

Integrating related pandemic response to service Delivery (IPRtoSD) - A Strategy for Post-Pandemic Health System Recovery and Strengthening



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Background

Integrating related pandemic response to service Delivery (IPRtoSD) at the primary healthcare level is a demonstrable approach to strengthening post-pandemic recovery and fostering health system resilience. Nigeria, a Lower-Middle-Income-Country (LMIC) in sub-Saharan Africa, implemented some IPRtoSD methods. This program case study aims to share learnings and lessons from this approach and to provide recommendations for scale-up and transferability across settings. With the tagline "One Country, One Team, One Plan, One Budget" with the 2022 first stream as a starting point, the National Primary Health Care Development Agency (NPHCDA) plan to integrate primary health care PHC services went into force. SIA antigens (Measles, Yellow Fever, Men-A antigens), RI, COVID-19, vitamin A, and bOPV were among the integrated services provided. The integration strategy was chosen to:

- Make the most effective use of the limited resources (people, finances, time, e.t.c).
- Expand the chances for improving service delivery.
- Reduce overlap between tasks performed by the same small health team.
- Give them more chances to access assistance in the final mile.
- Facilitator of equity in service provision
- Increasing the reach of targeted actions

Methodology

Methods: A case study of the IPRtoSD approach that involved integrating the COVID-19 vaccination program with the Yellow Fever and/or Measles supplemental immunization program and/or the Vitamin A supplement Program in 24 states, Nigeria, conducted between 2022 -2023 was reviewed. The purpose was to explore promising practices from IPRtoSD implementation, learnings from this approach, and factors for consideration in applying and transferring this approach. The Federal Government of Nigeria through the NPHCDA planned to conduct Measles, Men A, and Yellow Fever Supplemental Immunization Activities (SIAs) in 26 states plus FCT in 2022. In line with the Agency's priority, the planned SIAs were integrated with routine immunization in 114 LGAs with a high number of unimmunized children across 20 targeted states, COVID-19 mass vaccination, and Vitamin A supplementation. The strategy for delivery of this integrated service will be through the preset SIAs 90% fixed and temporal fixed post. The duration of the measles/MenA campaign was 6 days and yellow fever 10 days plus mop-up.

Result

The IPRtoSD approach reached more targets within a shorter period. Higher uptake of COVID-19 vaccination services was seen in caregivers who leveraged the opportunity of presenting their children for the childhood vaccination program. Subsequently, more infants were seen to have been vaccinated whose caregivers leveraged the opportunity of receiving the COVID-19 vaccination to enable the completion of childhood vaccination for their children. Several factors were considered in this IPRtoSD implementation, including age group/target client for each service, client wait time, supply and cold chain logistics, human Resources, Financial resources, and coordination mechanisms.

Best Practice

- Readiness assessment data guided implementation decisions
- The vaccination was tailored to the local context, for example, evening vaccination for farming/fishing communities. Supportive supervision is required for the success of the integration (drawing supervisors from various programs including partners, Zones/states).
- The advance team's deployment aided in accelerating pre-implementation efforts.
- Delayed logistics and advocacy communication social mobilization ASCM funding transfers from states to LGAs had an impact on the start of ASCM activities and the motivation of vaccination teams.
- In the stream 1 implementing states, the integration strategy had increased RI coverage and daily COVID-19 uptake.
- To close the human resources cold chain and equipment CCE gaps, implementation must be staggered.
- It is possible to integrate supplementary immunization activities with primary health care services, but this requires careful planning and adequate funding.

Conclusion

The approach highlights some promising practices including shared decision-making across program stakeholders and the harmonization of tools, systems, and processes. Lessons learned include that successful IPRtoSD benefits from defined roles, transparency, and equal and active involvement. However, an efficacious IPRtoSD approach depends on an effective and efficient planning process founded on shared goals and objectives, a strong coordination platform, and sensitization of stakeholders. This approach offers an opportunity for cost and time savings, more effective use of human resources, and overall health system strengthening.

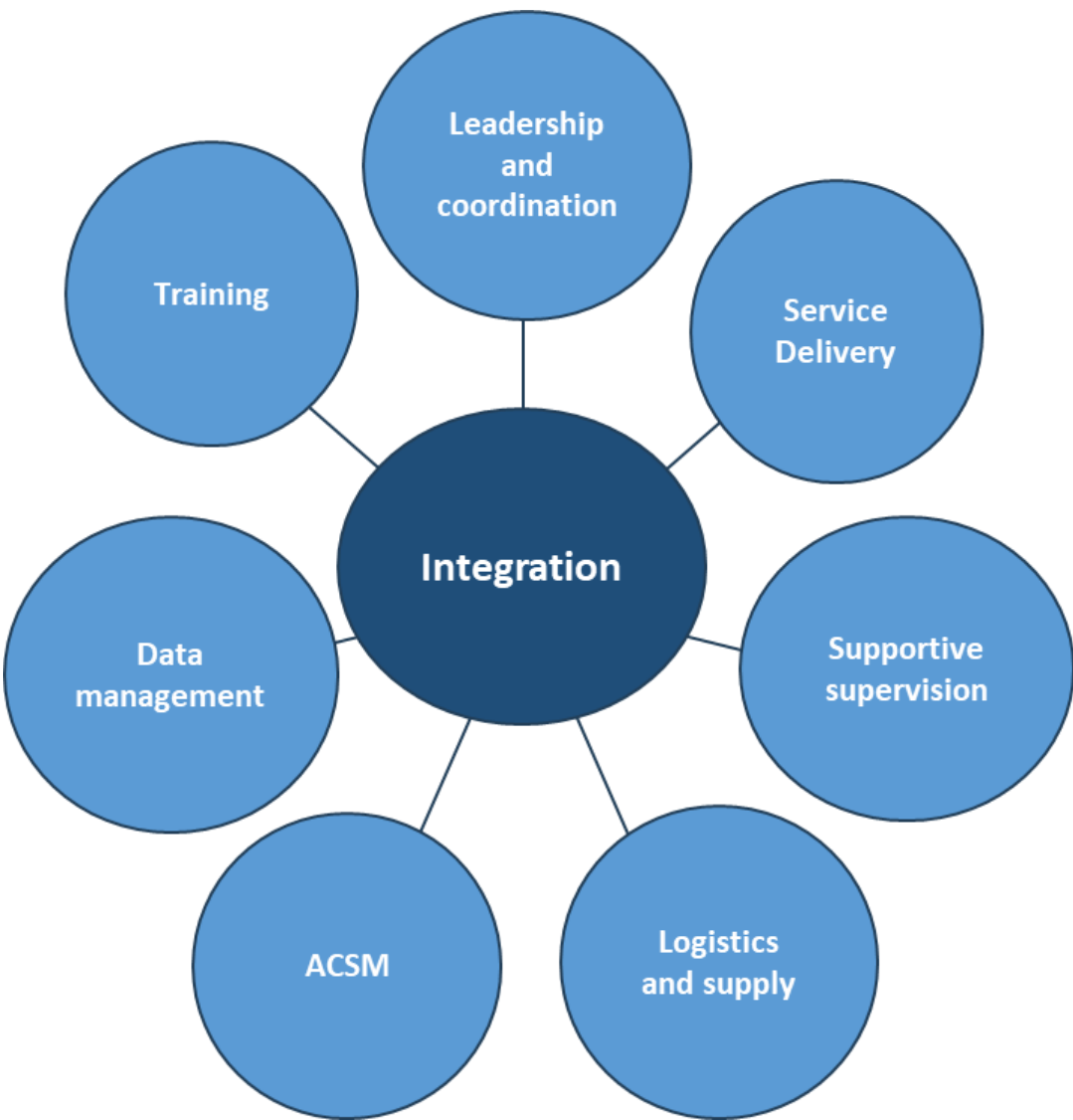


Figure 1: Thematic Areas for planning and implementation of integrated campaign in Nigeria

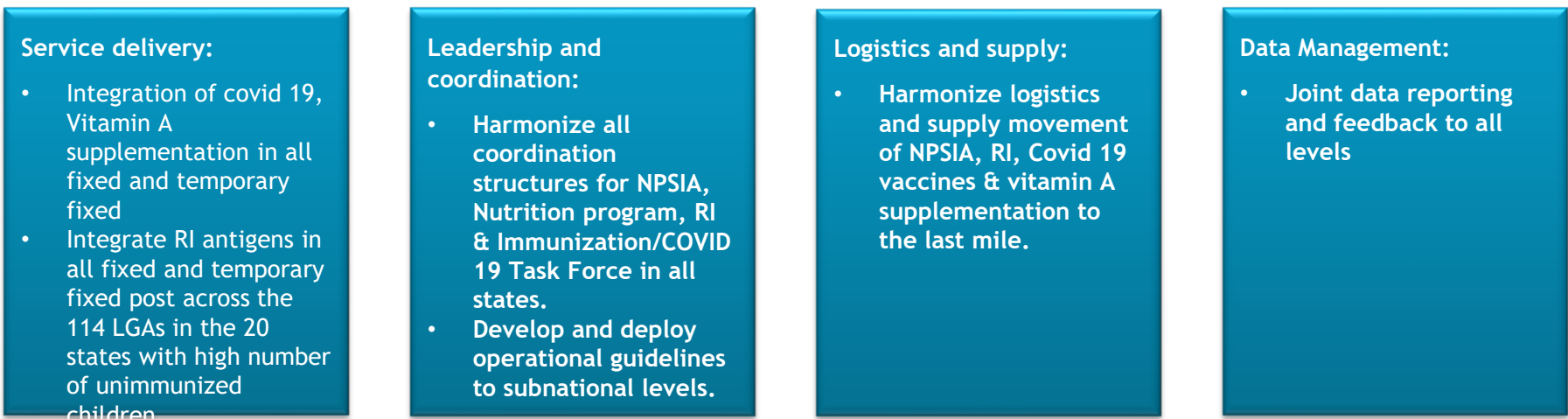


Figure 2: Integrated approach across some thematic areas for 2022/2023 Integrated mass vaccination campaign

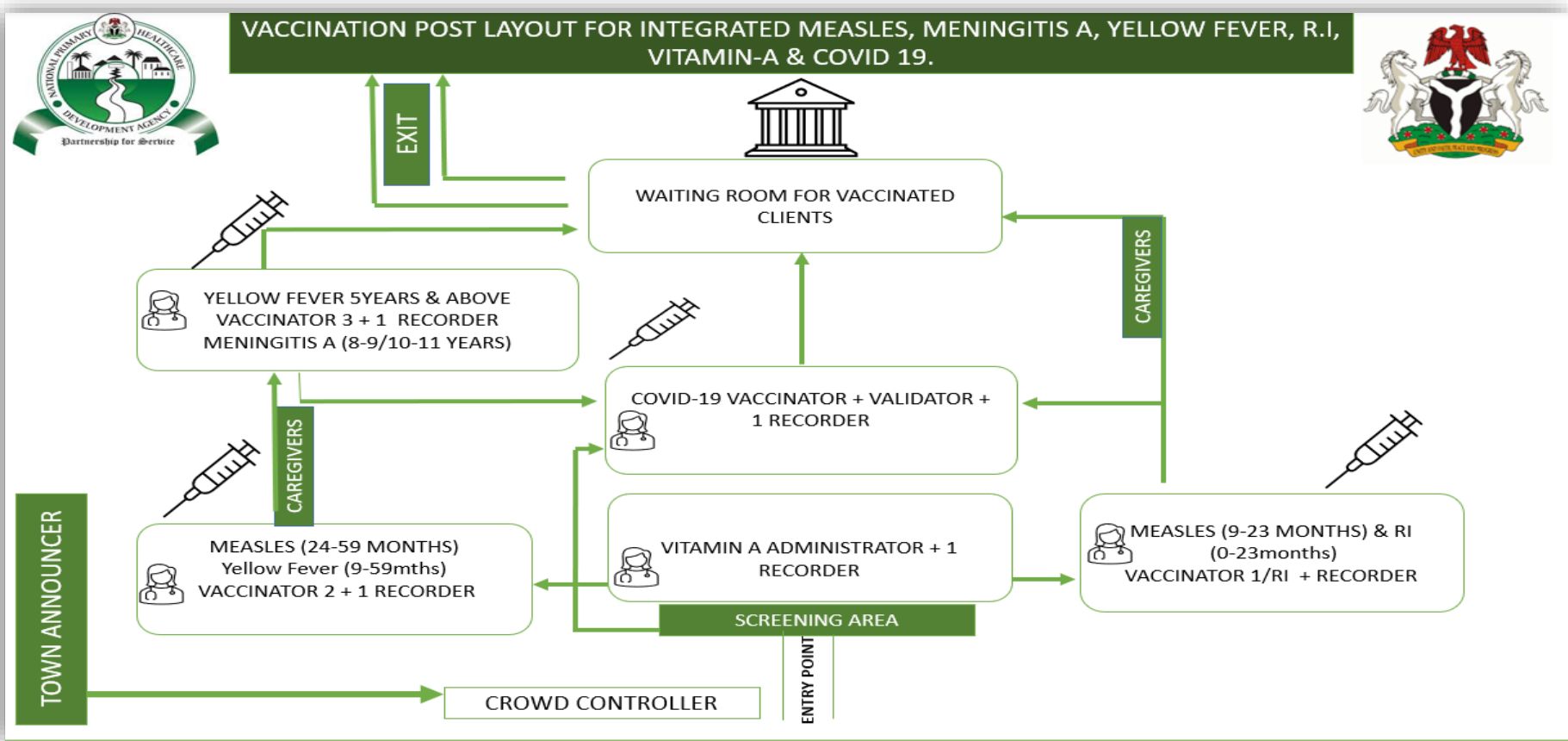


Figure 3: An integrated vaccination post layout: 2022/2023

State	Total pop	Target pop	HBV given	Bopv g	IPV given	Penta1 given	Penta2 given	penta3 given	pcv given	vitamin A given	Measles vaccinated	MenA vaccinated	Yellow Fever vaccinated
Bauchi	451,702	29,088	699	10,186	6,418	3,975	2,788	2,844	8,303	3,230	44,660	26,581	1,677
Benue	400	37	2	5	3	3	3	3	3	2	3	3	3
FCT	2,171,993	357,274	956	4,321	1,691	1,077	1,072	1,161	2,564	21,961	20,618	11,756	494
Gombe	421,572	122,027	2,110	15,294	6,165	5,399	2,135	1,947	8,482	21,373	20,269	9,649	70,211
Igawa	7,426,927	346,062	4,054	20,242	11,003	7,006	5,752	5,927	17,645	268,982	164,865	80,815	5,009
Kano	37,977,790	8,533,429	24,290	101,252	69,944	50,894	41,070	43,623	85,275	10,427	83,640	39,145	3,790,047
Lagos	189,704	24,941	129	16,283	718	552	277	336	1,036	26,801	16,790	526	367
Nasarawa	4,267,553	36,279	1,313	15,566	8,626	6,073	3,808	3,900	11,993	730	511,471	167,088	3,206
Niger	189,495	8,433	944	3,514	1,862	1,254	623	736	2,578	4,373	23,933	192	422
Ogun	247,987	91,052	299	9,106	486	377	203	352	898	-	15,971	39	32,196
Ono	189,911	8,242	989	6,655	3,549	2,042	1,951	1,840	5,621	3,334	3,683	3,683	3,893
Plateau	157,077	14,546	1,125	4,168	2,506	1,779	1,167	1,207	3,840	219	11,556	5,746	1,398
Zamfara	263,958	47,518	2,409	9,572	4,735	4,282	2,311	2,541	6,969	18,443	21,072	15,454	6,273
Total	53,956,069	9,618,928	39,319	216,164	117,706	84,713	63,160	66,417	155,207	379,875	938,531	360,677	3,915,196

Figure 4: Integrated RI antigens during the 2022/2023 Q1 mass vaccination campaigns

Total number of states	Total Number of LGA	Total number of Wards	Number of implementation days	Integrated Delivery					
				Measles Target (17% of Total Population)	Yellow Fever Target (85% of Total Population)	Men A Target (7% of Tot Population)	COVID-19 Target (60 per team per day)	Vit A target (18% of the total pop)	BR Target (60 per team per day)
24	492	5913	10	19,950,305	22,836,863	2,881,230	13,871,520	6,735,673	7,180,440

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