (e.g., cholera), data integration may mean missing priority populations, lack of consistent supportive supervision, electricity/internet interruptions
- Solutions: build the capacity of M&E staff in data needs and data capture, empower program teams to take the lead in determining the data that needs to be captured, set up dashboards available to various audiences (including the public), share reporting tasks among M&E staff, partner with mobile data companies to report health information, map the data ecosystem to make sure systems are interoperable and avoid recreating existing systems

As the day closed, participants were asked to share (anonymously) what they were thinking and feeling through a “Head, Heart, Feet” activity.



	Key Words	
Head: One new thing you learned today	<ul style="list-style-type: none"> • Integration is a process that should be optimally planned, implemented, and monitored using the health systems building blocks • There are resources available to guide COVID-19 integration • Start where you are with what you have and grow 	
Heart: How today's sessions made you feel	<ul style="list-style-type: none"> • Motivated • Inspired • Excited • Energized 	<ul style="list-style-type: none"> • Encouraged • Hopeful • Energized • Positive
Feet: An action you're compelled to take as a result of today's sessions	<ul style="list-style-type: none"> • Review our integration plan according to the various pillars • More South-South experience sharing • Share this enthusiasm with colleagues who are not here 	



Day 2: August 23, 2023

How integration resources can be used to help strengthen and/or develop integration plans

Day 2's overarching objective was for participants to become comfortable using available tools to respond to their challenges and advance their own integration strategic planning. Country teams were encouraged to develop a pathway towards implementation at the country level.

UNICEF tools for integration planning

UNICEF's Imran Mirza shared a more detailed presentation on UNICEF's [integration support package](#), which includes a [COVID-19 Integration Readiness Checklist](#) and an [Integration Self-Assessment Mapping Tool](#) (Figure 2).

The checklist provides a list of questions categorized by health system building block and helps identify specific actions to incorporate into an integration plan in order to address gaps and challenges identified by the country. The checklist is an Excel tool with an auto-generated dashboard.

The mapping tool is a more intensive assessment of the current stage of vaccine integration in a country. It allows for a situational analysis along all health system building blocks and produces a dashboard summary to visualize country inputs. The mapping tool also grades integration status on a scale of one to five across dimensions. In addition, it allows countries to direct their implementation planning based on key, high-risk populations.

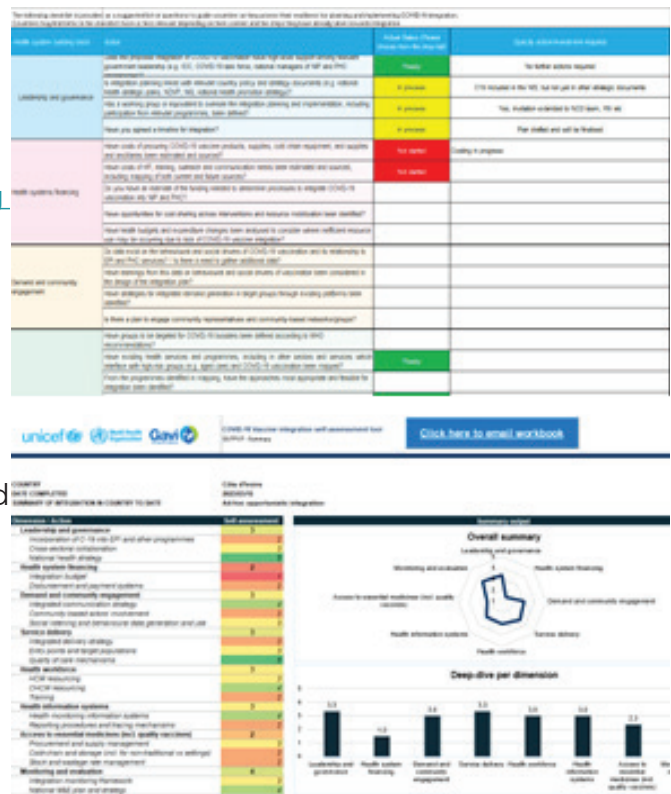


Figure 2: Screenshots taken from WHO/UNICEF's COVID-19 Integration Readiness Checklist and Integration Self-Assessment Mapping Tool.

The presentation was followed by an active Q&A session. Key topics included:

- **How can our integration plan focus not only on COVID-19 vaccination, but other issues too** (e.g., routine immunizations and re-emerging polio and other outbreaks)?

A: UNICEF is focused not solely on vaccine integration, but on strengthening health systems for future outbreaks. Every country has to think about what resources it has and how it can integrate them into the health system framework. It is necessary to build the capacity of health systems around epidemic preparedness, but there is a big gap in linkages between the the COVID-19 vaccination programs and routine immunization systems. Redirecting health care workers to an epidemic response disrupts health systems and puts them at risk.

- **There are many resources and tools available. How do we know which is the right one?**

A: During the height of the pandemic, tools were being developed and shared every week. At this stage, UNICEF and WHO are coordinating to share aligned guidance. How-to guides are particularly helpful, but at the global level, it is not possible to say that what is applicable in Tanzania will be suitable for Uganda. Therefore, each situation is unique and may call for different tools and strategies.

- **One area that still needs work is the demand side. There is a lot more discussion around the supply side, but how should we generate demand?**

A: UNICEF fully agreed. Each country has to look at its own policies. The basic issue is reaching audiences. The country has to think about how to reach priority populations. It can use new or existing strategies, but the basic issue is reaching people. There will always be guidance, but countries have to determine what is available, who needs to be reached, and how to reach them.

Approaches to integration strategy development: Lesotho and Uganda

In this session, MOH representatives from Lesotho and Uganda shared their experiences developing an integration strategy. Lesotho recently used the tools shared by UNICEF, while Uganda developed a plan independently, before the global tools were available.

- **Susan Ramakhunoane, Deputy EPI Manager from the Ministry of Health,** shared Lesotho's integration journey. The integration of COVID-19 and RI programs began in early 2023; in June 2023, Lesotho developed integration guidelines and SOPs through use of the UNICEF readiness checklist and mapping tool. The MOH adopted a "one stop shop" model of integration

at various clinics (e.g., MCH, Men's Health, ART, and TB), as well as a “supermarket” approach where patients are screened for COVID-19 vaccine eligibility across clinics, with one vaccination service delivery point. Initial results are very promising, with monthly vaccine uptake up 4.5 times in the early months.

- **Dr. Michael Baganizi, Program Manager at the Uganda MOH**, described the process of developing an integration plan through a desk review, participation of national EPI stakeholders through consultative workshops, and a rapid assessment at district and community levels. Uganda's strategy included integration activities at multiple levels: demand generation, service delivery, planning, governance and finance, data management, and logistics. Regional implementing partners are now being trained on the field guides for integrated services. The team has a monitoring plan in place and has already anticipated several challenges—along with some potential solutions—in the areas of vaccine forecasting, low demand, misinformation, and funding.
- Participants had many questions for the presenters, including managing expiring vaccines, whether countries have been able to use health financing schemes, responding to adverse events, and calculating the denominator to reach high-priority groups. One important observation is that context matters: What is possible in Lesotho may not be possible in larger countries. Participants discussed a variety of strategies to measure high-priority populations, including mapping the clinics throughout the country and desk reviews. People living with HIV (PLHIV) have been the easiest to measure through the PEPFAR system. (Note: This topic resurfaces on Day 3 with more resources shared.)

Troika Consulting

Troika Consulting is a small-group, personal approach to sharing challenges and receiving advice from peers. Participants were grouped in trios by role (e.g., government representatives, implementing partners, and USAID/UNICEF/WHO staff) so that they could speak more intimately among peers. Each person took turns presenting an integration-related challenge they were currently facing. Group members asked clarifying questions and shared advice for possible solutions. This process continued until everyone in the trio had shared a challenge and received advice.

- Because Troika Consulting is meant to be a more personal sharing of challenges, it is not followed by an official report-out. This allows participants to be more honest and transparent with peers about their challenges than they might be if sharing with their donors or government partners, for example. However, the group was very enthusiastic about the approach, with most participants indicating they found it helpful, would like to do it again, and planned to share it with colleagues.

Small group work: Integration readiness

Country teams were given two hours to work on their own national integration plans or implementation strategies. Countries were divided into two groups: those that had not yet developed integration plans or who were at the early stages of integration planning, and those that had integration strategies and action plans already developed. Those without robust integration strategies (Angola, Botswana, Lesotho, Mozambique, and Zimbabwe) were grouped with WHO and UNICEF resource people who could help orient them to the mapping tool and/or integration checklist. These country teams were given a series of exercises to help lead them through the next steps of identifying key stakeholders, drafting a detailed timeline for strategy development, identifying resources needed for integration, and anticipating challenges and possible solutions.

Countries with active integration strategies (Eswatini, Malawi, South Africa, Tanzania, Uganda, and Zambia) were given exercises to help them operationalize their current integration strategy and/or expand it. Country teams discussed how roles could be better defined, what coordinating mechanisms could be leveraged (especially those outside of traditional immunization topics), implementation challenges, and what strategies might help resolve them. Some countries also used the “sustainability wave exercise” to help contextualize new ideas on the horizon, emerging best practices, and practices that are becoming dated.



Image: Participants met in small groups to discuss integration strategies and next steps.

The organizers acknowledged that each country team had only four to six members and certainly did not represent all the stakeholders who should, and will, be involved in integration planning. This time was meant as an exercise to prepare participants for the discussions that will take place in their home countries after the workshop.

Each country team shared some key takeaways with the plenary group:

- **Angola** identified men and pregnant women as key audiences. Due to limited resources, Angola cannot support a one-stop-shop approach, but instead will work with health workers to support COVID-19 and routine immunization integration.
- **Botswana** noted that an integration plan will be submitted by November

2023. The biggest challenge is lack of resources, and the team wants to ensure buy-in from all partners.

- **Eswatini** has a draft integration plan but needs to identify a coordinating structure and assign roles and responsibilities. The team hopes to have a “supermarket” approach, although it anticipates challenges with data collection.
- **Lesotho** has defined its target populations and developed a road map which will soon be presented to the MOH. It is looking for a consultant to help with the integration strategy and plans to conduct resource mapping.
- **Malawi** has identified partner roles and responsibilities, but still needs to convene national and subnational steering committees. It anticipates challenges with data management and resistance from health workers.
- **Mozambique** is working to finalize its draft integration plan and submit it for approval. It is already coordinating with implementing partners, the MOH, and other relevant programs, and plans to involve community leaders. One key challenge is the preference by some patients for private facilities, which do not provide data to the national government.
- **South Africa** already has a very robust strategy and implementation of services across building blocks, but is in a transitional period wherein roles and responsibilities need to be reassigned/clarified. It anticipates challenges with procuring new vaccines and funding the Electronic Vaccination Data System.
- **Tanzania** has an integration manual that outlines roles, responsibilities, and services by pillar and defines clear indicators for evaluation. A major challenge is funding; it is currently working with implementing partners to identify resources.
- **Uganda** has developed an action plan to respond to the integration strategy. It also anticipates challenges with vaccine expiration and misinformation. It hopes to adopt more accurate forecasting for vaccine stock and enhance infodemic management.
- **Zambia** has a draft integration strategy with stakeholder support. It is currently undergoing a decentralization process and will therefore involve the Ministry of Local Government and Rural Development. One challenge is the integration of COVID-19 vaccination data into current processes and systems.
- **Zimbabwe:** The participants, who were all implementing partner staff, will debrief with the MOH after the meeting to identify key partners for integration. MOH buy-in and leadership will be key to Zimbabwe’s success.

At the end of the day, participants were asked to share, through an anonymous poll, one takeaway from the day's sessions.

What is one key takeaway from your integration readiness country discussions?

- *“Government leadership and buy-in is critical to successful integration.”*
- *“Integration is a multisectoral, multi-ministerial effort.”*
- *“Even the countries further along in integration have remaining challenges and can learn from other”*
- *“How to use the integration mapping tool to develop the M&E plan”*
- *“Progress has been made but bigger commitments are needed.”*
- *“Need for adequate staff and resources to support this long-term effort”*
- *“Inclusão dos parceiros locais” (Include local partners)*
- *“There is a need to revisit our integration plan as it is not representative of all stakeholders and it focuses only on EPI rather than the wider PHC system.”*

Evening Networking Event

Participants were invited to come together for dinner and music to further their networking discussions. The event was designed to foster meaningful connections, insightful conversations, and fruitful collaborations among attendees in a relaxed and welcoming setting.



Image: Participants connected over music and a shared meal.

Day 3: August 24, 2023

Next steps for integration

The objective of Day 3 was to ensure participants had clear next steps, both individually and within their country teams, especially regarding how to garner stakeholder support for integration.

Garnering stakeholder support for integration within government and beyond: Tanzania, Malawi, and Mozambique

Representatives from three countries presented their strategies, successes, and challenges for garnering stakeholder support for integration.

- **Pricilla Kinyunyi, Head of the Immunization and Vaccine Development Service Delivery Unit, Tanzania Ministry of Health, along with Dr. Nutli Kapologwe from the President's Office,** shared the steps they took to develop integration guidance and action plans throughout the country. This process included stakeholder and partner mapping at all levels, resource mapping and mobilization, and facilitated microplanning. Moving forward, leadership will call for advocacy meetings to pull in additional partners and implementers from other health services to expand integration activities and build support.
- **Dr. Mike Chisema, National Program Manager for EPI from the Malawi MOH,** shared how a Presidential Task Force was instituted to coordinate the COVID-19 response across sectors. Subcommittee pillars were assembled to address coordination among partners in each space, and regular engagement with the Ministry of Education allowed for school-based vaccination activities. A national consultation workshop included key MOH departments, including NCDs, HIV, community health, clinical care, social services, and reproductive health. The task force also included development partners (USAID, UNICEF, Red Cross, USAID implementing partners, and more). All members agreed to the integration plan.
- **Patricio Jaime Patricio, the Service Delivery Focal Point for the Expanded Vaccination Program from Mozambique's MOH,** described the many partners involved in integration efforts, which were organized through the EPI Technical Working Group. Each partner had a clear role (e.g., Gavi



Image: Participants listen to a presentation on Mozambique's process for integrating COVID-19 vaccination into PHC.

funded vaccines and implementation of integration activities, while UNICEF supported efficient vaccine logistics and demand generation). Support was garnered through provincial-level workshops so that subnational stakeholders could discuss barriers and enablers to integration. Participants included staff from EPI, HIV/AIDS programs, MCH, TB, NCDs, school health, and malaria control programs. The Strong leadership and coordination from national and provincial leaders, as well as the involvement of the education sector, have been important facilitators.

- The presentations were followed by an enthusiastic discussion. Key points included:
 - **How did Tanzania achieve such high coverage so quickly?** Presenters noted that each region had its own strategy; local implementing partners participated in microplanning to allow for more context-specific activities. Local leaders were key mobilizers.
 - **Who is included in Mozambique’s technical working group (TWG)?** Patricio explained that traditional EPI partners, as well as HIV and malaria partners, are part of the TWG. In addition, local partners are included, which is key to increasing demand generation. Mozambique is also involving non-traditional partners such as business, teachers’, and nurses’ associations.

Country peer-to-peer support

During this activity, countries that were farther along in the integration planning process were paired with countries that were less advanced. Both countries shared successes and challenges and discussed possible solutions. A key takeaway from each country pairing is presented below.

- **Tanzania and Mozambique:** These countries discussed Mozambique’s challenge with backsliding routine immunization coverage during the pandemic. Tanzania shared its success related to the involvement of different partners, which has contributed to a expansion of activities related to integration.
- **Eswatini and Angola:** During this session, participants from Eswatini shared a comprehensive overview of their work during COVID-19—from the initial declaration of the pandemic to their efforts to secure vaccines, then vaccinate citizens. They also outlined the Ministry of Health’s most recent efforts towards integration, including showing their online data visualization dashboard. Angola shared its challenges in reaching new priority populations and discussed how rumors that started on Brazilian social media gained traction in Angola.

- **Uganda and Botswana:** These countries discussed how to get the right integration stakeholders at the table. Consensus was built on leveraging existing and functional coordination platforms, whether routine immunization, HIV, or TB is the launchpad. They shared that whatever program is working best and that already has diverse stakeholders involved should be the starting point, then a phased approach can be taken to expand and engage other stakeholders for better integration. The situation analysis to be conducted in Botswana will include partner program mapping, stakeholder analysis, and stakeholder prioritization.
- **Lesotho and Malawi:** Both countries noted important successes in the areas of partner support through traditional and non-traditional EPI partners, and political commitment for integrated programming. Both countries are facing challenges with overstocked vaccines and vaccine expiration. Lesotho has the unique challenge of two separate supply chain management systems (one for national essential drugs and one for EPI). Both countries expressed interest in expanding their integration efforts—particularly in the areas of enhanced joint planning, implementation, and monitoring—and better financial and performance accountability for all stakeholders.
- **South Africa, Zambia, and Zimbabwe:** These three countries had a very robust conversation about the challenges of managing a small and overworked health workforce. While all three had different reasons for their challenges, they did share some possible strategies to alleviate the burden, including partnerships with private providers, community service requirements, incentives for new doctors to stay in the country, and task shifting to allow non-medical providers to do data entry and reporting.



Image: Participants combined tables to share successes and potential solutions in country pairs.

Open Mic/Discussion

Facilitators reserved time to revisit some “parking lot” issues and answer any lingering questions. Topics included the following:

- Dr. Danjuma from WHO shared some additional WHO integration recommendations, particularly about how to regularly share information and data with WHO to support monitoring, reporting, and forecasting. Reporting on a weekly or bi-weekly basis is important to track progress.
- Many participants highlighted the challenge of calculating denominators when trying to monitor vaccination coverage of high-priority groups. The South Africa team shared its strategy of gathering data on these groups from facilities and aggregating that data up to a national level. UNICEF also shared an [Excel tool](#) for estimating the number of people living with various conditions.
- A repeated concern was that of low vaccine demand. It is quite challenging for countries to appropriately stock vaccines and plan for integrated activities when there is little demand for COVID-19 vaccination. WHO’s demand team is working on new messaging to help support integration and life-course vaccinations. USAID also shared its recently released [Operational Framework for Demand Promotion](#).
- There was also a question about why countries cannot share vaccines if there is overstock in one place and demand in another. UNICEF explained that when vaccines arrive in a country, the country becomes responsible for them. The manufacturer does not know the conditions under which the country is storing the vaccines; unless two countries take responsibility, it is complicated to move them. Vaccines can be diverted before shipping, but not after arrival in a country.
- Participants also highlighted the need for discussion about monitoring and evaluation. Indicators also have to be integrated. There are many activities within data quality assessments that will also have to be addressed.
- Many expressed concern about the future availability of funding and technical support for integration. UNICEF indicated that technical support is available through WHO or UNICEF country offices or by including a request for technical support during reprogramming of Country Delivery Support (CDS) funds. For USAID, Missions should be mindful that all programming with COVID-19 funds must have a COVID-19 purpose—i.e., be focused on preventing, preparing for, or responding to COVID-19—and be consistent with the scope of the relevant Congressional notification. COVID-19 funds may support integrated programming where the COVID-19 work can be leveraged to further other program objectives as well. Use of funds considerations may need to be taken into account and discussed with the Mission’s Country Response Advisor (formerly called Cluster Coordinator) in USAID/Washington.

Country next steps

Country groups had a final opportunity to discuss their next steps towards integration strategy development and/or implementation of their integration plans. Each team met to identify specific action items, timelines for activities, and additional stakeholders to involve upon returning to their home countries. An anonymous sample of those next steps is included below.

- Organize a working session for joint discussion of the mapping tool and hold a sensitization meeting with the MOH and key partners by September 15, 2023.
- Re-visit roles and responsibilities of integration partners as the leadership and health system structure has changed.
- Explore public-private partnerships to help fund integration plans.
- Present integration mapping tool to MOH senior management by September 18, 2023.
- Explore hiring a consultant to map the current data collection systems and advise on how to merge them.
- Request technical assistance to guide the country through the mapping tool, led by MOH.
- Complete an assessment, including mapping the current COVID-19 vaccine integration status along all dimensions and key actions based on a five-point scale, by September 4, 2023.
- Develop and implement structured task-shifting mechanisms to address human resources gaps.
- Hold feedback meetings with respective organizations to share workshop lessons using a country consolidated report (with reference documents from the meeting) by August 31, 2023.
- Identify an integration coordinator from the MOH who has the capacity to lead coordinated efforts and develop a task team, including terms of reference.

Closing remarks

As the meeting came to a close, Knowledge SUCCESS facilitators reviewed the expectations shared at the beginning. On Day 1, participants indicated that they were moderately familiar with COVID-19 vaccine integration tools and guidance, and slightly less confident in their ability to apply them to programs. The group agreed that after three working days, their knowledge and confidence on the topic had improved from an average ~60% confidence to 80% and above—acknowledging that there is always more room to learn. All (100%) post-workshop survey respondents reported that they learned something at this event that they will use in their work and/or share with a colleague. In addition, 100% of survey respondents noted they would recommend a similar event to their colleagues. While challenges remain, these new tools, and most importantly, the collegial connections made during the meeting, show us the way forward.

USAID's Kristina Yarrow provided closing comments. She stressed that integration takes time, and solutions are not “one size fits all.” She also highlighted the importance of partner and government coordination, and continued learning among colleagues. She noted that she feels encouraged about the future and concluded with the proverb:

“If you want to go fast, go alone. If you want to go far, go together.”

Dr. Ntuli of the Tanzanian President's Office also offered closing remarks. He stressed the importance of primary health care as a “game changer,” and noted that achieving universal health coverage should be a goal. He shared that he feels everyone is returning to their roles stronger and more prepared to integrate COVID-19 vaccination. He urged participants to strengthen communication so that they can continue to learn from each other.



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AGENDA

Day 1

22 August 2023

- **8:30 — Welcome**
Background and Objectives
- **Opening Ceremony**
- **Global Guidance**
WHO, UNICEF, USAID
- **11:30 — Break**
- **Systems-Level Integration**
South Africa, Zambia
- **12:45 — Lunch**
- **Scenario Discussions**
Small Group Discussions
- **14:45 — Break**
- **16:00 — Reflection & Closing**

Day 2

23 August 2023

- **8:30 — Welcome & Day 1 Recap**
- **Integration Resources**
UNICEF
- **Integration Strategies**
Lesotho, Uganda
- **10:45 — Break**
- **Troika Consulting**
- **12:00 — Lunch**
- **Integration Readiness**
Small Group Discussions
- **14:45 — Break**
- **16:00 — Closing**
- **Evening event**

Day 3

23 August 2023

- **8:30 — Welcome & Day 2 Recap**
- **Group Photo**
- **Garnering Integration Support**
Tanzania, Malawi, Mozambique
- **10:30 — Break**
- **Country Peer-to-Peer Support**
Discussion
- **12:30 — Lunch**
- **Country Next Steps**
- **16:00 — Closing**

