

Mutually Strengthening Immunization and Primary Health Care

A technical brief to accompany the Immunization for PHC: Framework for Action

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Introduction

The COVID-19 pandemic has caused global reversals of gains in immunization, primary health care (PHC), and social, educational, and economic development. The lasting implications of the COVID-19 pandemic will be lasting and transformative.¹ COVID-19 has had a negative effect on both domestic financing and Overseas Development Assistance (ODA) for health.^{2,3} Adding to the pressures on the domestic fiscal situation is the possibility that ODA for health will tighten as developed economies respond to the prolonged recessionary effect of COVID-19.⁴ Coverage of childhood immunization has declined since the start of the pandemic, with 25 million infants missing basic life-saving vaccines in 2022, and the lowest global coverage of DTP3 vaccine in 30 years.⁵ Countries must catch up, recover, and strengthen immunization and PHC services.

As the global introduction and rollout of COVID-19 vaccines reinforced, outbreaks such as Ebola and COVID-19 have shown that countries with strong PHC systems and platforms, including essential public health functions, are able to mount faster responses to emergencies. Reaching zero-dose children and missed communities will require focused efforts to leverage opportunities in PHC systems and services, and mutually reinforce immunization and PHC.^{6,7,8}

Strengthening PHC, as part of overall health system strengthening efforts, is essential to achieving universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs).⁹ At the 2018 Global Conference on Primary Health Care in Astana, Kazakhstan, countries adopted the *Declaration of Astana*, reaffirming their commitment to strengthen PHC as the foundation for achieving UHC and SDGs. PHC is a whole-of-government and whole-of-society approach to health that combines multi-sectoral policy and action, empowered people and communities, and essential public health functions as the core of integrated health services.¹⁰

¹ World Bank. 2020. Global Economic Prospects, June 2020. Washington, DC, World Bank. DOI: 10.1596/978-1-4648-1553-9. License: Creative Commons Attribution CC BY 3.0 IGO.

² IMF. (2020). *World Economic Outlook: The Great Lockdown April 2020*. www.imf.org/en/Publications/WEO/Issues/2020/04/14/weo-april-2020.

³ Development Initiatives. (2020). *Coronavirus and Aid Data: What the Latest DAC Data Tells Us*. devinit.org/publications/coronavirus-and-aid-data-what-latest-dac-data-tells-us/#section-1-4.

⁴ Tracking COVID19 financial response and for tracking funding: <https://fts.unocha.org/appeals/952/summary>.

⁵ Unicef. 2022. COVID-19 pandemic fuels largest continued backslide in vaccinations in three decades. 14 July 2022. Available online [<https://www.unicef.org/press-releases/WUENIC2022release>].

⁶ Scott V, Crawford-Browne S, Sanders D. Critiquing the response to the Ebola epidemic through a Primary Health Care Approach. *BMC public health*. 2016;16:410. doi:10.1186/s12889-016-3071-4.

⁷ Denny, L., Mallett, R., Jalloh, R., 2015. After Ebola: why and how capacity support to Sierra Leone's health sector needs to change. Secure Livelihoods Research Consortium Overseas Development Institute (ODI).

⁸ WHO. 2022. Guiding principles for recovering, building resiliency, and strengthening of immunization in 2022 and beyond. Available online at [<https://www.technet-21.org/en/library/main/7945-guiding-principles-for-recovering,-building-resiliency,-and-strengthening-of-immunization-in-2022-and-beyond>].

⁹ A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals". Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2018 (WHO/HIS/SDS/2018.X). Licence: CC BY-NC-SA 3.0 IGO

¹⁰ WHO Executive Board document EB146/5.

Catch up, recovery, and getting back on course to reach Immunization Agenda 2030 (IA2030) goals will require alignment and simultaneously strengthening immunization and PHC.

PHC has three main goals: 1) meet people's health needs through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course; 2) systematically address broader determinants of health through evidence-informed public policies; and 3) empower individuals, families, and communities to optimize their health as advocates for PHC policies and services. These are encapsulated in the 14 levers of the WHO/Unicef [PHC operational framework](#), in the form of practical actions and interventions to accelerate progress in strengthening PHC systems and services as part of a comprehensive and whole of society approach to achieving UHC.¹¹ PHC-oriented health systems accelerate UHC to ensure that all people obtain the health services they need, without suffering financial hardship.

Making health systems resilient and prepared to manage future pandemic threats will require substantial, quality-driven, and efficient health systems strengthening.¹² Investing in appropriately integrated health systems will enable countries to sustain essential good-quality health services for all, even during an emergency. A PHC approach is the most cost-effective way to achieve and sustain UHC as new public health threats arise.

Similarly, the [Immunization Agenda 2030: A Global Strategy to Leave No One Behind](#) positions immunization programs for PHC and UHC as an overarching strategic priority. Immunization is a critical component of PHC and offers a clear entry point for multi-sectoral efforts to strengthen PHC more broadly. Given the widely lauded strengths of immunization programs, there is an opportunity to build on these strengths to benefit other programs within PHC. Similarly, strong PHC programs are necessary to ensure uptake of vaccines across the life-course, and have an important role in integrating COVID-19 vaccination into routine systems. This is particularly apparent for vaccines administered at different ages (e.g., HPV and COVID-19).

This concept note seeks to develop a common understanding of how to apply "PHC for UHC" and operational guidance to achieve IA2030 goals. It is accompanied by a set of briefing notes that explore ways to use the dual opportunities of implementing IA2030 and the PHC agenda to strengthen routine immunization services. For example, the first brief in the series examines how COVID-19 vaccine introduction can strengthen routine immunization services through national efforts to implement the PHC agenda.

Immunization

Immunization is the prototypical community-based activity that exemplifies PHC across multiple levers. Robust routine immunization services can play a critical role in the delivery of non-immunization health interventions (e.g., vitamin A, micronutrients, deworming, bed nets, growth monitoring).¹³ Considering immunization through the lens of PHC-oriented health system strengthening helps ensure that immunization services are aligned with, supportive of, and supported by all relevant institutions and programs.

¹¹ Primary health care. Draft operational framework Primary health care: transforming vision into action Report by the Director-General, world health assembly EB146/5, 19 December 2019.

¹² [Building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond: WHO position paper.](#)

¹³ WHO. Working together: an integration resource guide for immunization services throughout the life course. 2018. <https://apps.who.int/iris/handle/10665/276546>.

IA2030 sets a global vision and strategy for vaccines and immunization for 2021–2030, and intends to align the activities of community, country, regional, and global stakeholders. Its success will depend on building and strengthening partnerships within and outside the health sector as part of coordinating efforts to achieve UHC, establish resilient and equitable health systems, and accelerate progress toward the 2030 SDGs.

IA2030 has seven strategic priority areas. The first, Immunisation Programmes for Primary Health Care/Universal Health Coverage, applies to and informs the others. IA2030 also aligns with and focuses on the contributions of countries, development partners, and civil society to:

- 1) Maintain and recover immunization and other essential PHC during COVID-19.
- 2) Rapidly and equitably scale-up COVID-19 vaccine access and immunization, particularly among the highest priority populations.
- 3) Support integration of COVID-19 vaccination into immunization programs and PHC.¹⁴
- 4) Support efforts to catch up, recover (by 2024), and strengthen immunization (by 2025).¹⁵

For immunization programs to strengthen PHC through IA2030, domestic financing, ODA, and accompanying technical assistance (TA), they must be harmonized across the spectrum of development partners, and aligned with national contexts, capacities, and priorities. Further, health ODA and TA must be contextualized so that they clearly align with domestically defined priorities for health and enhance national institution capacity to deliver routine immunization and PHC services. Even in the most fragile settings, local authorities should be partners in deciding on priorities and allocations of resources for health. Within countries, this demands greater efforts in coordination across health and broader programs. National commitment and leveraging ODA can help resource and promote this coordination.

The predominant health ODA in low-income countries to strengthen routine immunization services is provided by bilateral funders, foundations, and Gavi, the Vaccine Alliance (Gavi). Gavi's strategy for 2021–2025, called Gavi 5.0, includes a goal to strengthen PHC systems to increase immunization equity. To achieve this, one of its main objectives is to help countries build a stronger PHC platform so they can extend immunization services to under-immunized and zero-dose children regularly.

Primary Health Care

The WHO/Unicef operational framework for PHC outlines three components (see theory of change in Figure 1): integrated health services with an emphasis on primary care and essential public health functions; empowered people and communities; and multi-sectoral policy and action, each of which links to immunization. Immunization and PHC program managers can contribute to advancing integrated health services by supporting integration at the policy, management, and service delivery levels. Program managers can engage local stakeholders and health providers in priority setting, planning, and deciding on immunization and PHC services. Finally, multi-sectoral policy and action can be strengthened through advocacy for greater collaboration across health and non-health sectors, for example by advocating for Health in All Policies approaches.

¹⁴ <https://www.technet-21.org/en/knowledge-hub/main/8023-considerations-for-integrating-covid-19-vaccination-into-immunization-programmes-and-primary-health-care-for-2022-and-beyond-?Itemid=1758>.

¹⁵ <https://www.technet-21.org/en/knowledge-hub/main/7945-guiding-principles-for-recovering,-building-resiliency,-and-strengthening-of-immunization-in-2022-and-beyond?Itemid=1758>.

The 14 levers of the WHO/Unicef PHC theory of change (Figure 1) can help countries use health ODA and domestic resources to put in place a virtuous circle in which immunization efforts strengthen PHC and PHC strategies promote immunization throughout the life-course. Table 1 provides examples of using PHC levers to strengthen immunization services.

Figure 1. WHO/Unicef Primary Health Care Theory of Change

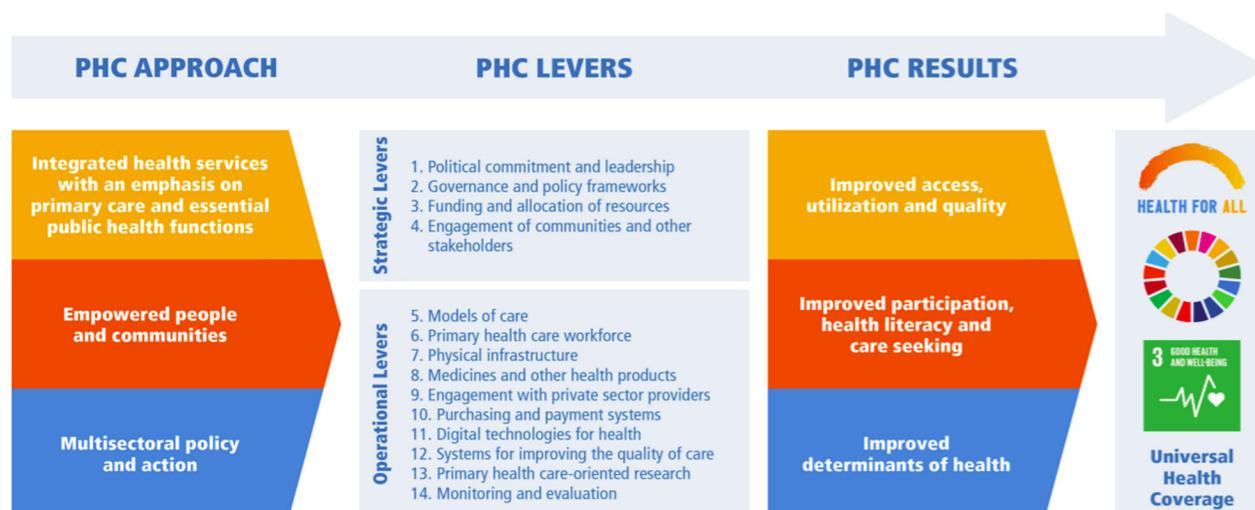


Table 1. Using the PHC Operational Levers to Mutually Strengthen Immunization and PHC Services

PHC lever	Description	Immunization activities to support it
Core strategic levers		
Political commitment and leadership	Political commitment and leadership that place PHC at the heart of efforts to attain UHC coverage and recognize the broad contribution of PHC to the SDGs.	Promote the importance of immunization as a component of PHC and expanding its reach, and the importance of PHC in expanding the reach of immunizations.
Governance and policy frameworks	Governance structures, policy frameworks, and regulation in support of PHC that build partnerships within and across sectors, and promote community leadership and mutual accountability.	Develop national immunization strategies in collaboration with PHC stakeholders, civil society organizations (CSOs), and multi-sectoral partners. Ensure EPI programs participate in the development of PHC strategies and national health plans.
Funding and allocation of resources	Adequate and sustainable financing for PHC that is allocated to maximize financing protection, promote equity, and enable	Ensure that sufficient funding for immunization is integrated into domestic public budgets for overall PHC. Advocate for flexible ODA (e.g.,

PHC lever	Description	Immunization activities to support it
	access to high-quality care and services.	Gavi) aligned with the overall PHC planning process and goals and not limited to immunization. Advocate for increased funding for PHC, with an emphasis on strengthening the health workforce and supporting the coordination functions required for effective service integration.
Engagement of communities and other stakeholders	Engage communities and other stakeholders from all sectors to define problems and solutions and prioritize actions through policy dialogue.	Use CSOs, health workers, health committees, and leaders' networks to promote immunization and other PHC interventions simultaneously.
Operational levers		
Models of care	Models of care that promote high-quality people-centred primary care and essential public health functions as the core of integrated health services throughout the life course.	Establish models to provide essential immunizations integrated with other health services throughout the life course to reduce missed opportunities for vaccination and improve health outcomes.
PHC workforce	Adequate quantity, competency, and distribution of a committed multidisciplinary PHC workforce that includes facility-, outreach-, and community-based workers who are supported through effective management, supervision, and fair compensation.	Advocate for policies to attract and retain health care workers at the PHC level, especially in remote settings. Integrate priority PHC topics into immunization training and vice versa. Ensure regular integrated supportive supervision visits for PHC and immunization. Develop standard operating procedures, training materials, and job aids for continuous learning and delivery of high-quality integrated services.
Physical infrastructure	Secure and accessible facilities to provide services with reliable water, sanitation, and waste disposal/recycling, telecommunications connectivity and power supply, and transport systems that can connect patients to other care providers.	Ensure that dry and cold chain storage facilities are compatible with other PHC needs; health facilities are designed to meet client needs and have adequate infrastructure; utility bills are cost-shared.

PHC lever	Description	Immunization activities to support it
Medicines and other products to improve health	Availability and affordability of appropriate, safe, effective, high-quality medicines and other products, through transparent processes.	Ensure efficient supply chains and management systems to support equitable distribution of vaccines and other PHC commodities (e.g., vitamin A, drugs, lab supplies).
Engagement with private-sector providers	Sound partnership between public- and private-sector providers for the delivery of integrated health services.	Strengthen private-sector providers' ability to deliver high-quality PHC services, including immunization.
Purchasing and payment systems	Purchasing and payment systems that foster reorientation of models of care toward more prevention and promotion, and care delivered closer to where people live and work. Such systems need to provide incentives for the delivery of high-quality primary care services and facilitate integration and coordination across the care continuum.	Ensure that immunizations and related supplies (home-based records, syringes, etc.) are at no cost to beneficiaries, including by eliminating indirect fees and reducing indirect costs (e.g., transportation and opportunity costs) by increasing outreach and improving delivery of services. Advocate for the inclusion of immunization within PHC benefits packages.
Digital technologies for health	Using digital technologies for health in ways that facilitate access to care and service delivery, improve effectiveness and efficiency, and promote accountability.	Use and scale digital technologies for immunizations (e.g., SMS reminder systems, electronic health registries) to facilitate integration with other PHC service areas.
Systems for improving the quality of care	Systems at the local, subnational, and national levels that continuously assess and improve the quality of integrated health services.	Promote performance improvement and quality improvement systems, tools, and processes that extend to all PHC areas, including immunization.
PHC-oriented research	Research and knowledge management, including disseminating lessons and using knowledge to accelerate the scale-up of strategies to strengthen PHC-oriented systems	Promote and prioritize research, particularly operational research, on the integration of immunization with other PHC services across the life-course.
Monitoring and evaluation	Health information systems generate reliable data to improve decision-making by local, national, and global actors.	Expand the scope of standing immunization coordination and review mechanisms (e.g., district review meetings) to include PHC services more broadly.

The IA2030 Immunization for Primary Health Care: Framework for Action

Following over a year of consultations with IA2030 working groups and with other immunization and PHC professionals, the IA2030 strategic priority 1 working group developed a framework that highlights ways that immunization and PHC policymakers and implementers can mutually strengthen PHC and routine immunization services. Specifically, the framework provides good practices from countries on how using a PHC-oriented approach—such as integrated microplanning, integrated supply chain and service delivery, and integrated health information systems—can improve core immunization functions, and how immunization can add value to PHC.

For more information, visit: <https://immunizationagenda2030.org/immunization-for-primary-health-care/>

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