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## **COVID-19 Vaccine** DELIVERY PARTNERSHIP



# 'Learning Collective Initiative' COVID 19 Vaccine Delivery Partnership

**15 November 2022 | Tuesday 1:30 – 3:00 PM CET**

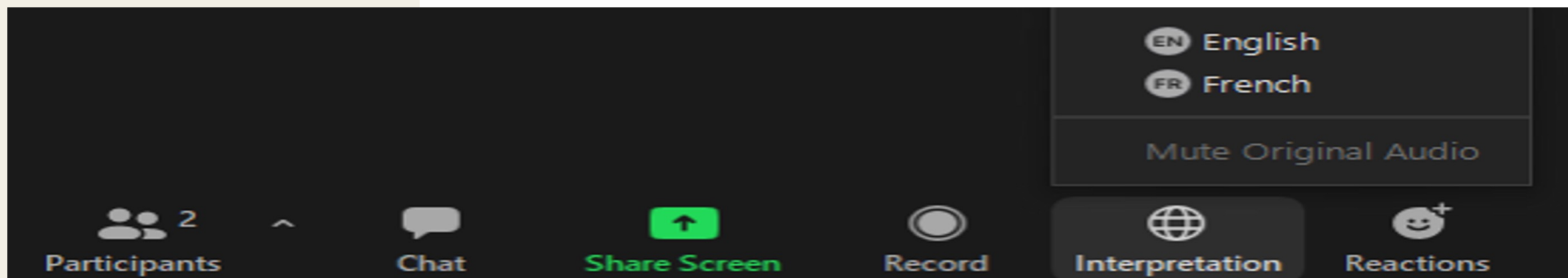
**Session 6:**  
**Best Practices on Integration of COVID -19 Vaccination  
Strategies into PHC/Essential Immunization**

# Housekeeping

# Interpretation

Interpretation in French and Spanish is available by clicking the **Interpretation** button

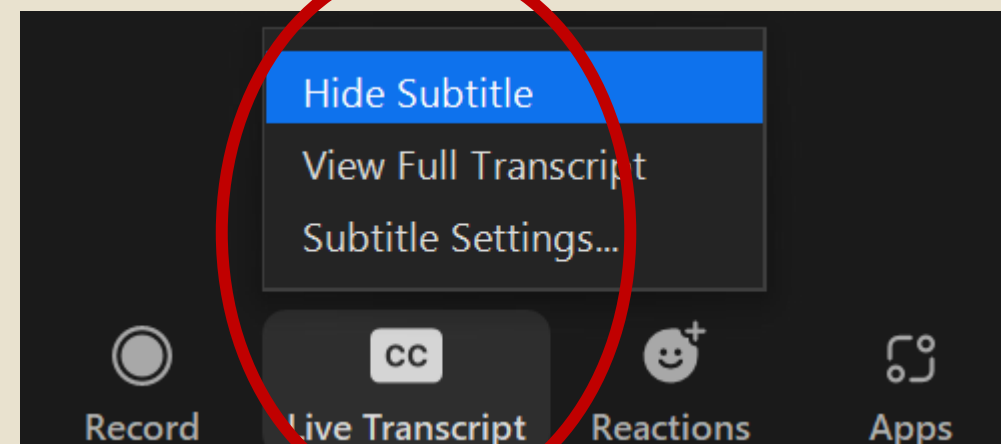
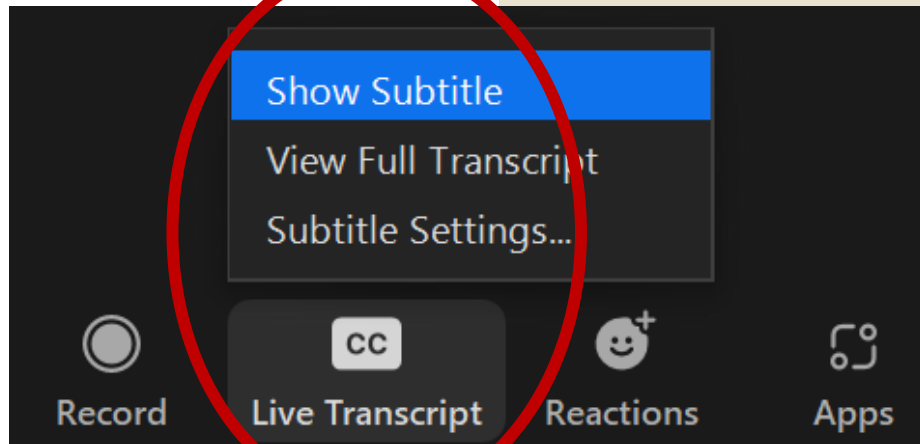
Click on “Interpretation” and choose the language that you would like to hear. To hear the interpreted language only, click “Mute Original Audio”





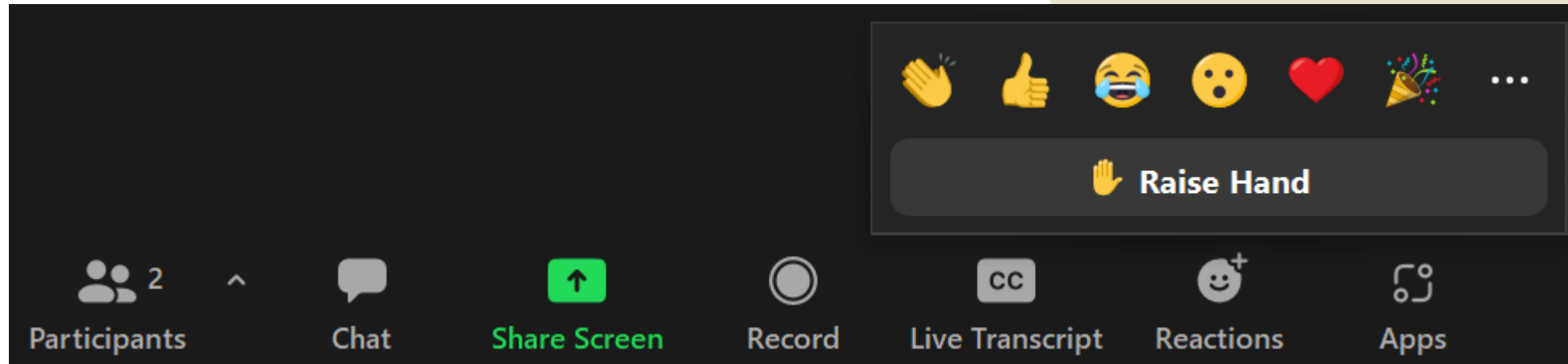
## Live Transcription (ENG)

Click on “Live Transcript” and choose “Show Subtitle” and caption would appear on screen. To close the caption, click “Hide Subtitle”



## Q&A

Use the Chat or Reactions > Raise Hand features for questions throughout the call



## Recordings and Certificate

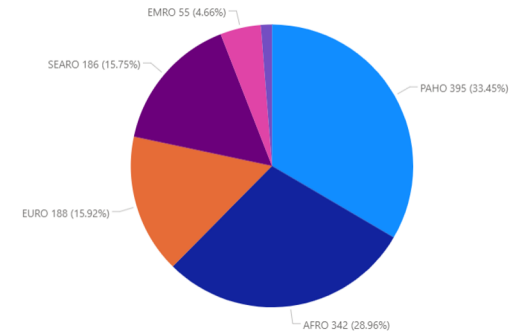
**This session is being recorded** and your attendance is consent to be recorded

**The Recordings, PowerPoint, and all resources** will be shared after the call

**A Certificate of Attendance** will be available through the University of New Mexico via link in the Chat at the end of the session

# Data Use

**Project ECHO<sup>®</sup>** collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO programs. Your Personally Identifiable Data will be shared with the project funder. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives.





# A 'Learning Collective Initiative' established under the CoVDP to provide targeted support to 34 concerted support countries

## Objectives:

- To **collect, consolidate and share lessons learned, best practices and challenges** with COVID-19 vaccination to provide targeted support to 34 concerted support countries.
- To cultivate a community of learning for COVID-19 vaccine roll-out and **directly connect countries with one another** to maximize on peer-learning.
- **Audience;**
  - Primarily directed at national authorities who (i.e., senior practitioners like state ministers, DGs, Coordinators of national COVID-19 Task Forces and program EPI managers, incident managers).
  - Secondary target audience includes partners in the One Country Team who can provide desired technical support.



Learning Collective in  
Covid-19 vaccine Delivery partnership (CoVDP)



Dates/Time	Session Topics	Presenter	Countries
31 <sup>st</sup> May 2022, 1:30 – 3:00 PM CEST	Best practices on COVID -19 strategies for identifying and vaccinating priority use groups ,e.g., older adults, health workers, adults with comorbidities etc.,	Dr Lynda Farmagrant Mr Zongo Amidou	MoH Sierra Leone, MoH Burkina Faso,
June 21, 2022	Best Practices on COVID-19 Vaccination and Strategies with Integrated Immunization Services	Dr. Firas J.H Al-Mossawi, Mr. Yohannes Lekew,	MoH Iraq, MoH Ethiopia
July 19, 2022	Best practices on COVID -19 vaccination strategies on Demand generation, RCCE	Dr Mwendwa Eunice Mwenesi Dr Edwin Mungongo	HelpAge , Tanzania
		Dr. Mbianke Livancliff, Dr.Ngembus Albjerk	MoH Cameroon,
	August session cancelled		
Sept. 20, 2022	Best practices on COVID -19 strategies for costing and financing, 'One Plan/One Budget Development. Learnings from Malawi and Sierra Leone	Dr Ghanashyam Sethy, UNICEF Malawi Dr. Desmond Maada Kangbai,	Malawi, UNICEF Malawi
Oct. 18, 2022	Best practices on COVID -19 strategies on humanitarian and fragile settings	Hajar Samaha, Sehrish Ali	MoPH, Lebanon Sudan, UNICEF
<b>Nov. 15, 2022</b>	<b>Best Practices on Integration of COVID -19 Vaccination Strategies into PHC/Essential Immunization</b>	<b>Dr. Boravy El, Chief Gladys Benavides Abella</b>	<b>CHAI Cambodia, MINSALUD</b>
Dec 13, 2022	Best Practices on COVID -19 Vaccination Data & Monitoring Systems		TBD

**We welcome participants to share country experiences in the learning collective fora**

# Presentation outline

## Topic:

## Best Practices on Integration of COVID -19 Vaccination Strategies into PHC/Essential Immunization

- Welcome and Objectives
- House keeping and Opening poll
- Integrating COVID-19 vaccination into immunization programmes/Primary Health Care  
**Ms Alba Vilajeliu**– Technical Officer WHO
- Country 1 – Integrated NCD Screening and COVID-19 Vaccination Pilot in 2 Provinces in Cambodia  
**Dr. Boravy El**, Technical Advisor, CHAI Cambodia
- Q&A
- Country 2: Integration of Covid 19 vaccines with National immunization programme (Colombia)  
**Chief Gladys Benavides Abella**, Ministry of Health and Social Protection
- Q&A
- Wrap up and closing

# Opening poll questions?



# Integrating COVID-19 vaccination into immunization programmes and PHC

Alba Vilajeliu, MD, MPH, PhD

Technical Officer, Essential Programme on  
Immunization (EPI), Department of Immunization,  
Vaccines & Biologicals, WHO HQ

**ECHO webinar**

15 November 2022



# Context: Unresolved scientific questions on COVID-19 vaccines, population immunity, variants, and more...

## What we know



**Hybrid** (infection- and vaccine-induced) immunity is **better than either alone**

In **low coverage settings**, *older adults* tend to have **lower seroprevalence than other groups**

**Groups at risk for severe outcomes (esp. 60+)** have had **excess mortality**, even in less affected geographies;

**Variant-containing vaccines (VCVs)** have been **authorized**, but only mRNA products, and only for **boosters**, without clinical impact data as yet

## What remains unknown



What is the evidence on **duration of protection** by the **vaccine** and protection against **Post COVID-19 condition (Long COVID)**?

What is the **optimum interval** between doses?

Can seroprevalence be used, and how, to **modify the vaccine schedules in populations with high seroprevalence**?

How **effective will VCVs** be on various outcomes, particularly infection and transmission?

How will vaccines/immunization perform against **yet to emerge variants**? Do **multiple infections** in combination with immunization give better protection?

# Why integration of COVID-19 vaccination into immunization programmes, PHC, and other relevant services?

01

## Epidemiological

The most likely future COVID-19 pandemic scenario will require periodic booster doses for high-risk groups

02

## Sustainability

Achieving higher and sustained COVID-19 vaccination coverage will require moving from mass vaccination campaigns alone to including regular immunization services mainstreamed in PHC

03

## Leveraging resources

Leverage existing investments and innovations towards strengthening immunization, PHC, and pandemic preparedness (and vice versa)

04

## Life-course approach

Optimize delivery platforms across the life-course for COVID-19 vaccination and for integrated package of health services in alignment with IA2030



# What do we mean by integrating COVID-19 vaccination?

**“Integration” has different meanings and is approached in varying ways. Proposed definition of integration of COVID-19 vaccination:**

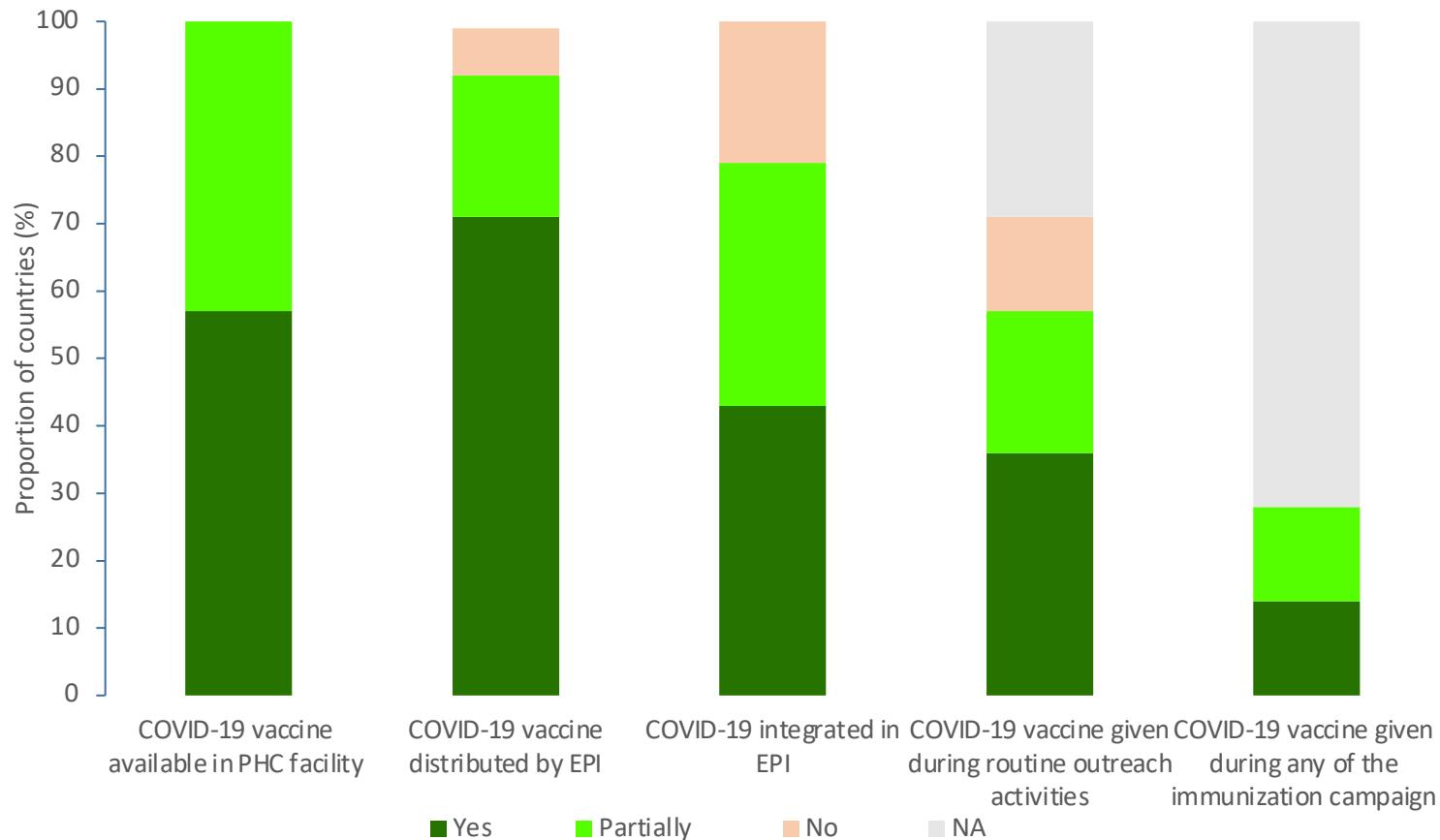
The partial or full adoption of COVID-19 vaccination into national immunization programme services, PHC and any other relevant health services with the overall aim of

- improving programme efficiency and sustainability,
- enhancing demand and improving user satisfaction,
- achieving and maintaining satisfactory coverage,
- and addressing inequities.





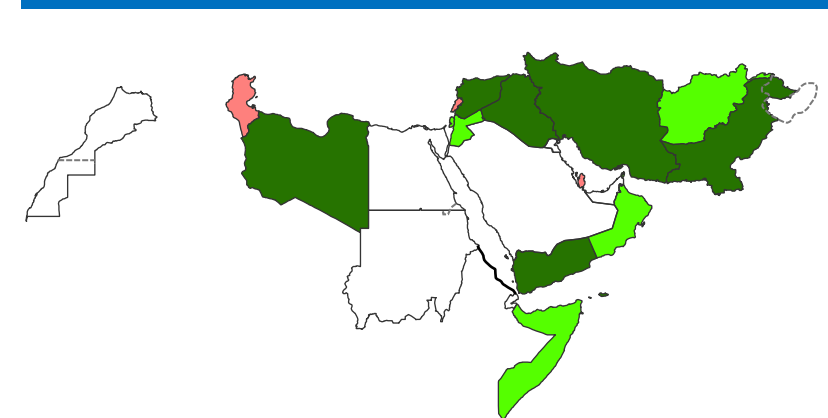
# Status of COVID-19 vaccination integration into EPI and PHC by country in EMRO (September 2022)



COVID-19 vaccine is available in PHC facilities



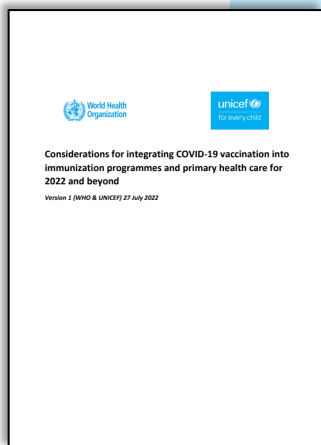
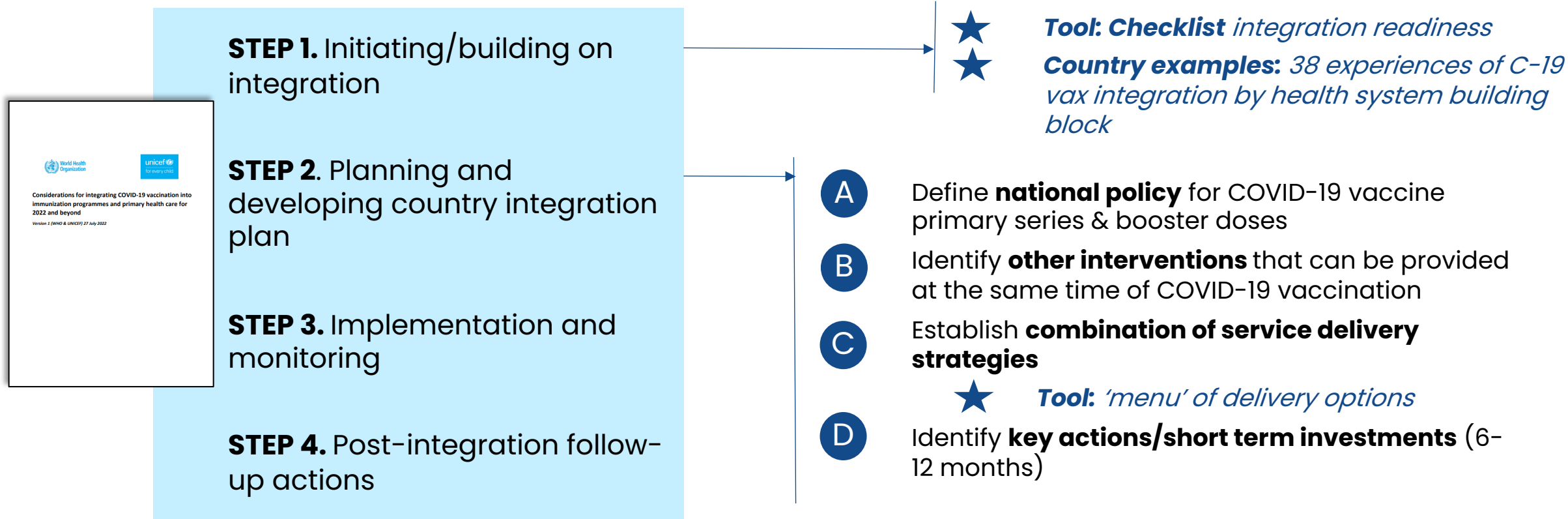
Integration of Covid-19 vaccination into EPI



Source: Survey conducted by WHO EMRO in September 2022, includes responses from 14 countries.

# WHO – UNICEF guidance: Considerations for integrating COVID-19 vaccination into immunization programmes and Primary Health Care

## Proposed steps for countries to take



# A Define national policy: WHO recommended schedules for primary series and booster doses<sup>1</sup>

**Heterologous schedules (“mix and match”):** There is increasing evidence that subsequent doses/boosters using different COVID-19 vaccine platform may provide superior immune response compared to homologous schedules

## Initial dose or second dose of primary series

### Monovalent mRNA vaccine<sup>3</sup>

(Pfizer, Moderna)

### Viral vector vaccine

(AstraZeneca/SII, Janssen, CanSinoBIO)

### Protein subunit vaccine

(Novavax/SII)

### Inactivated vaccine<sup>3</sup>

(Sinopharm BBIP, Sinovac)

## Options for subsequent doses

(to complete primary series<sup>2</sup> or booster doses)

**Monovalent mRNA<sup>3</sup> / viral vector / protein subunit vaccines** can be considered, as heterologous or homologous schedule, to complete primary series and/or booster doses. **VCV mRNA vaccines** are not yet authorized to complete primary series, only for booster doses.

**Inactivated vaccines** may be only considered to complete primary series and/or booster doses if they were administered as a first dose/primary series

1. WHO SAGE. [Interim recommendations for heterologous COVID-19 vaccine schedules](#), and [Highlights from the Meeting of the Strategic Advisory Group of Experts \(SAGE\) on Immunization – 3-6 October 2022](#). 2. The subsequent doses to finalize primary series could be the second dose or the third dose in immunocompromised persons and adults ≥60 years who received 2 doses of Sinovac or Sinopharm. 3. **Monovalent mRNA vaccines can be used for primary series and booster doses. To date mRNA Variant-containing Vaccines (VCVs) are only for use as booster doses**, not for primary series. 4. Refers only to inactivated BIBP/Sinopharm and Coronavac COVID-19 vaccines.

A

# What are the population groups considered for booster doses?

- **AGE:** There is currently **no recommendation for either first or second booster doses in children under the age of 12**, except for children with immunocompromising conditions.
- **CO-ADMINISTRATION: C-19 vaccines may** be given concomitantly, or any time before or after, other **adult and adolescents** vaccines including live-attenuated, inactivated, adjuvanted, or non-adjuvanted vaccines.

## For first booster doses

- **All persons aged 12 years and above. Booster doses should be prioritized for higher priority-use groups before lower priority-use groups:**
  - older persons;
  - immunocompromised;
  - health workers;
  - adults with comorbidities; and
  - pregnant women.
- **4–6 months since completion of the primary series**

## For second booster doses

- To consider a **second booster dose** for the following population groups:
  - older persons (age specific cut-off should be defined by countries based on local COVID-19 epidemiology);
  - persons with moderately and severely immunocompromising conditions;
  - health workers;
  - adults with comorbidities; and
  - pregnant women.
- **4–6 months after the first booster dose**

## Future additional doses

- **It is likely that additional doses may be needed within 4–12 months after the second booster, especially in persons most vulnerable to severe disease and death.**





B

# What other interventions can be provided at the same time as COVID-19 vaccination?



## Panama<sup>1</sup> – co-delivery of C-19 & influenza vaccines

During 2022 Vaccination Week of the Americas, co-administration of C-19 & influenza vaccines for high-risk groups at health facilities and house to house



## Sri Lanka<sup>2</sup> – combined delivery strategies

- Routine immunization sessions provided opportunity to screen parents for C-19 booster doses and provide/motivate for vaccination
- Targeted questions facilitated to identify high risk unvaccinated household individuals and get them to mobile clinics



## Cambodia<sup>3</sup> – integrating non-communicable disease (NCD) screening

A pilot provided adults over 40 with diabetes and hypertension screening while they received their C-19 vaccine



## Nigeria – “whole family approach”

Specific regions adopted the “whole family” approach which combines C-19 vaccination with healthcare services like childhood vaccination, malnutrition, and screening for NCDs

1. Panama. 2022 Vaccination Week of the Americas Report. June 2022.

2. WHO SEARO Regional Working Group meeting March 2022. Sri Lanka country experience on combining routine immunization sessions and COVID-19 vaccination.

3. CHAI. December 2021. <https://www.clintonhealthaccess.org/integrating-early-non-communicable-disease-screening-and-counseling-with-covid-19-vaccinations-in-cambodia/>

# © Where/how COVID-19 vaccination can be delivered?

**Tool:** Matrix of service delivery strategies for COVID-19 vaccination – a menu for countries to apply based on context:

## Routine mode

- **Fixed site** → family practitioner /health centre/ pharmacy/ NCD clinics/ HIV & TB clinics/ ANC clinics
- **Outreach** → MCH outreach / long-term facilities/nursing homes/home visits

## Campaign mode

- **Temporary fixed site** → dedicated C-19 vax centre or post
- **Mobile teams** → parks-markets-workplaces/refugee camps-transit points-border checks/home visits
- **Mass vaccination**

Mode	Approach/location/services		Target population	Implementation time frame	Level of integration	Implications				Health system maturity
						Cost	HWF	Logistics	Community engagement	
	Family practitioner (public and/or private)	Combining COVID-19 vaccination and other health interventions	General population and high-risk groups	Intermediate/long term	++++	+	+	+	++++	++++
	Health centre	Combining COVID-19	General	Intermediate/long						



Implications represented by a scale (0=no implication; +=lower; +++=higher)

# Integration of COVID-19 vaccination goes beyond co-delivery with other interventions

Good practices and innovation towards health system strengthening

## Digital data systems

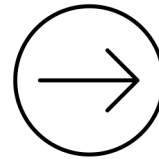


**India** plans to expand the use of an electronic registration system (CoWIN) for C-19 vaccination to register priority groups, schedule appointments, generate vaccination certificates and monitor AEFIs to include all essential immunization

## Demand generation & community engagement

**Yemen:** Community midwives (trusted influencers) trained to provide C-19 and essential immunizations

## Supply chain



**Philippines** fast-tracked the process for emergency regulatory authorization, which could be capitalized for future emergency-related products.

## Cold chain



**Nepal** leveraged the opportunity of C-19 vaccine deployment to strengthen cold chain capacity for the overall NIP

## Planning and financing



**Rwanda** leveraged and pooled partner and domestic resources to procure C-19 and other vaccines and cold chain equipment for their NIP



World Health  
Organization



**Thank you**



# COVID-19 Vaccine

DELIVERY PARTNERSHIP



## Cambodia Best practices on integrating COVID-19 vaccination into immunization programmes/Primary Health Care



**Dr Boravy El \_ Technical Advisor, CHAI Cambodia**

15 November 2022, 1.30 – 3 pm CET

# Outline

1. Overview of Cambodia COVID-19 vaccination status (by high-risk groups on completed primary series and booster doses)
2. Description of the pilot intervention (i.e. co-delivery of C-19 vaccination with screening of non-communicable diseases as part of the C-19 vaccine mass vaccination campaigns) and main results
3. Enablers for co-delivery of COVID-19 vaccination with other health interventions
4. Challenges encountered
5. Plans to move from a pilot to implementation
6. Key take away messages (e.g. what other countries can learn from this experience)

# 1. Overview of Cambodia COVID-19 vaccination status (by high-risk groups, primary series and booster doses)

Cambodia achieved high primary series vaccination coverage for all age groups (≥3 years old) early on, however is seeing a slow down in booster dose uptake

Frontline workers, elderly, adults and pregnant women (≥18 years old)



Children (12-17 years old)



Children (6-11 years old)



Children (3-5 years old)



	Coverage ≥60 years old	Coverage all adults	Coverage	Coverage	Coverage
First dose	102%	104%	101%	110%	99%
Second dose	101%	100%	98%	109%	75%
Third dose	73%	69%	89%	84%	21%
Fourth dose	22%	31%	42%	32%	5%

The Royal Government of Cambodia moved quickly to adopt a population-wide vaccination strategy, including with quarterly booster doses, which they continue to prioritise and has yielded positive impact



## 2. Description of the pilot intervention and main results

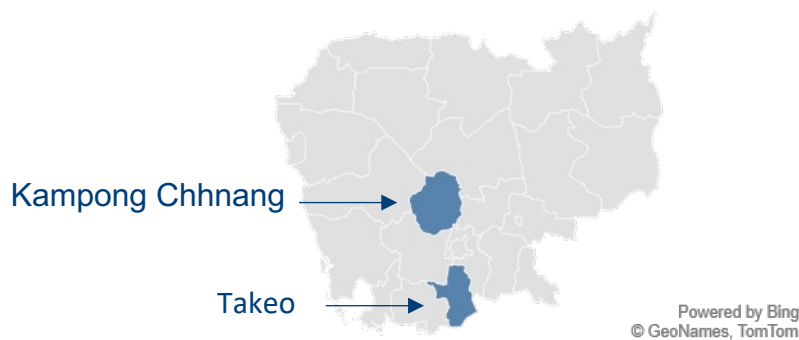
### Objective

Develop and test the feasibility and impact of an integrated model to screen for hypertension and diabetes through the COVID-19 vaccination platform

### Implementation

#### Phase 1:

- **8 large vaccination sites** in 2 provinces
- Trained and provided with testing supplies and technical assistance
- **Screening adults aged  $\geq 40$  years old** coming for a COVID-19 vaccine for diabetes and/or hypertension as well providing info, education and communication (IEC) material and counseling on NCD risk factors and the importance of early screening (no charge to individual)



#### Phase 2:

- Integrated screening **at health facilities**, offering a path to sustainability
- Collecting **better data records** and patient-level information
- Engaging **community health workers (Village Health Support Group in Cambodia)** in health promotion and follow up
- 11 sites, **trained in WHO Package of Essential Noncommunicable (PEN) interventions for PHC**

## Impact



**7,500 individuals (40% of eligible 19,000 adults)** that otherwise did not know their risk were tested for BP / blood glucose

**38% (2,700 individuals) were referred for follow up** at a nearby facility.



During delivery at HF of booster doses, VHSG support was enlisted and resulted in **45% people reported going on to access care**

## 3. Enablers for co-delivery of COVID-19 vaccination with other health interventions



### Longer term integration

- **High acceptability** among HCWs and communities
- Involve and formalize role of **commune and village authorities**



### Resources

- **Medical supplies:** Procurement of PPE and NCD supplies
- **Educational material:** Printing and dissemination of IEC material
- **Planning & budgeting:** Incorporate NCD services and materials into annual provincial plans and budgets



### Capacity building

- HCWs require **training on NCDs** and service delivery
- Training on IEC material for HCWs and Village Head Support Group is needed



### Data management

- Refresher training on data or additional human resources to support with data capturing and reporting
- Importance of patient contact information to conduct follow up on referrals for further diagnosis/treatment

## 4. Challenges encountered

**Limited provincial funding for NCD commodities procurement (not yet supported)**

**Many HCWs not yet trained on NCD management at the time**

**Priority for COVID-19 vaccination ambitious targets limited daily screening numbers**

**No additional funding for Village Head Support Group (VHSG) resulted in limited participation**

## 5. Plans to move from a pilot to implementation

**Major investment in training for Health Care Workers (HCWs) and Health Facility readiness for NCD management**

**Routinisation of COVID-19 vaccine with RI and other PHC services**

**Development of the PHC Booster strategy and Commune Participation Policy (CPP)**

**Partner support for scale-up**

## 6. Key take away messages

- Leveraging the COVID-19 vaccination touchpoint to screen, diagnose and link at-risk patients to appropriate NCD care is **operationally feasible and results in increased NCD diagnosis and treatment.**
- Acceptance and feasibility of the pilot was high among both HCWs and population however further training on NCD management is needed and currently being invested in by the MOH.

# Thank you

**COVID-19 Vaccine**  
DELIVERY PARTNERSHIP





**MINISTERIO DE SALUD  
Y PROTECCIÓN SOCIAL**





# **Pandemia en Colombia**

Ministerio de salud y protección social 15 de Noviembre 2022

# Línea de tiempo Plan Nacional de Vacunación COVID a la fecha









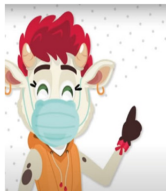
# **Transición Plan Nacional de Vacunación COVID-19 Fase Ampliada**

Ministerio de salud y protección social 15 de Noviembre 2022

## Avance Transición

### Implementación

**Programa PAI**



**Lineamientos**

**Vacunación COVID**



**Resoluciones de lineamientos**

### Transición

Documento para la implementación de la vacuna de COVID-19 en los lineamientos del PAI permanente

#### Ajuste Lineamiento:

- Eliminación: fases, priorización, agendamiento y equipos exclusivos.
- Inclusión de la vacuna de COVID en la Unidad de Pago por Capitación (UPC) del año 2023
- Regla distribución y e vio de biológico
- Definición grupos poblacionales



# Avance Territorial del Plan Nacional de Vacunación (PNV).



**De los 2.423 puntos de vacunación de PAI permanente, 1.849 cuentan con vacunación COVID-19**

1. Coordinación, planificación y programación.
2. Desarrollo de capacidades (componentes estratégicos, técnicos y operativos).
3. Gestión de insumos
4. Gestión de cadena de frío
5. Sistema de información
6. Farmacovigilancia

## Fase 1. Alistamiento:

### Hitos

1. Plan territorial para la integración
2. Capacitación 100% del talento humano de PAI en COVID -19
3. Procedimiento para realizar el movimiento de biológicos incluido COVID-19
4. Disponibilidad de vacunas e insumos en todos los puntos de vacunación.
5. Proceso para el reporte de la información.
6. Ruta para Empresas Administradoras de Planes y Beneficios (EAPB), errores programáticos y fallas de calidad.

1. Comunicación a la comunidad
2. Vacunación utilizando estrategias y tácticas definidas por el PAI
3. Reporte de información
4. Seguimiento a insumos
5. Inducción y reinducción

## Fase 2. Operación de la integración. Inicia con la capacitación del Talento Humano

### Hitos

1. Plan de comunicaciones
2. Cumplimiento de las coberturas de vacunación territoriales
3. Reporte del dato
4. Inventario actualizado de vacunas e insumos
5. Control de errores operativos y programáticos.

1. Línea de base con autoevaluación inicial
2. Seguimiento y evaluaciones periódicas del avance del proceso.

## Fase 3. Seguimiento a la gestión para la integración

### Hitos

1. Integración de la aplicación de vacunación contra el COVID19 al programa PAI



## Variables asociadas del rezago en el avance de la vacunación COVID-19

- Difícil acceso, zona rural y rural disperso.
- Presencia de problemas asociados a conflicto social.
- Presencia de Población Indígena.
- Población Migrante en los departamentos de Bolívar, Magdalena, La Guajira, Atlántico, Nariño, Norte de Santander, y Santander.
- Falta de continuidad del talento humano en el programa
- Manejo de la infodemia



## Estrategias de vacunación COVID-19

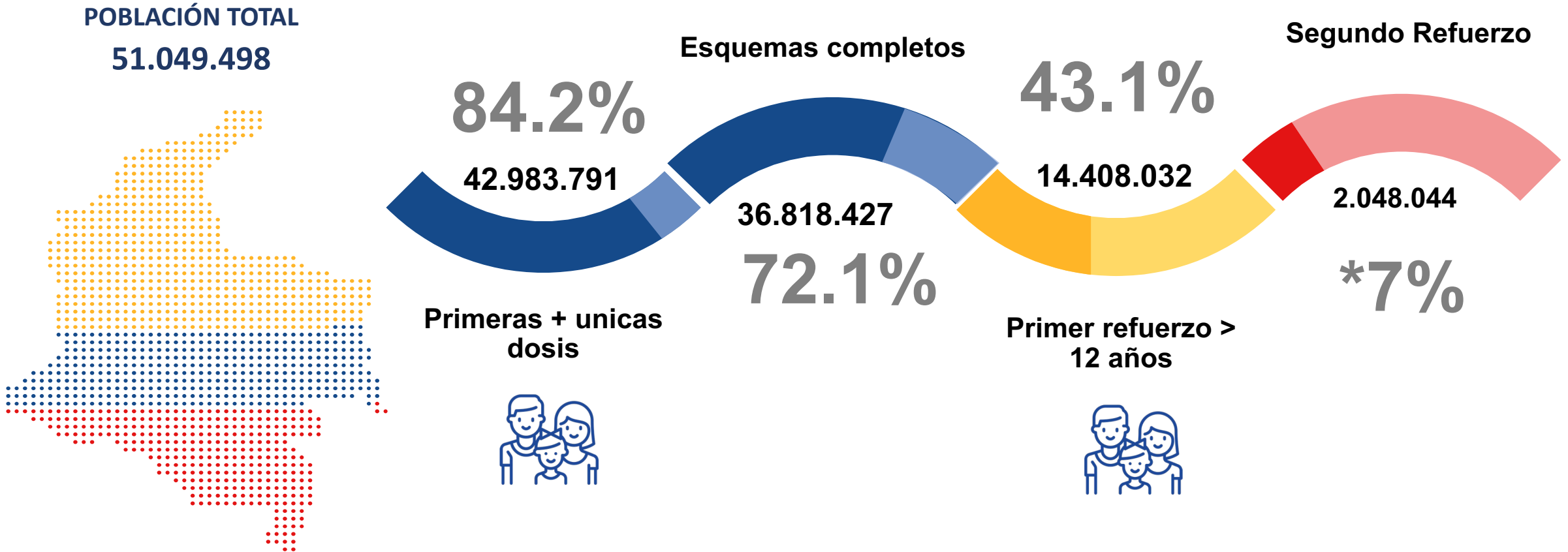
- 1** Mesa territorial para generar estrategias con los aliados del sistema ( jornadas masivas de intensificación, barridos, vacunación extramural en lugares de difícil acceso).
- 2** Acciones de demanda Inducida por parte de las Empresas Administradoras de Planes y Beneficios (EAPB), (llamada telefónica, mensaje wasap y mail) informando la asistencia para iniciar y completar esquema de vacunación.
- 3** Generar alianzas estratégicas con el ministerio de educación para llevar a cabo jornadas de vacunación a población en edad escolar.
- 4** Estudio de barreras territoriales



- 5** Identificar y fortalecer la estrategia de comunicación de acuerdo a características territoriales (volantes, emisora comunitaria, aviso parroquial, perifoneo ).
- 6** Intervención en lugares específicos, como: Hogares Geriátricos, Hogares del Instituto Colombiano de Bienestar Familiar (ICBF), transporte público, plaza de mercado, parques, entre otros.
- 7** Garantizar la disponibilidad del biológico en los puntos de vacunación permanente .
- 8** Aplicación de 2do refuerzo a población mayor de 18 a años en adelante
- 9** Intensificar la Vacunación a niños de 3 a 11 años con los bilógicos dispuestos por el país

# Avance del Plan Nacional de Vacunación **COVID-19**

# Avance del Plan Nacional de Vacunación COVID-19



# Avance Plan de Vacunación COVID -19

## Dosis recibidas en el país

**105.156.154\***

## Dosis Asignadas

**92.762.601**

## Dosis aplicadas

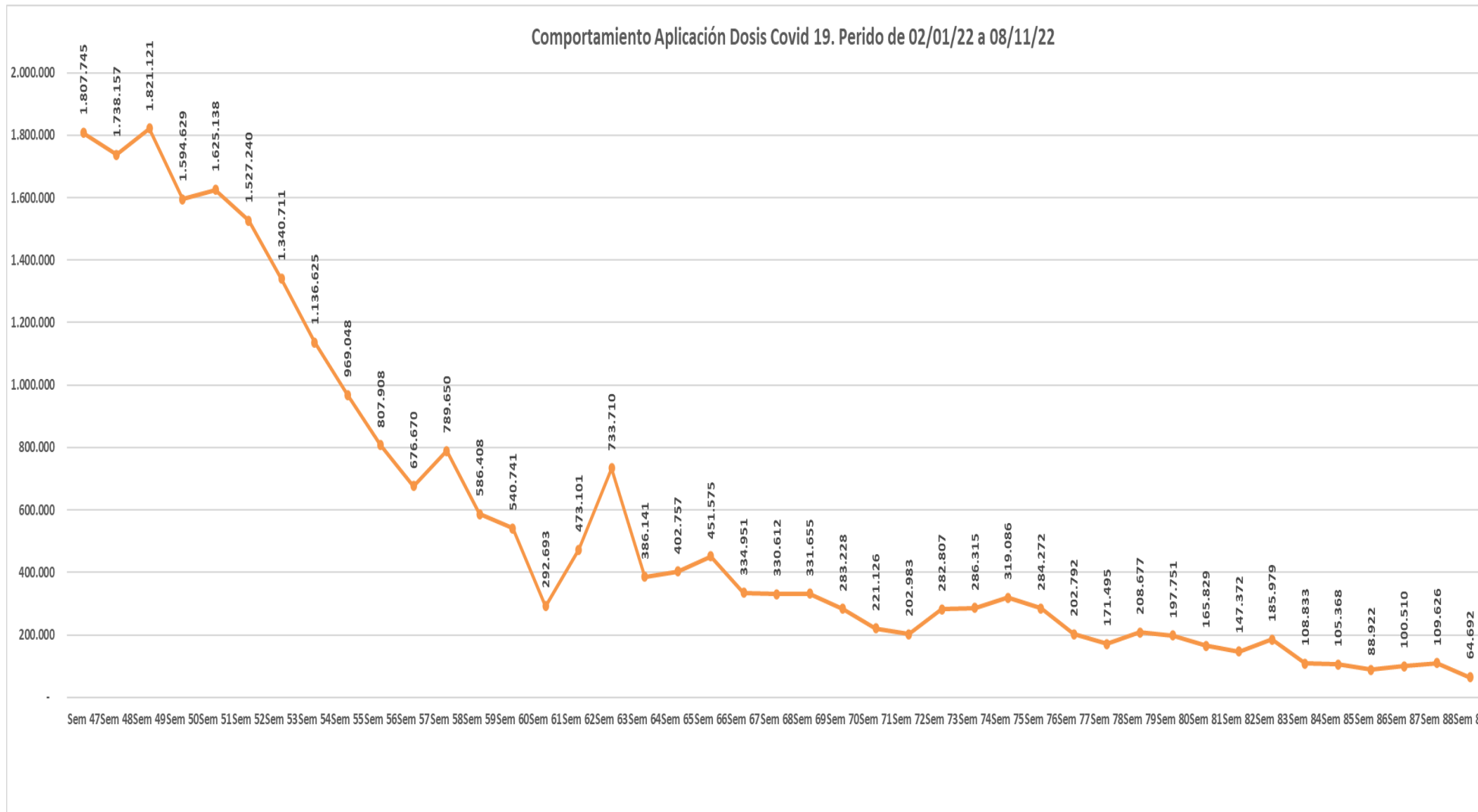
**89.482.320**

## Primeras + únicas

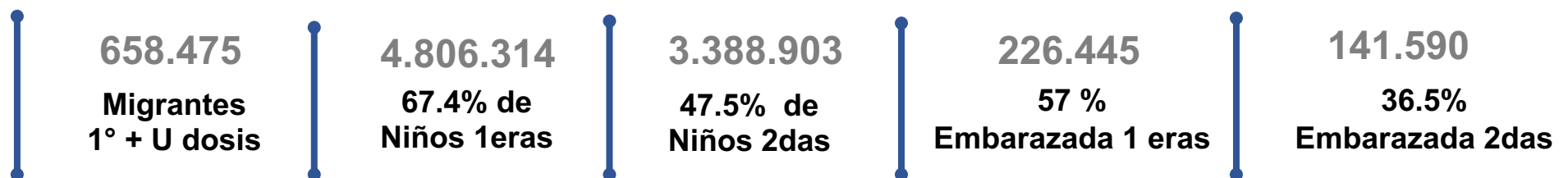
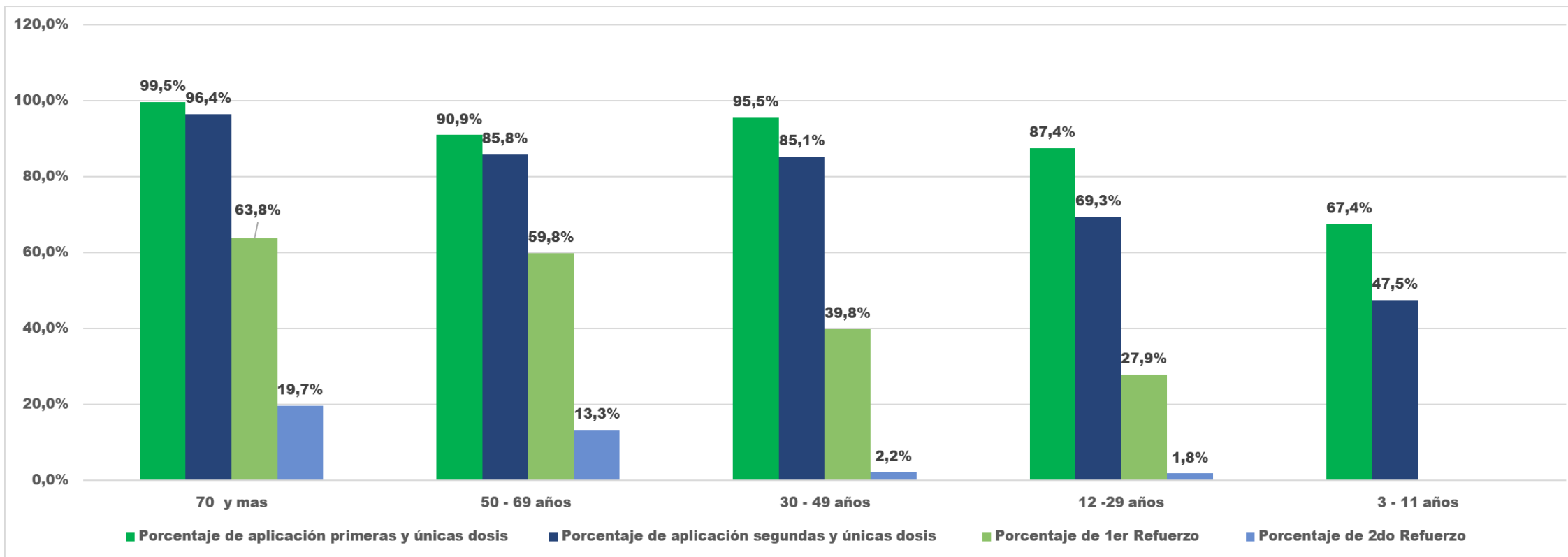
**42.983.791**

## Esquemas completos + únicas

**36.818.427**



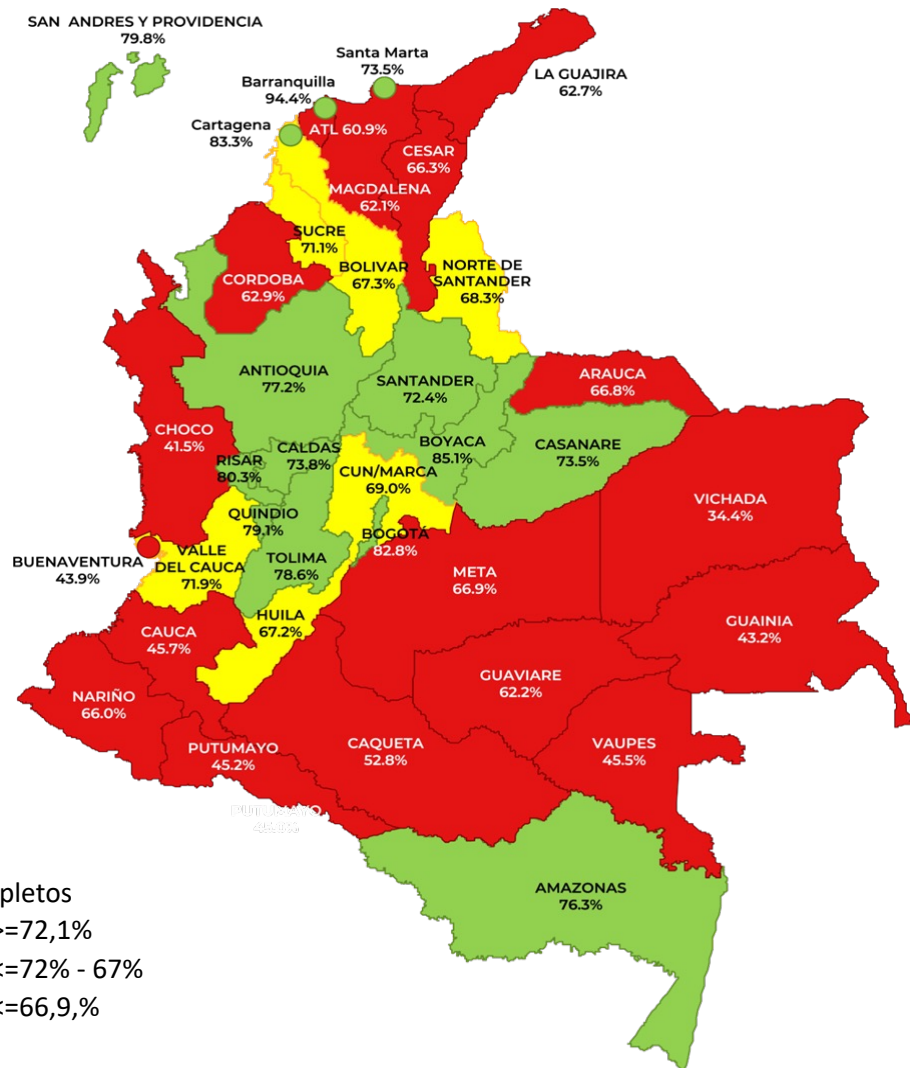
# Cobertura vacunación acumulado por rango Etario . Corte 08/11/22





# Avance Territorial del Plan Nacional de Vacunación

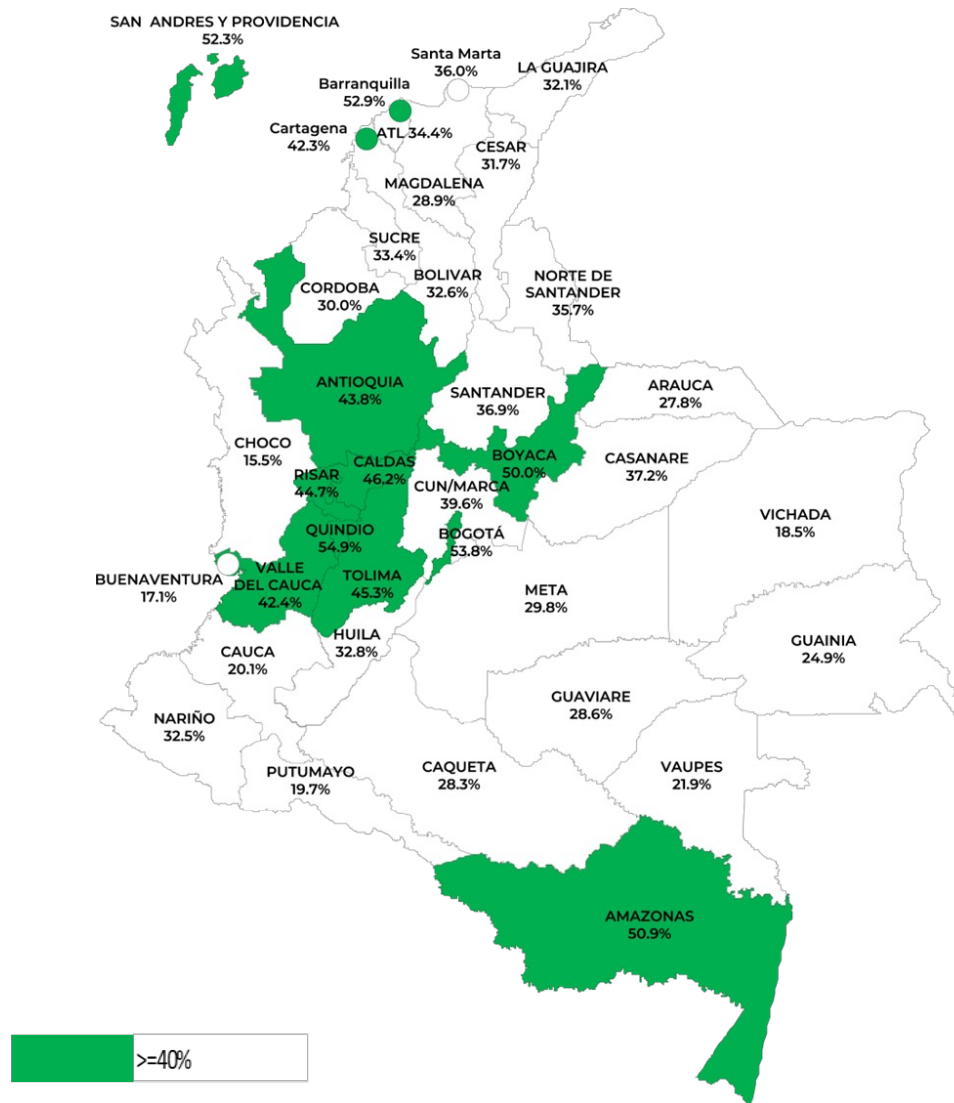
## Esquema completo



Esquemas completos

- $\geq 72,1\%$
- $\leq 72\% - 67\%$
- $\leq 66,9\%$

## Primer Refuerzo



■  $\geq 40\%$



**¡Gracias!**

# Reminder: COVID-19 vaccine programmatic resources and learning



## WHO – UNICEF guidance: Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond

ENG: [Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond \(technet-21.org\)](https://technet-21.org)

FR: [Éléments à prendre en considération pour intégrer la vaccination contre la COVID-19 dans les programmes de vaccination et les soins de santé primaires pour 2022 et au-delà \(technet-21.org\)](https://technet-21.org)

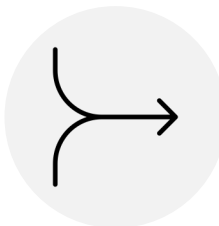
SPA: [Consideraciones para integrar la vacunación contra la COVID-19 en los programas de inmunización y en la atención primaria en salud para 2022 y más adelante \(technet-21.org\)](https://technet-21.org)

POR: [Considerações para integrar a vacinação contra a COVID-19 em programas de imunização e atenção primária à saúde - para 2022 e adiante \(technet-21.org\)](https://technet-21.org)



## Global Compendium of country knowledge on COVID-19 vaccination

ENG: [Global compendium of country knowledge on COVID-19 vaccination \(including specific examples on C-19 vaccine integration\)](https://technet-21.org)



## Slide deck: Considerations to inform country COVID-19 vaccine decision-making version 3 (1 Nov2022)

New! ENG: [WHO Considerations to inform country COVID-19 vaccine decision-making – version 3 \(1 November 2022\)](https://technet-21.org)

New! FR: [OMS Éléments à prendre en considération afin d'éclairer la prise de décision du pays sur les vaccins contre la COVID-19 – version 3 \(1 Novembre 2022\)](https://technet-21.org)



## FAQ on integrating COVID-19 vaccination

Coming soon!

# Key messages and next steps

- **Now, it is time to plan for sustainable COVID-19 vaccination. Importance to involve relevant programmes beyond NIP** (NCDs, PHC, MNCH, etc).
- Countries are encouraged to use **third window of Gavi COVID-19 Delivery Support** funds for integration purposes in 2023.
- As countries begin or build-on integration, **colleagues in WHO & UNICEF Regional and Country Offices will be available to provide support and guidance.**
- **This is an opportunity to turn “life course immunization”, one of the IA2030 strategic priorities,** into reality in many countries that to date had sub-optimal **adult vaccination programmes.**



# What's Next?

- Recordings from this session will be available in English, French and Spanish
- Next session:

Date	Topic	Registration Link
Tuesday <b>December 13, 2022</b> 1.30 PM CEST	Best Practices on COVID -19 Vaccination Data & Monitoring Systems	<a href="#">Register here</a>

# Webinar materials and Continuing the Conversation



**On TechNet-21:** <https://www.technet-21.org/en/topics/covid-vax-learning-collective>  
Webinar materials will be available on this page after each session.

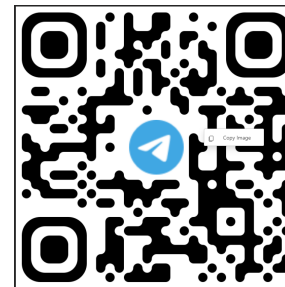
**On Telegram in EN** <https://t.me/+yQ2mCZDWsmRmY2Fk>



**Please scan this QR to join the Telegram “ COVID-19 Vaccine Introduction”**

**This is a messaging platform for you to:**

- Receive **notification** of the next sessions
- Receive updates on **tools and resources**
- **Share ideas** with each other



# THANK YOU

For more information and technical support on any of the material presented, please contact:

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