FAQs on Integrating COVID-19 vaccination

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Draft developed by WHO in collaboration with MMGH Consulting based on country questions and in alignment with the content of the WHO – UNICEF guidance on [*Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond.*](#)

1. What is COVID-19 vaccination integration?

> **COVID-19 vaccination integration is:**
>
> 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*.*
>
> **WHO / UNICEF Considerations for Integrating COVID-19 Vaccination, page 11.**

[1]

The COVID-19 vaccination response was the fastest and most complex vaccination campaign in history. Despite the remaining unknowns about COVID-19, countries can plan for a sustainable and integrated COVID-19 vaccination strategy as part of national immunization programs (NIP), primary health care (PHC) and other health services. All COVID-19 integration activities must be based on national objectives, disease burden, immunization and PHC interventions, as well as availability of services.

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[1] *Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond*. https://www.who.int/publications/i/item/9789240064454

2. When is the right moment to plan and implement the integration of COVID-19 vaccination operations?

Now. Start planning for integration as soon as possible, if it has not already begun. Integration is an iterative process that requires coordination with different health programs to transition COVID-19 vaccination into existing or newly established service delivery platforms. Each country will plan and implement integration according to its existing systems and needs. Full integration may not be ideal for all countries; some may choose to integrate COVID-19 vaccination into selected components of their program.

3. Why should COVID-19 vaccination be integrated into PHC and other health services?

COVID-19 disease is still circulating. And while the future need for additional boosters and the risk of outbreaks is uncertain, COVID-19 vaccination remains an important public health intervention. Integrating COVID-19 vaccination into essential immunization and PHC programmes can expand protection; increase programme efficiency; and help countries to capitalize on COVID-19 investments and lessons learned. For example, health system tools used during the COVID-19 pandemic (e.g., digital health, social listening, SMS reminders, different training formats) can be built upon and integrated into NIPs and PHC services.

Integration is also an opportunity to use a people-centred approach to reach high-risk populations outside of the traditional immunization schedule and to provide access to PHC services at the same time. (See *Considerations* for further discussion on the rationale for integration, pages 6-9.)

4. What are the short-term benefits of integrating COVID-19 vaccination?

Examples of short-term benefits and efficiencies at country level include:

- Planning and implementing COVID-19 vaccination with other health agencies and partners to help avoid overlap and duplication of activities.
- Integrating other adult vaccines (e.g., influenza, cholera) into a COVID-19 campaign.
- Coordinating logistics and social mobilization activities to reach a wider population with vaccination, health messaging, and provision of PHC services.
- Using vaccination supply chains and logistics to distribute vaccines (including COVID-19 vaccines) and PHC supplies.
- Integrating digital tools established for COVID-19 vaccination for NIPs.
- Repurposing virtual training used during the pandemic to update health workers skills and learning on immunization and other health services.

5. What are the longer-term benefits to integrating COVID-19 vaccination?

Examples of longer-term benefits and efficiencies at country level include:
- Integrating COVID-19 vaccination with the National Immunization Programme/PHC plans will build into the National Immunization Strategy (NIS) and the National Health System Strengthening Plan (NHSSP).
- Integrating training will facilitate the update of health worker knowledge and skills on new policies and practices.
- Enhancing national capacity will strengthen the delivery of vaccination and other PHC services to all age groups.
- Expanding use of COVID-19 lessons learned and innovations will increase efficiency across programmes.
- Strengthening adult immunization services will facilitate the delivery of COVID-19 booster doses and other services for at-risk adults and older populations.

6. What are some of the potential risks to consider?

Some potential risks are listed below. Talk to colleagues in the immunization and PHC programmes about potential risks and strategies to overcome them.
- **Different logistics for different vaccines.** Include logisticians to help plan transportation and storage needs for all the vaccines/PHC services to be delivered.
- **Vaccine hesitancy for COVID-19 may spill over** to other immunization, PHC, or other health services. Meet with community leaders to discuss vaccination/PHC services; talk to community members about different interventions and their experience with health services; and use social listening to identify rumours on social media and prepare responses.
- **Integrated services can be labour-intense** for health workers who may already feel overstretched. Plan for sufficient human resources; use efficient management practices; and conduct supportive supervision to understand staff concerns, provide feedback and help identify solutions.
- **Costs and insufficient funding**. Pay attention to the costs and budgeting for integration. Is it more expensive to integrate certain interventions? Is there sufficient financing? Are there different agencies or partners who could help support an integrated campaign?
  (See *Considerations* for further discussion on the benefits and risks of integrating COVID-19 vaccination, pages 14-16.)

7. Is integration of COVID-19 vaccination into NIPs a way to promote COVID-19 vaccination for children?

Integration of COVID-19 vaccination is not an optimal method for promoting COVID-19 vaccination for children. The updated WHO Strategic Advisory Group of Experts on Immunization (SAGE) roadmap of March 2023 identifies high-priority use groups for COVID-19 vaccination: older and oldest adults; pregnant

people/adolescents; people with significant comorbidities; and frontline health workers (https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccines-SAGE-Roadmap). Children, except those with comorbidities, are in the lowest priority-use group. Integration of COVID-19 vaccination is not a way of promoting COVID-19 vaccination for children. However, providing different vaccines at a common venue creates efficiencies, reduces operational costs, and provides an opportunity to reach multiple age groups, including children.

8. What are the recommended steps to plan and implement integration of COVID-19 vaccination?

Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond." [1] lists four key steps to operationalize COVID-19 vaccination integration. (See *Considerations* for a full description of the steps, pages 18-28.)

> **Step 1: Initiating/building on the integration process.** Working groups plan, coordinate, implement and monitor integration, in collaboration with different government entities, programmes and partners.
>
> **Step 2: Planning and preparatory phase; develop a country-level COVID-19 vaccination integration plan.** The plan should be based on national COVID-19 policy, mapping of high-risk groups and potential areas for integration.
>
> **Step 3: Implementation and monitoring.** The working group will define indicators to monitor COVID-19 vaccine integration and to be reported through regional and global reporting systems.
>
> **Step 4: Post-integration follow-up actions**. Integration will be continually assessed to identify factors that affect implementation, outcomes, and coverage.

9. Do we need to create a new working group for the integration of COVID-19 vaccination?

No. Existing EPI-related or COVID-19 vaccination technical working groups or taskforces can be repurposed for COVID-19 vaccination integration. (See Considerations for more detail on Step 1, page 18.)

10. How do we assess a country readiness for COVID-19 integration?

Step1 encourages countries to conduct a situational analysis, which can be done using the readiness assessment checklist in Annex 3 of *Considerations*. The checklist gives countries a good understanding of their current state of integration across the health system. Not included in this guide is the Integration Self-Assessment tool, currently under development, that countries can use to conduct a situational analysis of COVID-19 integration and identify strengths and focus areas.

11. What other interventions/service delivery strategies can be provided at the same time as COVID-19 vaccination?

Service delivery strategies and areas for integration depend on the country context. A non-exhaustive list is included Table 1 in the *Considerations* document (pages 22-27). The table includes approach; location and services; the target population; level of integration; and health system implications. Elements that could affect COVID-19 vaccination integration include population immunity; public health goals; the evolution of the virus; and the trajectory and seasonality of the epidemic.

12. What are the elements to consider when defining a country's service delivery options?

The working group on COVID-19 integration will need to assess the degree of integration already completed and existing collaborations between the different programs. They should look for changes in cost and efficiency, health workforce requirements, logistics and seek community input on their preferred choices and options.

The WHO SAGE Roadmap (March 2023) has been updated to include Omicron and its sub-lineages as the dominant circulating variants of concern. The WHO SAGE continues to assess data on the safety and effectiveness of COVID-19 vaccines and will adapt the Roadmap in the event of significant changes in COVID-19 disease epidemiology, or changes in vaccine attributes that are relevant to the Roadmap.

The National Immunization Technical Advisory Group (NITAG) (or equivalent body) monitors national evolution of SARS-CoV-2 transmission. The NITAG continually reviews scientific literature and remains informed on SAGE recommendations to determine whether national COVID-19 vaccination policy needs updating.

Always stay informed on national COVID-19 vaccination policy. International recommendations can be found here   https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-vaccines

13. How can a country integrate COVID-19 vaccination operations into its existing governance, planning, and financing structures?

Identify the governance structure that can facilitate coordination between agencies and work with them, as well as NIP and PHC managers, to develop an integration plan. This plan should identify areas for efficiency (e.g., joint microplanning, political advocacy); ways of leveraging and pooling resources; and possibilities for joint procurement. (See Table 2 in *Considerations* for integration actions/investments in different health system building blocks, pages 25-27.)

14. How can a country integrate supply chain and waste management?

Build on existing supply chain and waste management planning and information management structures to estimate storage, cold chain, and distribution capacity needs for delivery of additional vaccines and medical products. Be sure to estimate the increased wastage due to integrated activities. (See Table 2 in *Considerations* for integration actions/investments in the different health system building blocks, pages 25-27.)

15. How can a country integrate human resource management and training?

Jointly estimate human resource needs, including community health workers, to expand integrated services within existing or new service points/platforms. Be sure to consider training/skill needs for the new services and possible efficiencies to reduce pressure on health staff. (See Table 2 in *Considerations* for integration actions/investments in the different health system building blocks, pages 25-27.)

16. How can a country integrate demand and community engagement?

Meet with community-based organizations, community leaders and others involved in community health (immunization, PHC, MNCH). Work with them on an integrated communication approach that includes COVID-19 vaccination. Identify opportunities for co-creation activities, local solutions, and opportunities for research on behavioural and social drivers of vaccination. (See Table 2 in *Considerations* for integration actions/investments in the different health system building blocks, pages 25-27.)

17. How can a country integrate data systems and monitoring?

Build on existing monitoring systems to include vaccination of COVID-19 high-risk groups. This includes data platforms, vaccination reporting systems, and AEFI surveillance systems. (See Table 2 in *Considerations* for integration actions/investments in the different health system building blocks, pages 25-27.)

18. What are the funding needs for integration of COVID-19 vaccination?

The funding needs for integration will vary (depending on what activities or systems are being integrated) and based on the country context. For co-delivery, the costs of delivering each intervention along with possible efficiency gains from co-delivery should be considered. (See of *Considerations* for a list of possible costs and budget needs, page 25.)

19. Which indicators should be used to monitor integration of COVID-19 vaccination?

Countries may already have indicators to monitor COVID-19 vaccination integration, so review those first. The following are some proposed indicators to monitor progress:

- COVID-19 vaccination coverage rate (primary and booster dose) by high-risk groups (older and oldest adults, people with comorbidities, pregnant adults, frontline health worker).
- Trend in number of zero-dose children (DTP1 and DTP3 coverage) as an indicator for EPI and PHC performance.
- Positive and negative impacts of integrating COVID-19 vaccination into PHC and immunization programmes.

20. How can a country monitor the implementation of the integration process?

The working group on COVID-19 integration is responsible for defining indicators to include in the monitoring and evaluation plan. Members of the working group will work closely with national and sub-national managers to help identify bottlenecks and monitor progress.