An Overview of the Life Course & Integration Approach To Immunization

Session Speakers:
Stephanie Shendale, WHO HQ
Aaron Wallace, GID CDC

2023 Life Course and Integration Webinar Series
Sponsored by the IA2030 Life Course and Integration Working Group

SESSION FACILITATORS

Aaron Wallace
Team Lead
Immunization Delivery Science Team
US Centers for Disease Control and Prevention

Stephanie Shendale
Technical Officer
Life Course and Integration
Essential Programme on Immunization
WHO

OVERVIEW OF THE WEBINAR SERIES

LIVE ENGAGEMENTS

Each live session will consist of the following:

- Short presentation(s) by a Subject Matter Expert (SME) or panel of speakers
- Q&A session on topic presented

LIVE ENGAGEMENT TOPICS: 2023

DATE	TOPIC
Feb 22nd **Webinar 1**	**Introduction To Webinar Series** An Overview of the Integrated Life Course Approach To Vaccination
March 8th **Webinar 2**	Health worker vaccination programmes: opportunities beyond COVID
March/April **Webinar 3**	Catch-up vaccination: an ongoing safety net to reduce immunity gaps across the life course
May **Webinar 4**	School-based vaccination strategies: screening and beyond
June **Webinar 5**	Adult vaccination programmes
TBD **Webinar 6**	COVID-19 vaccine integration into existing immunization programmes
TBD **Webinar 7**	Integrated delivery case studies: efforts to integrate delivery of immunizations with other essential child and maternal health interventions
TBD **Webinar 8**	HPV vaccination strategies: moving the agenda forward
TBD	**….& more topics to be identified**

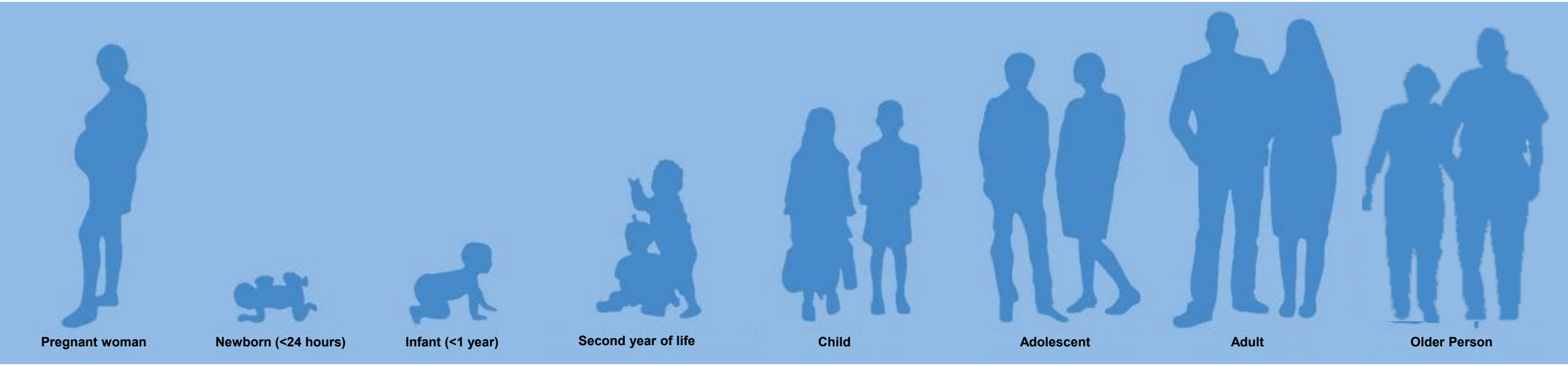
LIFE COURSE VACCINATION

WHAT DO WE MEAN WHEN WE TALK ABOUT LIFE COURSE VACCINATION?

Chat

LIFE COURSE VACCINATION

The **life course approach to vaccination** extends the benefits of vaccination across an individual's **entire life**.



Life course vaccination recommends specific vaccines at each stage of life

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Pregnant Woman	Newborn	Infant	Second Year of Life	Child	Adolescent	Adult	Older Person
							
Pregnant woman	Newborn (<24 hours)	Infant (<1 year)	Second year of life	Child	Adolescent	Adult	Older Person
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Source: WHO. Working Together: An Integration Resource Guide for Immunization Services Throughout the Life Course.

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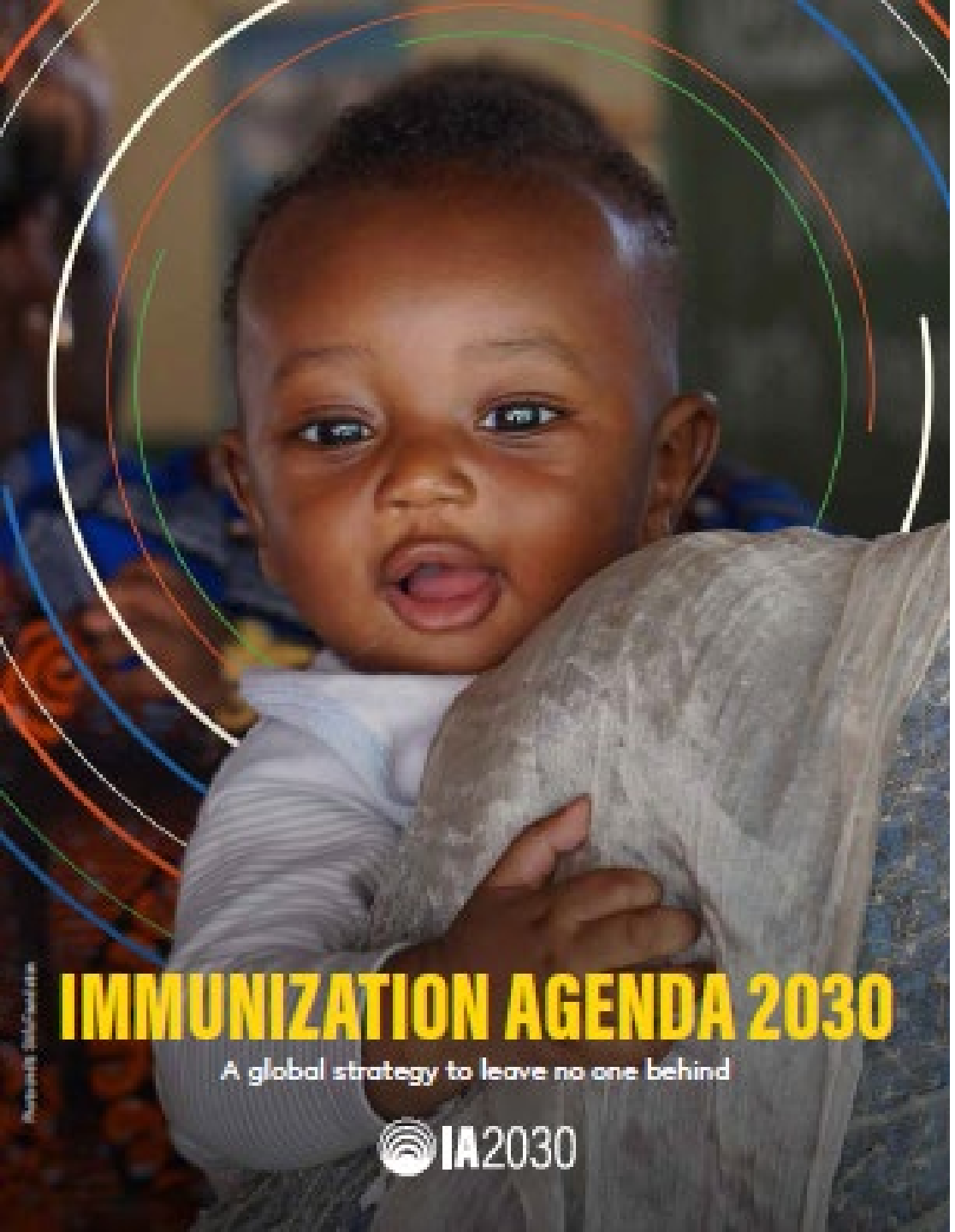


IA2030

IA2030 VISION

A world where everyone, everywhere, at every age...

... fully benefits from vaccines...

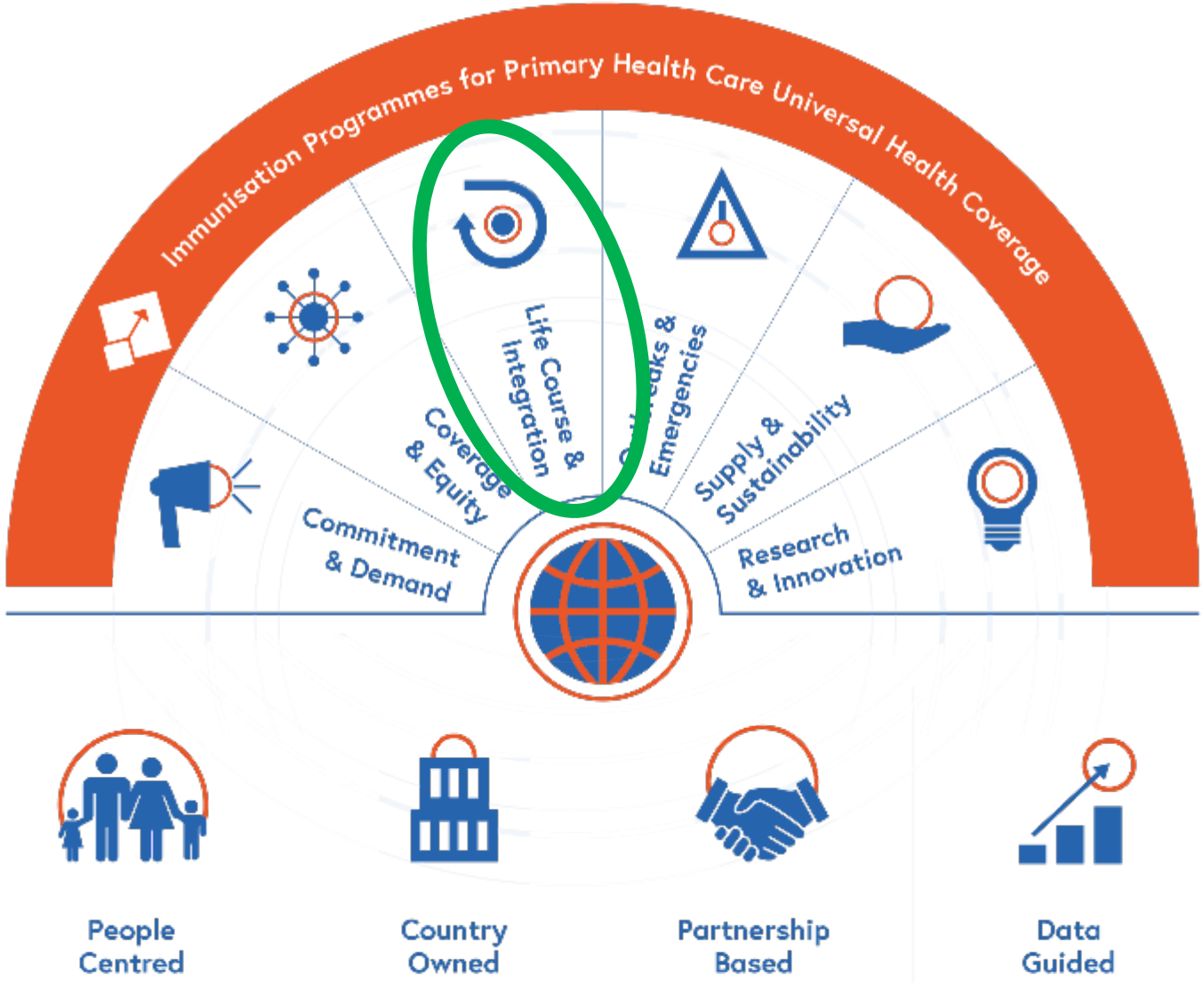
... for good health and well-being

IA2030 PROPOSES A STRATEGIC FRAMEWORK

7 Strategic Priorities

informed by

4 Core Principles for action



STRATEGIC PRIORITY 4: LIFE COURSE & INTEGRATION

GOAL: All people benefit from recommended immunizations throughout the life course, effectively integrated with other essential health services

OBJECTIVES:

- ✔ Strengthen immunization policies and service delivery throughout the life course, including for appropriate **catch-up vaccinations** and booster doses.
- ✔ Establish **integrated delivery points** of contact between immunization and other public health interventions for different target age groups.

From Immunization Agenda 2030 https://www.immunizationagenda2030.org/

WHAT IS THE GLOBAL EXTENT OF LIFE COURSE VACCINATION?

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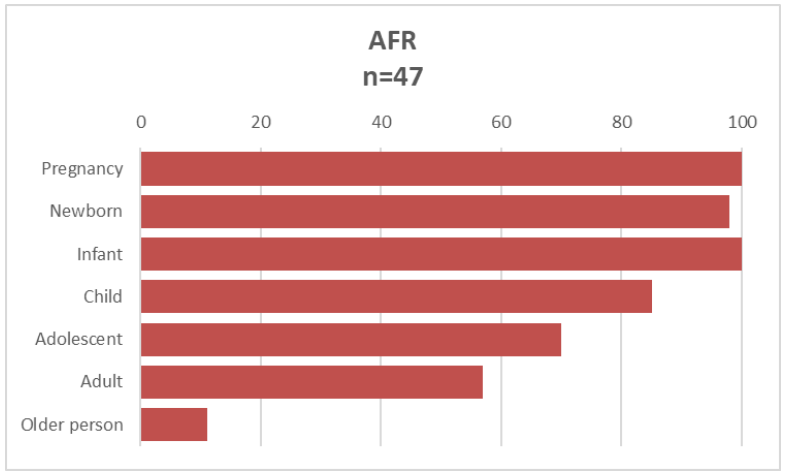
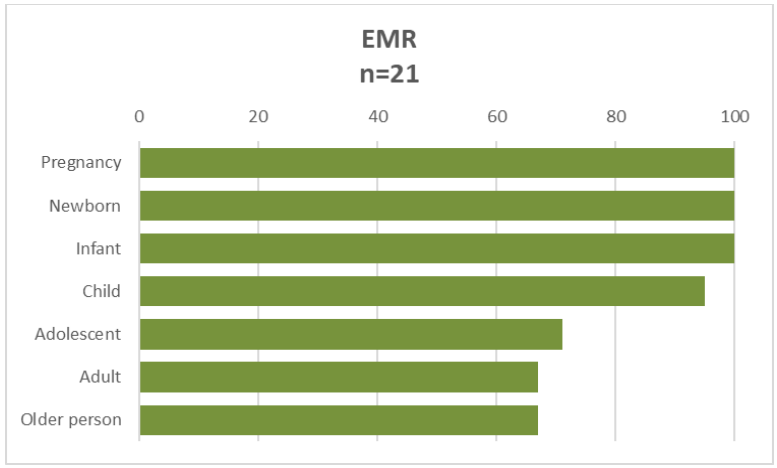
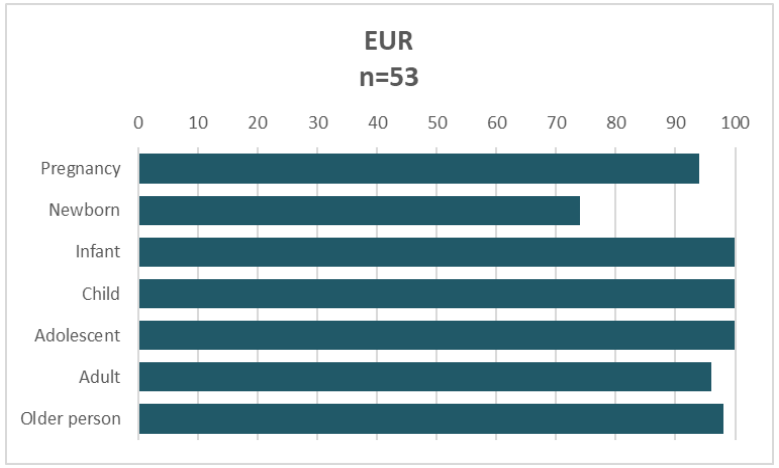
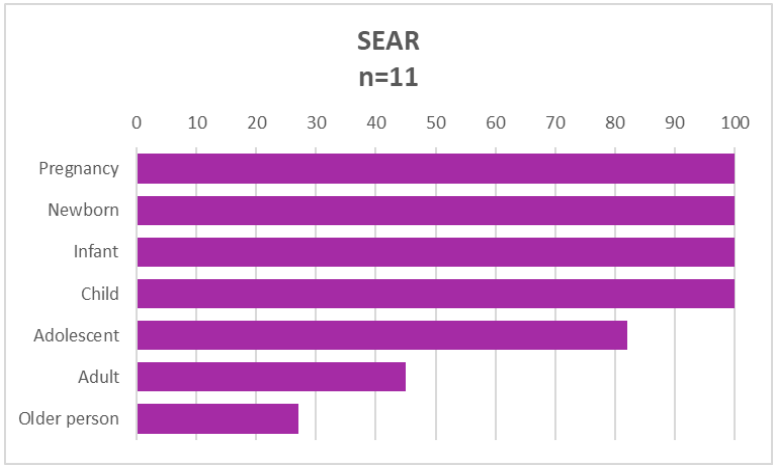
Status of life course vaccination by WHO region - 2021

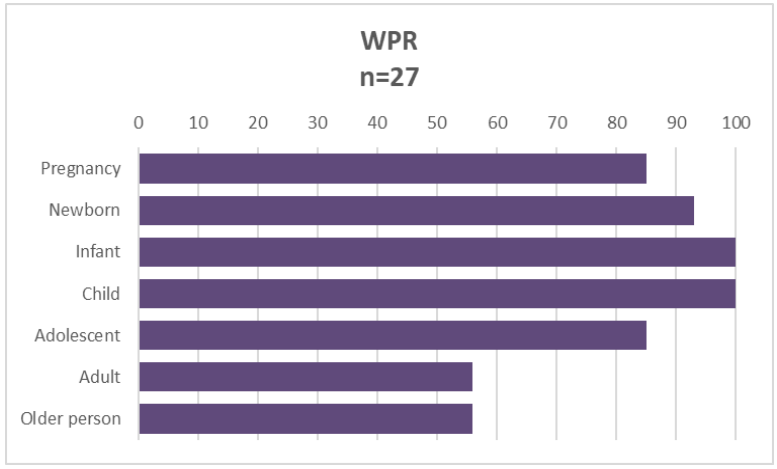
Percentage of WHO Member States in 2021 with universal vaccination **recommendations** for each life course stage











Note: COVID-19 vaccine excluded (as it is still recommended under Emergency Use Listing)

PROVISIONAL – Preliminary data

WHAT DO YOU NEED TO CONSIDER FOR A LIFE COURSE APPROACH TO VACCINATION ?

Chat

Key considerations when transitioning to a life course approach to vaccination

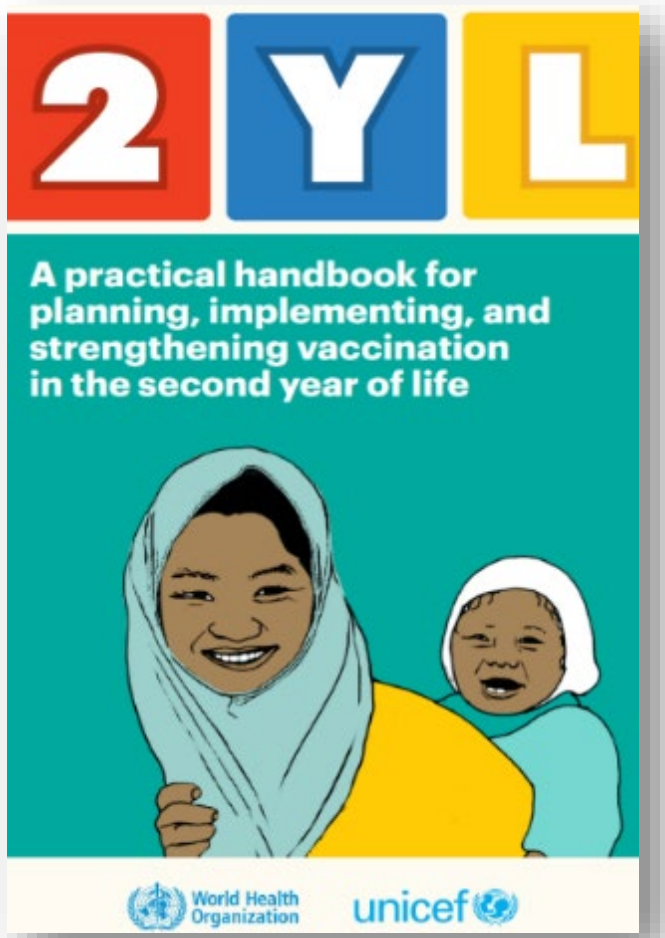
- Identifying & reaching target populations
- Policy and investment/ financing
- Recording and tracking data
- Developing health worker capacity
- Ensuring equitable access
- Integrating with other services
- Catching-up on missed vaccinations
- Building community acceptance and demand

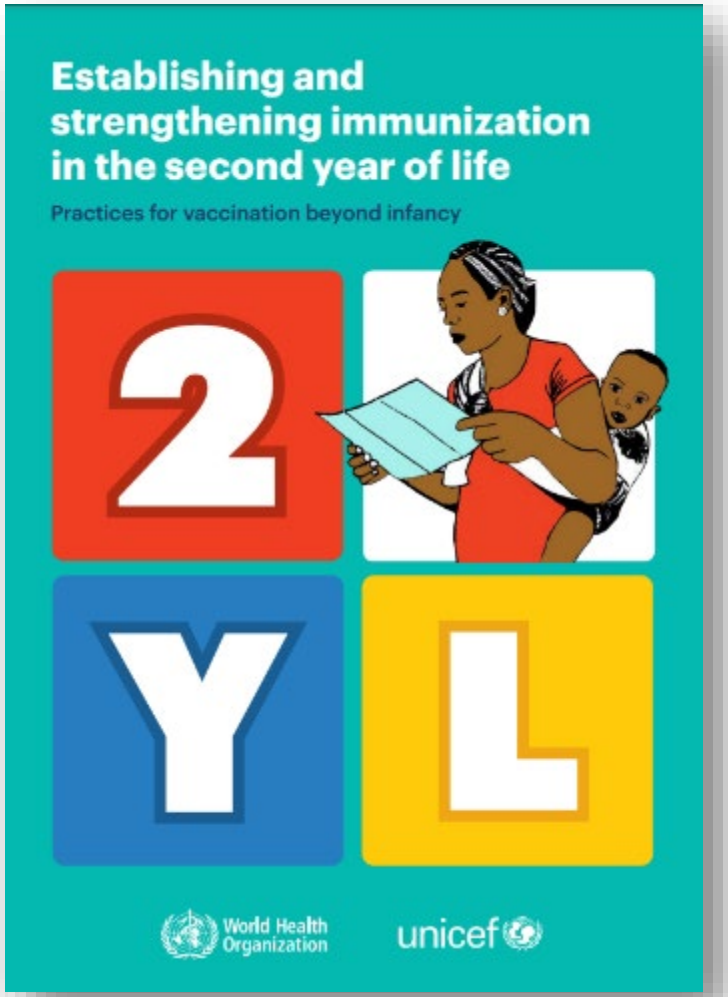
EXAMPLES OF LIFE COURSE APPROACHES TO VACCINATION

SECOND YEAR OF LIFE (2YL): GUIDANCE TO ADDRESS IMPLEMENTATION BARRIERS

These resources can serve as a template for how to more broadly approach life course implementation

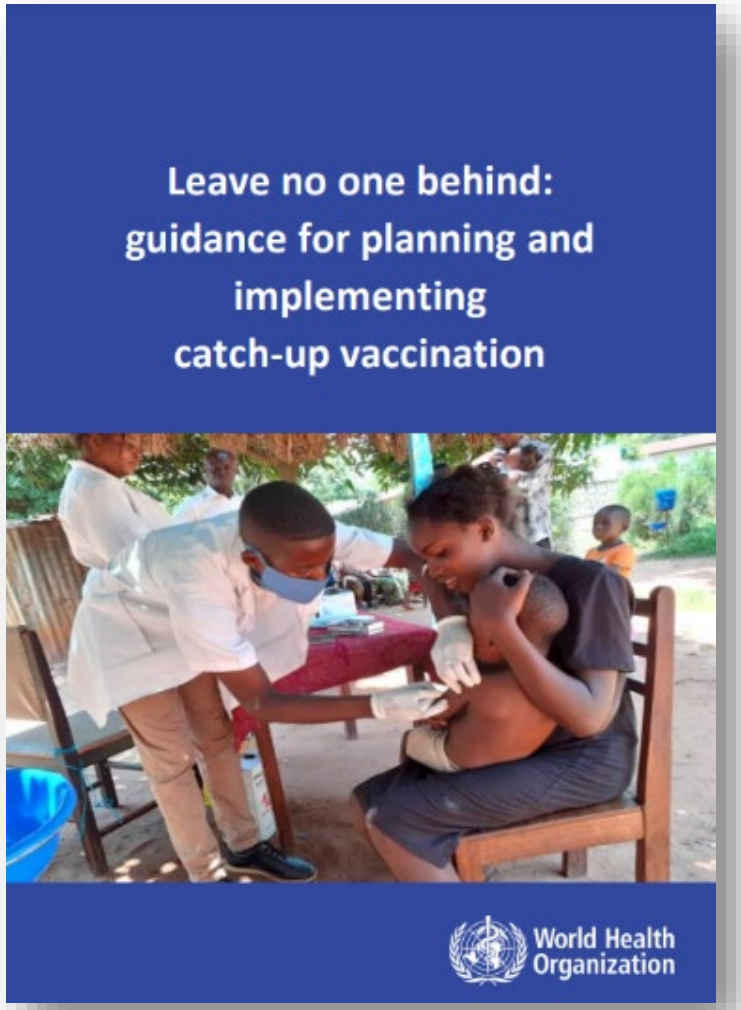
- ✔ Modification of data tools/systems
- ✔ Expanding catch up
- ✔ Reducing missed opportunities for vaccination



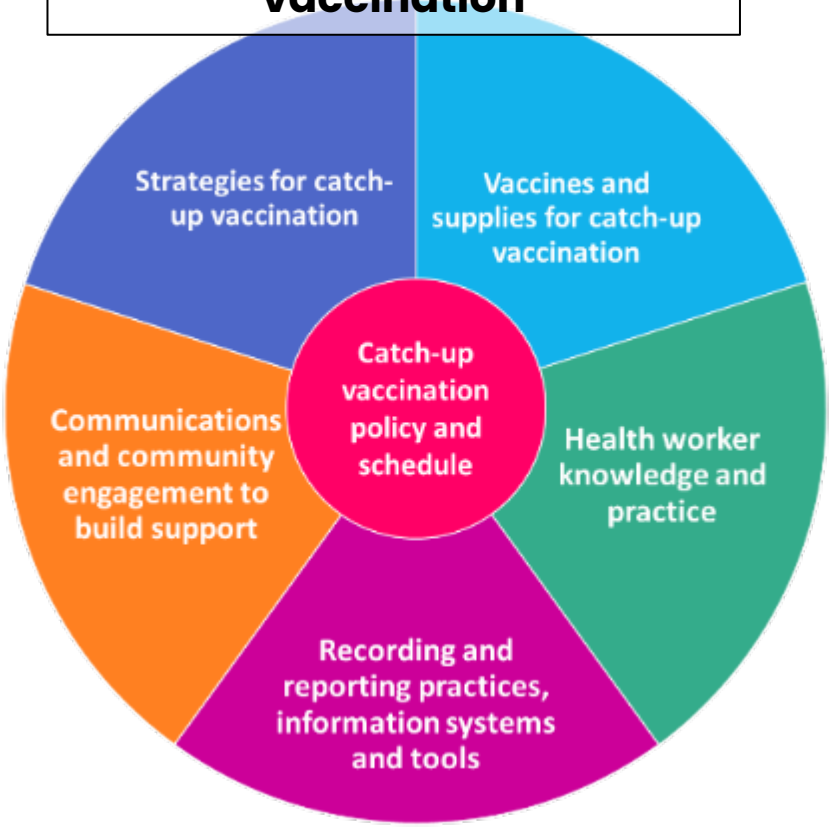


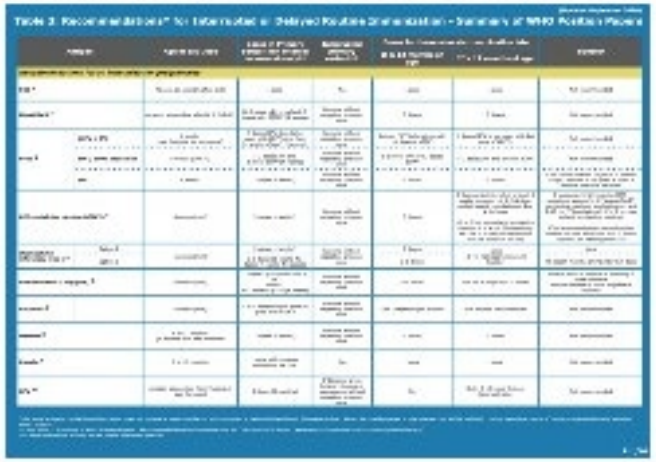
https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/integration/vaccination-in-the-second-year-of-life-(2yl)

Catch-up vaccination requires a whole system life course approach



Components of catch-up vaccination

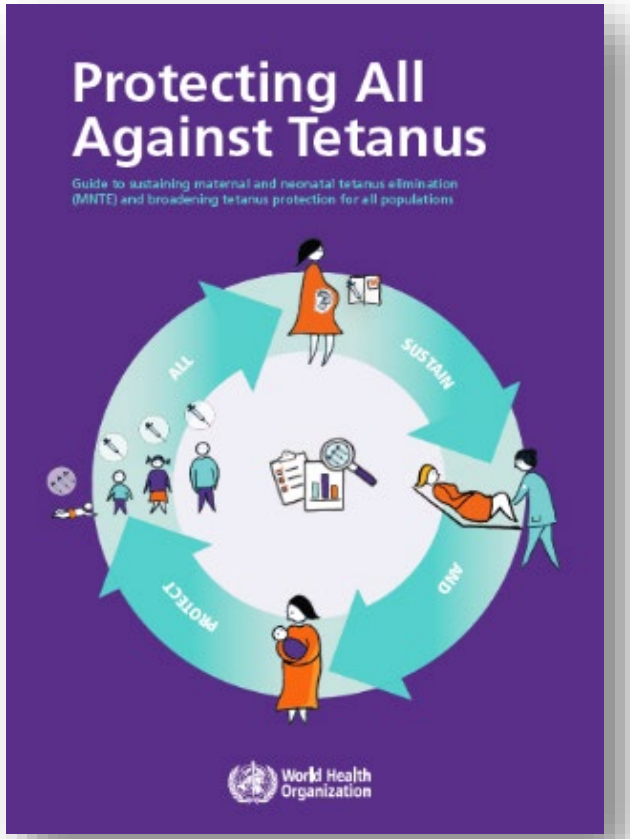




WHO Recommendations for Interrupted or Delayed Routine Immunization

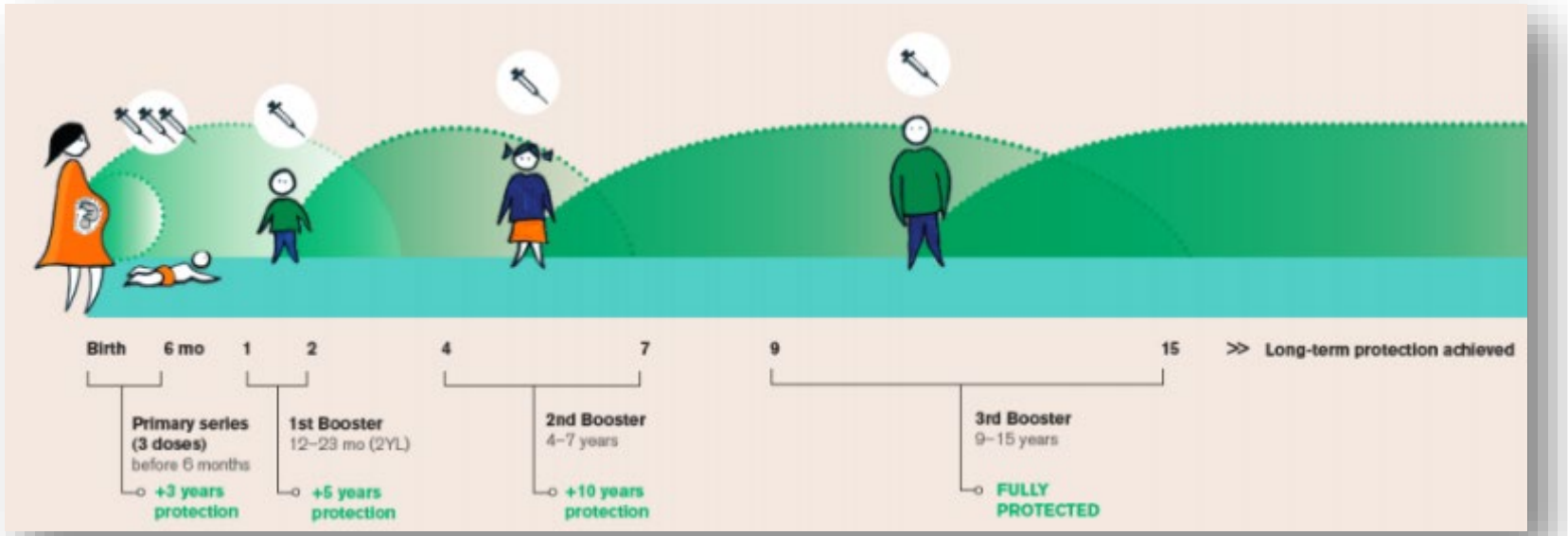
www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/implementation/catch-up-vaccination

Life-course vaccination for tetanus protection

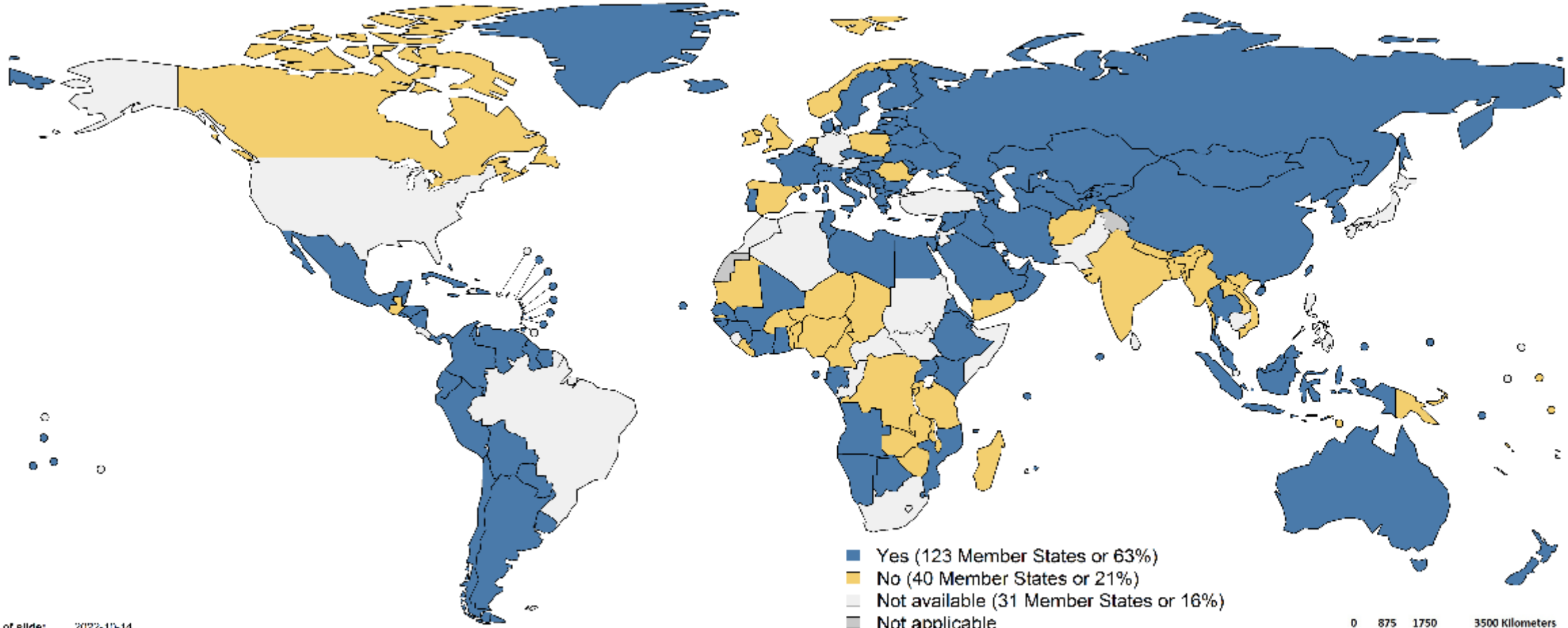


https://www.who.int/publications/i/item/protecting-all-against-tetanus

- 6 doses of Tetanus-containing vaccine (TTCV) for long-term (likely lifetime) protection
- 3 primary doses (infants) + **3 boosters (2YL, 4-7yrs, 9-15yrs)**
- Aligned with boosters for diphtheria and pertussis (give as combo vaccines)
- Protect All (girls and boys)
- Sustain Maternal & Neonatal Tetanus Elimination



WHO Member States Reporting Vaccination Checks at Pre-primary or Primary School in 2021



Date of slide: 2022-10-14
Map production: Immunization, Vaccines and Biologicals (IVB), World Health Organization (WHO)
Data source: IVB database at 14 October 2022

Disclaimer:

World Health Organization

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Considerations for Health Worker Vaccination

WHO provides recommendations for vaccinations that should be provided to health workers

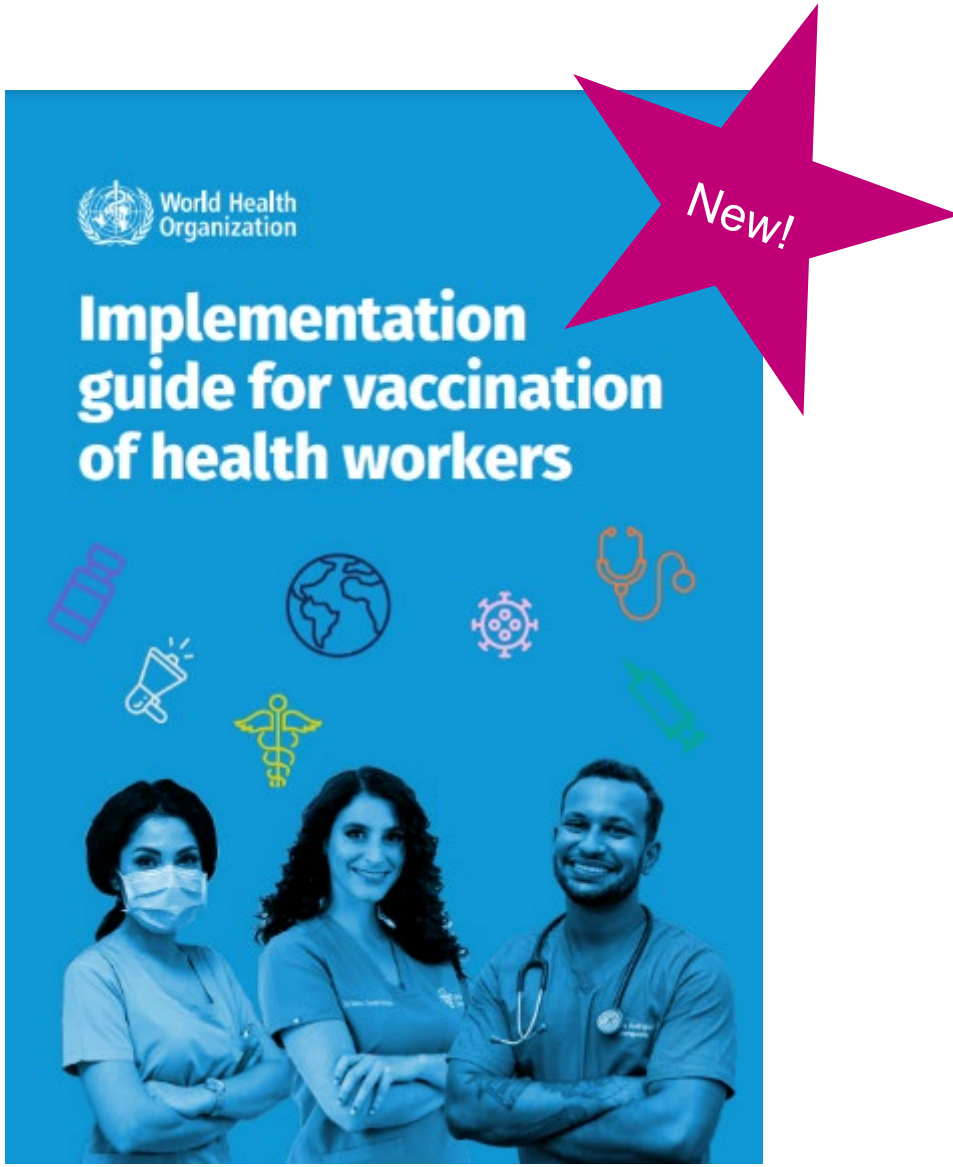
Table 4: Summary of WHO Position Papers – Immunization of Health Workers[a] Updated December 2021

The information below is provided to assist countries to develop national policies for the vaccination of health workers (HWs). For recommended vaccines, all HWs should have documented proof of immunity or immunization. This should be required as a condition of employment and enrolment into training. It is expected that HWs are fully vaccinated per the national vaccination schedule in use in their country.

Antigen	Vaccination of Health Workers Recommended
BCG[1]	BCG vaccination is recommended for unvaccinated TST- or IGRA-negative persons at risk of occupational exposure in low and high TB incidence areas (e.g. health workers, laboratory workers, medical students, prison workers, other individuals with occupational exposure).
Hepatitis B[2]	Immunization is suggested for groups at risk of acquiring infection who have not been vaccinated previously (for example HWs who may be exposed to blood and blood products at work).
Polio[3]	All HWs should have completed a full course of primary vaccination against polio.
Diphtheria[4]	HWs who may have occupational exposure to C. diphtheriae should be vaccinated.
Measles[5]	All HWs should have immunity or be vaccinated against measles.
Rubella[6]	If rubella vaccine has been introduced into the national programme, all HWs should have immunity or be vaccinated against rubella.
Meningococcal[7]	One booster dose 3-5 years after the primary dose may be given to persons considered to be at continued risk of exposure, including HWs.
Influenza[8]	HWs are an important group for influenza vaccination. Annual immunization with a single dose is recommended.
Varicella[9]	Countries should consider vaccination of potentially susceptible HWs (i.e. unvaccinated and with no history of varicella) with 2 doses of varicella vaccine.
Pertussis[10]	HWs should be prioritized as a group to receive pertussis vaccine.
Antigen	**No current recommendation for vaccination of Health Workers**
Tetanus[11]	There is currently no recommendation regarding HWs.
Haemophilus influenzae type b[12]	The main burden of disease lies in infants under 5 years of age. Work in a health care setting is not indicated as a factor for increased risk. There is currently no recommendation regarding HWs.
Pneumococcal[13]	The main burden of disease lies in infants under 5 years of age. Immunocompetent adults are not at increased risk for serious pneumococcal disease. HWs are not indicated as a group at increased risk of pneumococcal disease.
Rotavirus[14]	Children are the target group for rotavirus vaccination as they have the greatest burden of disease. Adults including HWs are not at increased risk of severe disease.
HPV[15]	HWs are not at increased risk of HPV. The primary target group for vaccination is girls aged 9–14.
Japanese Encephalitis[16]	HWs are generally not at special risk of contracting JE. Workers at high-risk in endemic areas, such as those involved in vector control, should be vaccinated.
Yellow Fever[17]	Individuals in endemic countries and travelers to these countries should receive a single dose of yellow fever vaccine. Work in a health care setting is not indicated as a factor for increased risk. There is currently no recommendation regarding HWs.
Tick-borne Encephalitis[18]	HWs are generally not at special risk of contracting JE. Workers at high risk in endemic areas, such as those involved in vector control, should be vaccinated.
Typhoid[19]	Typhoid vaccines should be employed as part of comprehensive control strategies in areas where the disease is endemic. Work in a health care setting is not indicated as a factor for increased risk. There is currently no recommendation regarding HWs.
Cholera[20]	Cholera vaccines may be employed as part of comprehensive control strategies in areas where the disease is endemic as well as to prevent and respond to cholera outbreaks[b]. There is currently no recommendation regarding HWs.
Hepatitis A[21]	Hepatitis A is transmitted through contaminated food and water or direct contact with an infectious person. HWs are not indicated as a group at increased risk of hepatitis A infection.
Rabies[22]	PrEP may be considered for medical professionals who regularly provide care to persons with rabies.
Mumps[23]	Routine mumps vaccination is recommended in countries with a well-established, effective childhood vaccination programme and the capacity to maintain high level vaccination coverage with measles and rubella vaccination. HWs are not indicated as a group at increased risk.
Dengue (CYD-TDV)[24]	HWs are not at increased risk of dengue.

https://www.who.int/publications/m/item/table-4-who-recommendations-for-routine-immunization

https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/integration/health-worker-vaccination



https://www.who.int/publications/i/item/9789240052154

(EN, FR, SP, PT)

Vaccinating Older Adults

COVID-19 vaccines have reached many older adults, in some programmes not previously targeting this age group

Principles for vaccinating older adults

Leadership- and people-centred approach	Involves older people in programme management and working groups.
Inclusiveness	Involves all segments of society, regardless of age, gender, ethnicity, location or other social category.
Multistakeholder partnerships	Multistakeholder partnerships are mobilized to share knowledge, expertise, technology and resources and to participate in the delivery of services.
Leaves no one behind	Applies to all adults, whoever and wherever they are, targeting their specific challenges and needs.
Intergenerational solidarity	Enables social cohesion and interactive exchange among generations (including older adults themselves) to support health and well-being for all adults.

Coming soon!

Adapted from: UN Decade of Healthy Ageing 2021–2030. www.who.int/initiatives/decade-of-healthy-ageing

INTEGRATION

WHAT DO WE MEAN WHEN WE TALK ABOUT INTEGRATION?

Chat

Technical Brief No.1, May 2008

INTEGRATED HEALTH SERVICES
- WHAT AND WHY?

Making health systems work

Main Messages

This Technical Brief is intended as a practical aid for people involved in discussions about "integrated health services". Integration is not a new topic – in the past it has been the subject of a rather polarized debate. It is once again topical, largely because of the rise of single-disease funding and in recognition of the fact that the health Millennium Development Goals (MDGs) will not be met without improving health systems.

Integrated health services means different things to different people, and it is important to be clear about how the term is being used. The brief proposes one working definition, the focus of which is providing the 'right care' in the 'right place'. Integrated service delivery is ***"the organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money."***

Many benefits are claimed for integrated health services. The evidence base is limited but there are five main messages from the literature:

- An "always good" versus "always bad" stance on integration is not helpful. On the ground, integration is about practical questions on how to deliver services to those that need them.
- Integration is best seen as a continuum rather than as two extremes of integrated/not integrated. It involves discussions about the organization of various tasks which need to be performed in order to provide a population with good quality health services. Integrated care can look different at different service levels. In reality, there are many possible permutations.
- Supporting integrated services does not mean that everything has to be integrated into one package. The aim is to provide services which are not disjointed for the user and which the user can easily navigate. For specialist care, the issue is how their activities are linked to other services.
- Managing change in the way services are delivered may require a mix of political, technical and administrative action. It may require action at several levels, including sustained commitment from the top. It is useful to look for good 'entry points' for enhancing integration and to consider what incentives there are for health workers and their managers to change their behaviour.
- Integration is not a cure for inadequate resources. It may provide some savings, but integrating new activities into an existing system cannot be continued indefinitely without the system as a whole being better resourced.

World Health Organization

Range of definitions exist

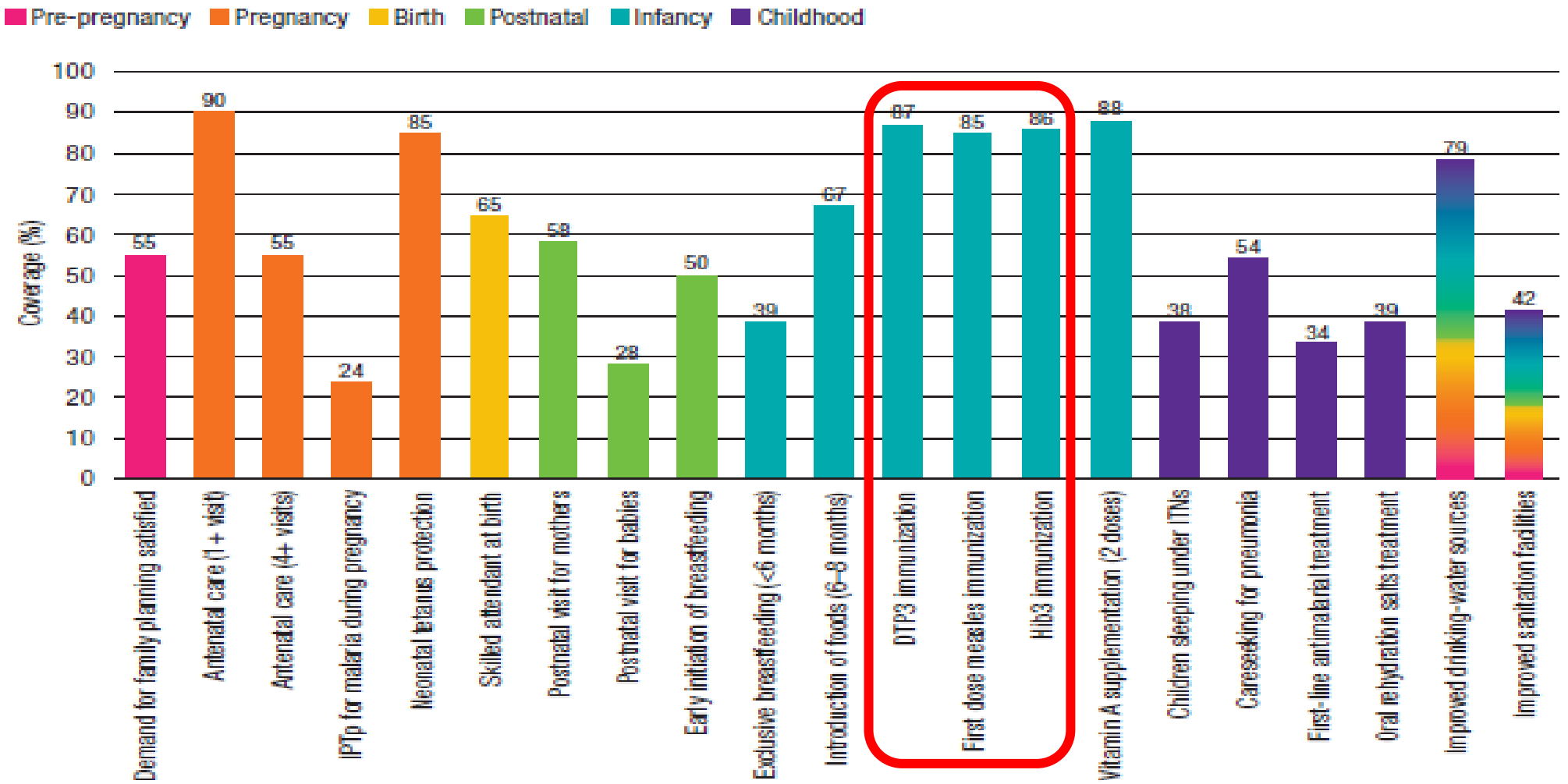
- WHO working definition (2008): *The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system*
- Integration is best seen as a spectrum (from vertical programmes to ideal of PHC)

http://www.who.int/healthsystems/technical_brief_final.pdf

What is the rationale for integrating immunization?

- Immunization follows a schedule with multiple contact points, which overlap with other interventions for the same target populations; e.g. Vitamin A supplementation, deworming
- Relatively high childhood immunization coverage rates - considered a “strong platform” to reach people (particularly those <2 years) with additional interventions
- Immunization can also provide a contact point for the caregiver to receive services or referrals e.g. family planning or HIV testing.
- Integration of immunization into other services can facilitate delivery throughout the life course e.g. antenatal care for maternal immunization, school health for adolescents.
- Integration of immunization with other services throughout the life course supports comprehensive approaches for disease control e.g. HPV vaccination, screening and treatment.
- Reflects a growing need for multi-sectoral approaches, e.g. cholera vaccination and WASH interventions, school-based delivery of immunization.

High Childhood Immunization Coverage Spurred Calls for Integrated Delivery Efforts



Source: WHC

TYPES OF INTEGRATION: DIFFERENT OBJECTIVES

- **To strengthen health systems**
  - e.g., Integration of supply chains, monitoring and evaluation systems
- **To comprehensively address specific diseases**
  - e.g., Comprehensive health packages where vaccination alone is not enough
- **To better serve particular target populations**
  - **Service delivery integration**
    - Focus is on integrating the way that interventions are delivered, E.g., Child Health Days or family planning services during immunization sessions
  - **Integration along the life course**
    - Focus is on addressing the clients' health needs over time, e.g. IMCI, vitamin A with routine immunizations, disease specific interventions along life-course, e.g. comprehensive cancer control strategies

EXAMPLES OF INTEGRATION

In establishing age-based platforms, developing policies for integrated delivery are critical & support the broader concept of ***life course approach for health***

Pregnant Woman	Newborn	Infant	Second Year of Life	Child	Adolescent	Adult	Older Person
Pregnant woman	**Newborn (<24 hours)**	**Infant (<1 year)**	**Second year of life**	**Child**	**Adolescent**	**Adult**	**Older Person**
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Seasonal influenza		Japanese Encephalitis Meningococcal Rabies Seasonal influenza Typhoid / Yellow Fever	Cholera Hepatitis A Meningococcal Mumps Rabies Seasonal influenza Typhoid Varicella	Cholera Rabies Seasonal influenza Typhoid	Cholera Dengue Rabies Seasonal influenza Typhoid	Cholera Dengue Rabies Seasonal influenza	Cholera Rabies Seasonal influenza

COVID-19 vaccination

REPRODUCTIVE & MATERNAL HEALTH SERVICES

NEGLECTED TROPICAL DISEASES

MALARIA

HEARING SCREENING

HIV

NUTRITION

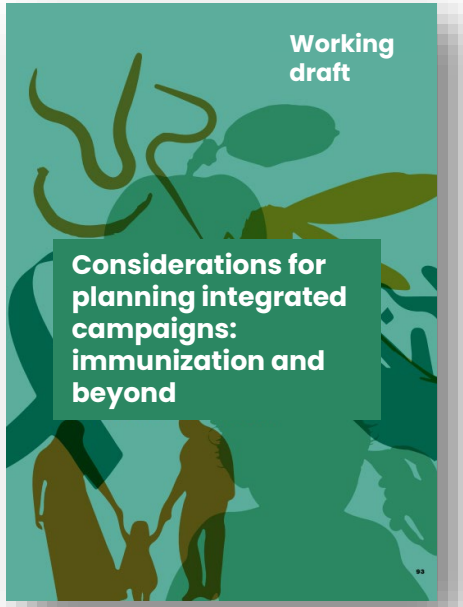
WATER, SANITATION AND HYGIENE INTERVENTIONS

HEALTH EDUCATION

Coming soon!

Health Campaign Integration

New guidance: CONSIDERATIONS FOR PLANNING INTEGRATED CAMPAIGNS: IMMUNIZATION AND BEYOND



- **Proposes a high-level coordination and decision-making process for identifying campaigns that can and should be integrated**
  - Framework for determining facilitators and barriers for pairing interventions
  - Consider technical and operational compatibility and feasibility – e.g. target population, delivery mechanisms, operational strategies, timing, logistics, safety, acceptability, funding alignment, etc.
- **Outlines the key considerations for planning and implementing a successful integrated campaign**
  - Alignment with existing campaign planning resources
  - Highlights **case studies for best practices and lessons learned**

Example: Laos PDR reduced campaign cost

(USD0.23 to 0.03 per treated person)

Table 1

Comparison between the incremental costs of adding deworming to the integrated national campaign for immunisation and vitamin A supplementation and the financial costs of implementing a national deworming campaign in Lao People's Democratic Republic, targetting 1 140 381 individuals

Item	Integrated national campaign				National deworming campaign	
	Immunisation (OPV, TT, viatmin A)	Cost (SUS)	Deworming (added)	Cost (SUS)	Deworming	Cost (SUS)
Supplies	TT, $0.25 × 671 349 WCBA	167 837	MBZ, $0.02 × 485 495 pre-SAC	9 710	MBZ, $0.02 × 485 495 pre-SAC	9 710
	OPV, $0.16 × 205 658 pre-SAC	32 905	MBZ, $0.02 × 654 886 WCBA	13 098	MBZ, $0.02 × 654 886 WCBA	13 098
	Vitamin A, $0.03 × 544 471 pre-SAC	16 334				
Drug storage and transport	($100/province × 17 provinces) + ($50/district × 99 districts) + ($20/health centre × 700 health centres	20 650		No additional costs		17 500
Surveillance and monitoring	$5 000 (AEFI response)	5 000		No additional costs		8 750
	$5 000 (printing)	5 000		No additional costs		8 750
Others						
Personnel	$56 000 (central authority) + $56 000 (province authority) + $40 000 (district authority)	146 920		5 080		66 500
Supervision visits	$15 000 (central authority) + ($1 500/province × 17 provinces) + ($500/district × 99 districts)	90 000		No additional costs		35 000
Provincial meeting	$2 500/province × 17 provinces	42 500		No additional costs		29 750
Administration	$10 000 (central authority)	10 000		No additional costs		8 750
Social mobilisation	$30 000 (central authority) + ($300/province × 17 provinces) + ($150/district × 99 districts)	49 950		No additional costs		21 000
Training(1 day)	$500/district × 99 districts	46 461		3 039		43 750
Total		633 557		30 927		262 558
Cost/treated individual				0.03		0.23
Cost/treated individual, excluding drug cost				0.007		

OPV: oral polio vaccine; TT: tetanus toxoid; WCBA: women of child-bearing age; MBZ: mebendazole; SAC: school-age children; AEFI: advanced events following immunisation.

Opportunities for Integration of COVID-19 Vaccination with Other Health Interventions

Example from CHAI: Integrating early non-communicable disease screening and counseling with COVID-19 vaccination in Cambodia

- A total of 3,592 adults aged over 40 years receiving COVID-19 vaccination were screened
- Of these, 25% opted in for diabetes screening and 26% for blood pressure screening
- Of these, 37% had an abnormal result for blood pressure and 31% for diabetes. They were referred to nearby health facilities for confirmatory diagnosis and treatment

Source: Integrating early non-communicable disease screening and counseling with COVID-19 vaccinations in Cambodia - Clinton Health Access Initiative

INTEGRATION HAS BOTH BENEFITS AND RISKS

Potential Benefits	Potential Risks
• **Increase coverage** of a new intervention to level of existing intervention (i.e. immunization); • Improve **system efficiency**, reduce redundancy/costs; reduce repeated engagements with beneficiaries • Improve **user satisfaction**, convenience; able to meet clients' multiple health needs; • **Increase demand** through cross-promotion; may reduce missed opportunities of vaccination.	• Negatively **impact overall coverage** rates or equity; • Reduce the **quality of care**, due to reduced health worker time available; • **Staff may not accept** taking on additional responsibilities or workload due to issues with pay, conditions, skills, knowledge or training; • **Clients may not accept** integrated services, especially if stigmatised services are mixed with non-stigmatised (although this can also be a mechanism to reduce stigma).

KEY CONSIDERATIONS WHEN INTEGRATING IMMUNIZATION WITH OTHER INTERVENTIONS

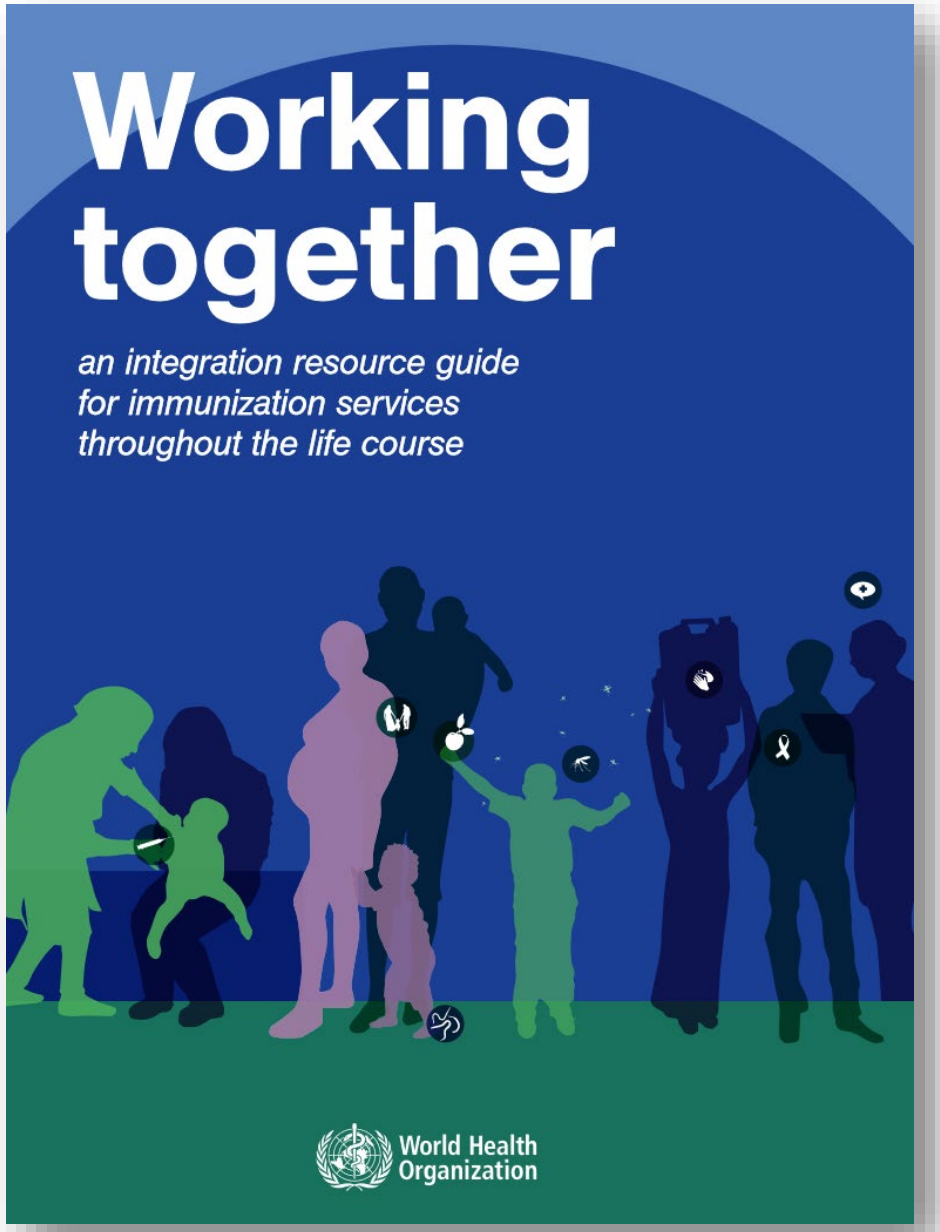
RELATED TO THE INTERVENTION

- Has a similar target group as for routine vaccination
- Requires similar timing or frequency as routine vaccination
- Has similar logistical requirements
- Has as high a level of acceptability among patients, communities and health workers as immunization
- Entails a similar skill level among health workers

KEY CONSIDERATIONS WHEN INTEGRATING IMMUNIZATION WITH OTHER INTERVENTIONS

RELATED TO HEALTH SYSTEM CONTEXT

- High-level political will exists to promote integration
- Coordination among the different programme managers is present
- National policies support each intervention
- Financial support and commodity logistics are secure for each intervention
- Primary health-care structures exist for delivering each intervention
- Responsibility for monitoring each intervention is clearly defined
- Health workers are “multi-purpose”
- Integration does not create an unrealistic burden for service delivery



- Integration checklist = guidance around considerations when linking interventions
- Strategies to integrate services together
- Opportunities for integration
- Ways to avoid common pitfalls of integration

Available at: https://apps.who.int/iris/handle/10665/276546 (EN,FR)

Thank You!

Q & A

Annex Slides

GLOBAL INDICATOR FOR EXTENT OF LIFE COURSE VACCINATION

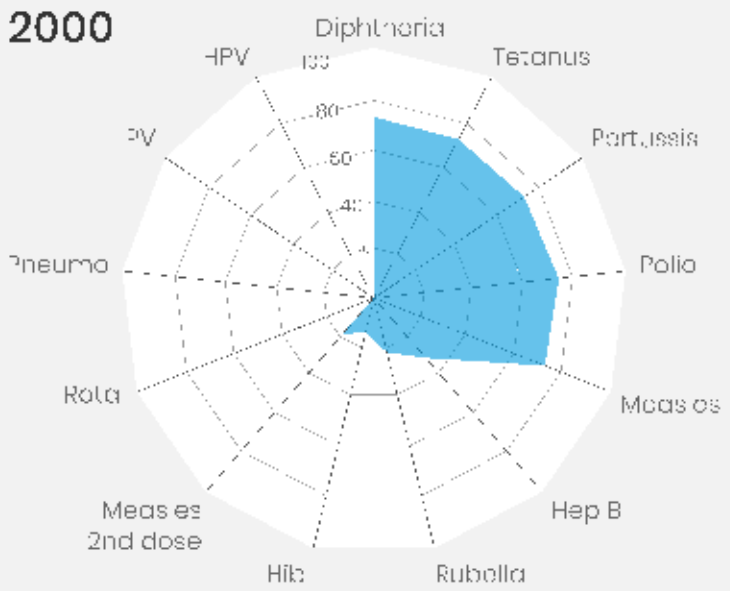
Breadth of protection:

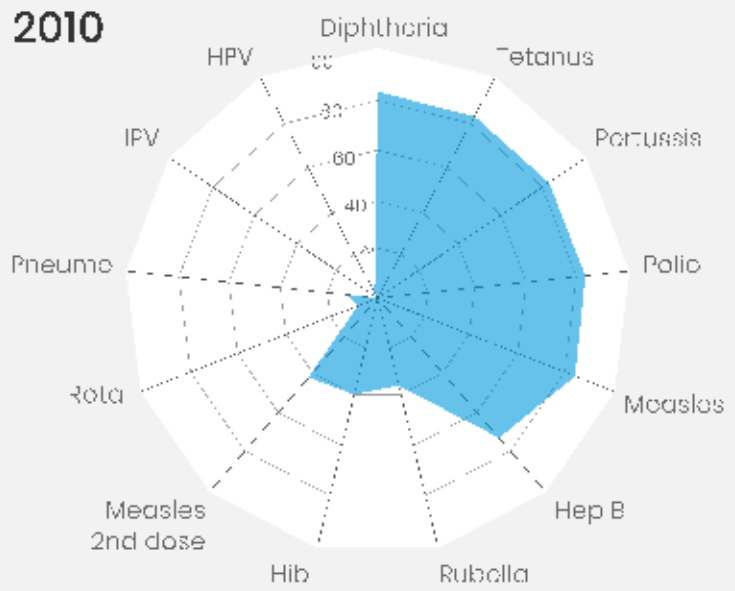
Cross-sectional programme performance indicator, defined as the average global coverage achieved for a set of globally recommended antigens* across multiple age ranges.

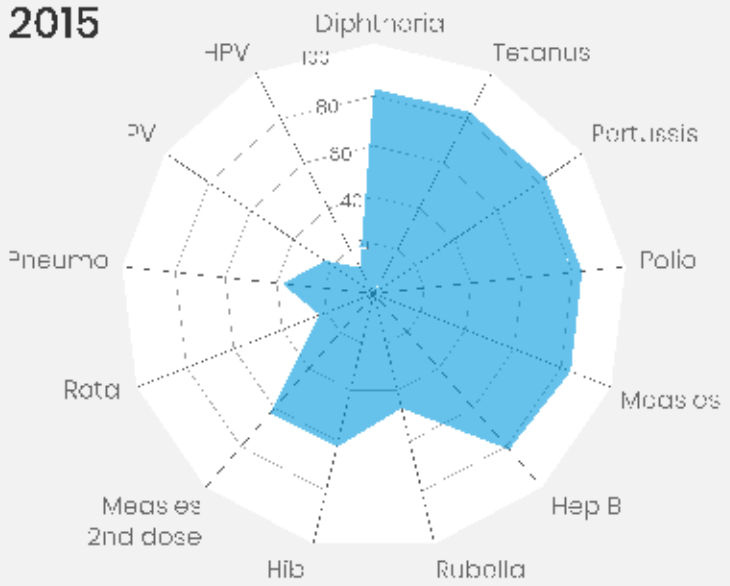
Sourced from annual WHO/UNICEF estimates of national immunization coverage - so limited range of vaccines

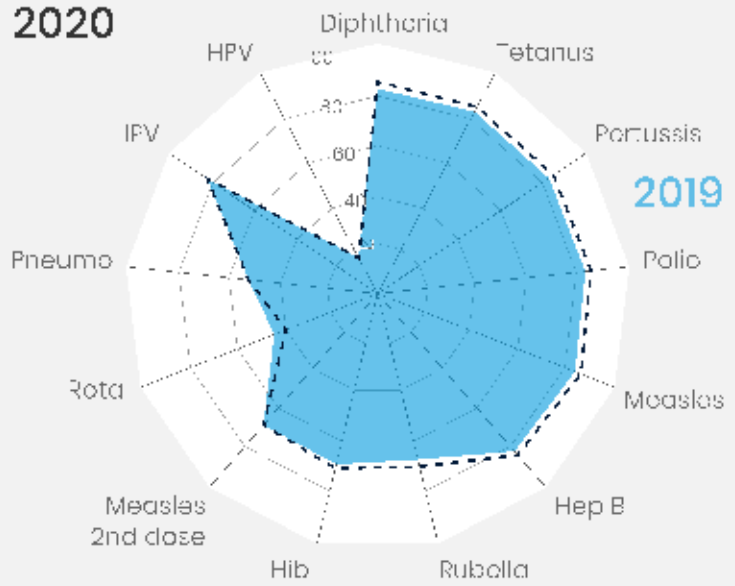
*This list includes polio, measles1, measles2, rubella, diphtheria, tetanus, pertussis (DTP), hepatitis B (Hep-B), *Haemophilus influenzae* type B (Hib), Pneumococcal vaccine (PCV), Rotavirus vaccine, Inactivated Polio vaccine (IPV), and Human Papilloma Virus vaccine (HPV).

THE INCREASE IN BREADTH OF PROTECTION IS DRIVEN MORE BY INTRODUCTION OF VACCINES THAN EXPANDING COVERAGE FOR VACCINES IN USE









unicef World Health Organization WUENIC 2020

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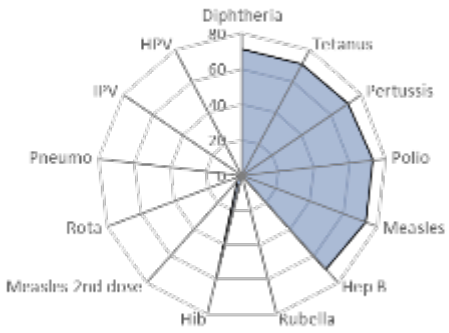

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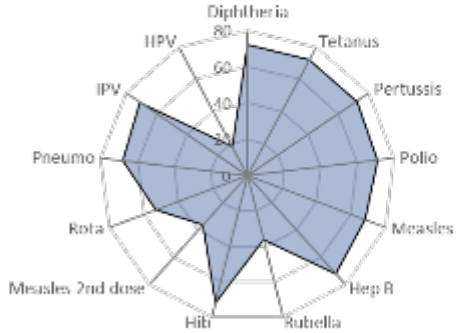

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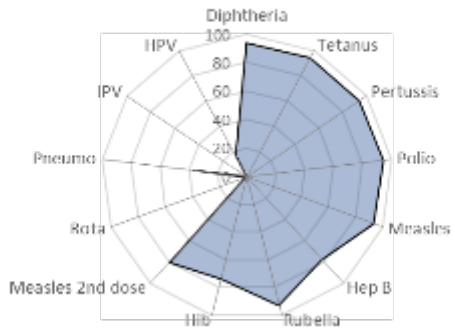

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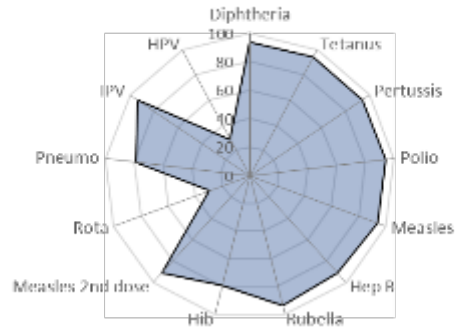

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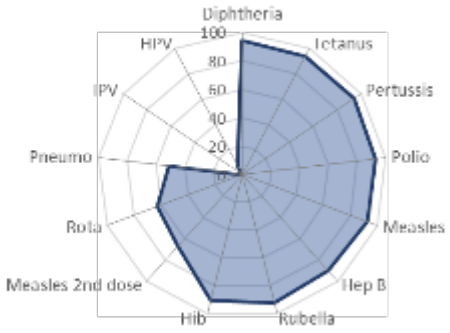

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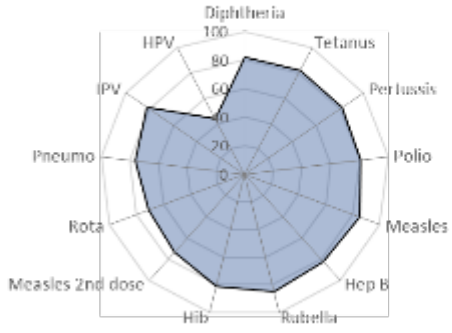

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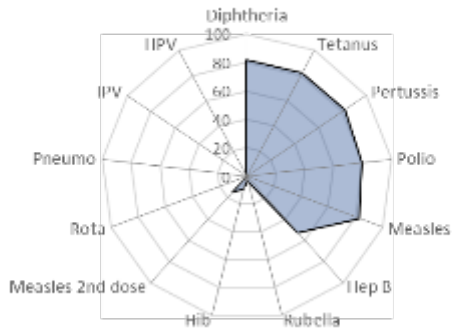

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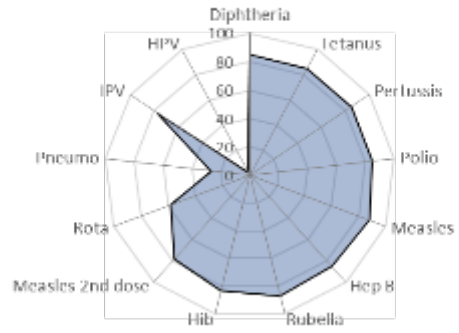

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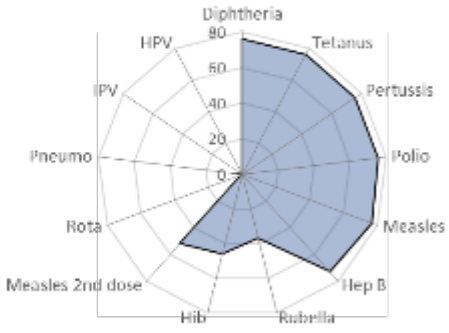

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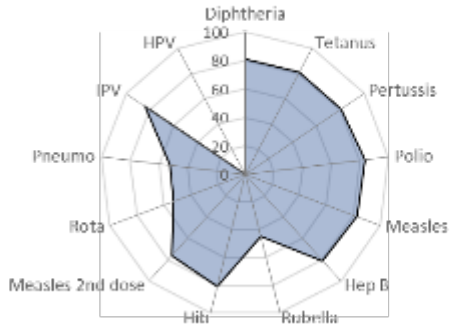

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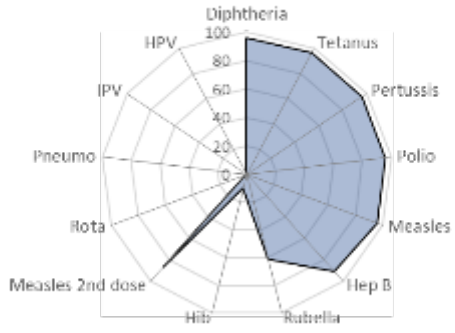

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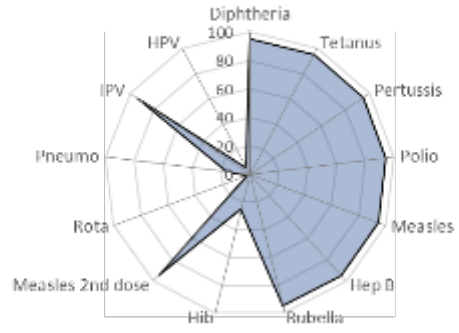

CASE STUDY: ESTABLISHING A SECOND YEAR OF LIFE (2YL) VACCINATION PLATFORM IN GHANA

Measles 2nd dose & MenA vaccination introduced at 18 months of age, first new vaccination visit beyond 12 months of age in Ghana. **Endorsed by NITAG.**

Vaccination visit is **integrated** with existing growth monitoring & nutrition check visit

New **catch-up vaccination** policy & guidance to providers to screen and catch-up on 1st year vaccinations during 2YL & beyond

Paper-based and electronic registers, tally sheets and home-based records **revised** to include health information through adolescence and collection of vaccines provided in the 2nd year of life

Mobilization to increase awareness for healthcare providers and caregivers on rationale for this new platform and that vaccinations no longer end at 1 year of age

New outlets engaged: daycare owners trained to provide vaccination messages to parents of older children

GLOBAL HEALTH FRAMEWORKS, GUIDELINES & INTEGRATED DELIVERY WITH IMMUNIZATIONS

- GIVS, Objective 3
  - Integrated delivery of MCH interventions
- GVAP, Objective 4
  - Platform for other interventions and vice-versa
  - Emphasis with pneumonia, diarrhea, cervical cancer vaccines
- GAPPD
  - Deliver packages of interventions in a continuum of care
- WHO Guidelines for ARV Use for HIV
  - HIV screening and testing during immunization visits