# Immunization for Primary Health Care

## Framework for Action

IA2030

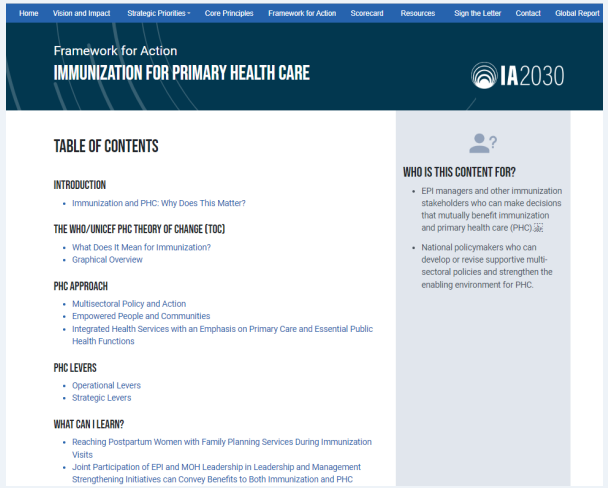
# Three Interconnected Tools

## Summary slide deck

You are here

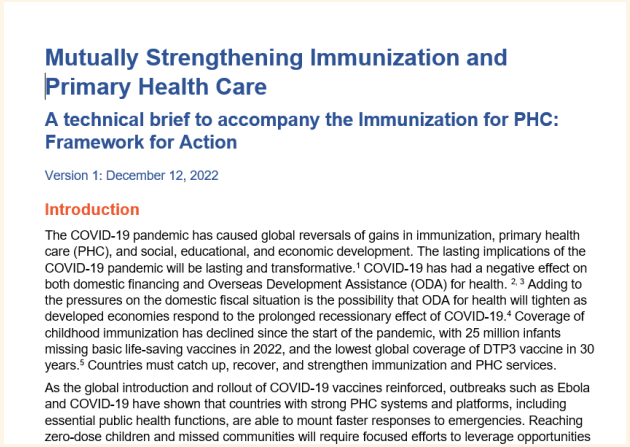
## IA2030 strategic priority 1 website

An interactive online version of this content at this link




## IA2030 Immunization for PHC: technical brief

A deep dive into this content at this link



## Who Is This Framework For?

- EPI managers and other immunization stakeholders who can make decisions that mutually benefit immunization and primary health care (PHC).
- National policymakers who can develop or revise supportive multi-sectoral policies and strengthen the enabling environment for PHC.

## What Does This Framework Include?

1. Immunization and PHC: Why Does This Matter? [slide 4]
2. The WHO/UNICEF PHC Theory of Change (TOC): What Does It Mean for Immunization? [slides 5-12]
3. Good Practices and Lessons from Other Countries [slides 13-18]
4. Actions You Can Take [slides 19-21]

# 1 Immunization and PHC: Why Does This Matter?

**Immunization is a critical component of PHC and offers a clear entry point for multisectoral efforts to strengthen PHC more broadly. Given the widely lauded strengths of immunization programs, an opportunity exists to build on this experience to benefit other programs within PHC.**

**Strong PHC programs are necessary to ensure uptake of vaccines across the life-course. This is particularly apparent for vaccines administered outside of childhood, such as HPV vaccine.**

EPI managers, who recognize and are already leveraging the synergies between immunization system strengthening and PHC, represent natural champions for PHC, given their experience putting people at the center of health services and promoting multisectoral action. This PHC framework, and the promising practices highlighted, are intended to showcase opportunities to leverage immunization to contribute to robust and strengthened PHC.

**These resources can be used to inform:**

- Advocacy to immunization program and ministry of health leadership around the role and relevance of immunization in strengthening PHC programs and PHC programs to strengthen immunization.
- Strategy development processes (including national immunization strategies and Gavi full portfolio planning) to ensure such processes are leveraged to include objectives and specific activities that can mutually reinforce immunization and PHC.

# 2 The WHO/UNICEF PHC TOC: What Does It Mean for Immunization?

In 2020, WHO and UNICEF released the **Operational Framework for Primary Health Care**[1], proposing 14 levers to accelerate progress in strengthening PHC oriented systems.

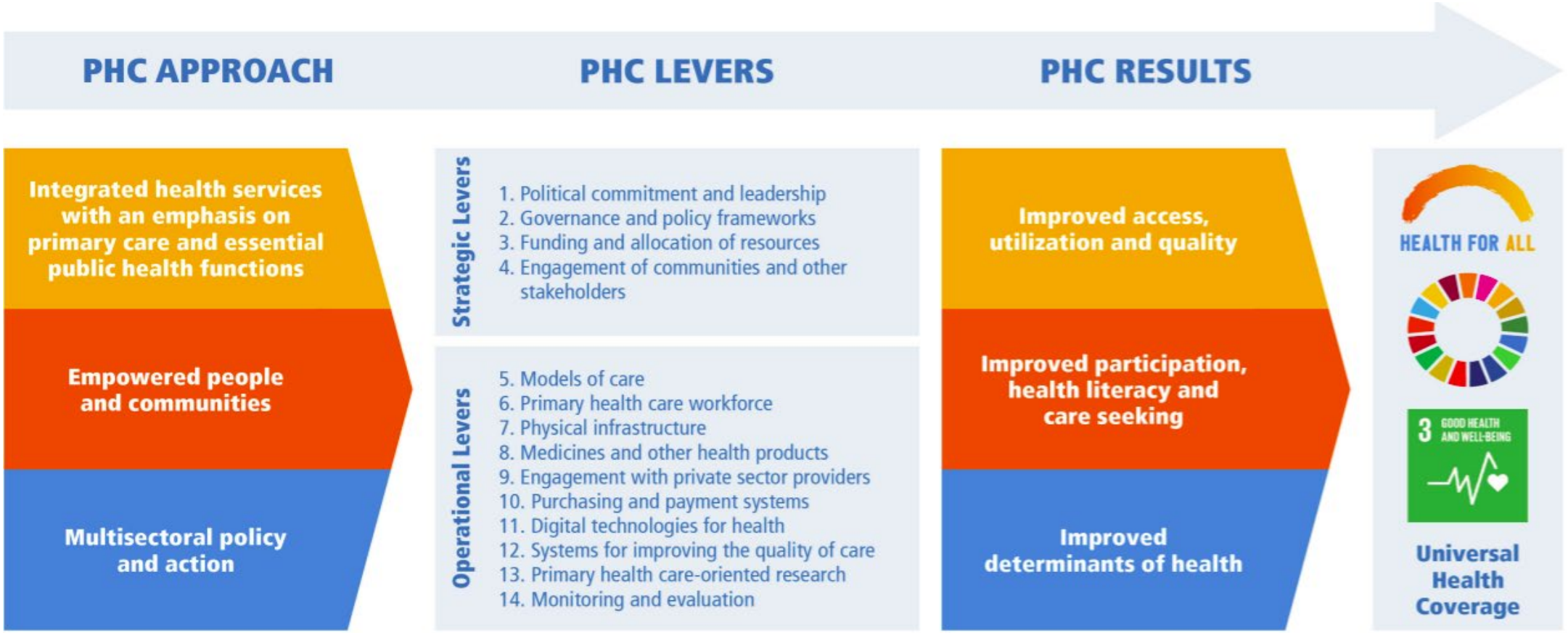
The TOC for this operational framework is displayed on the next slide.

**It aligns with the IA2030 strategic priority 1 goal:**

**Effective, efficient, and resilient immunization services are accessible to all people as an essential part of primary health care and thereby contribute to universal health coverage.**

1. Operational Framework for Primary Health Care: Transforming Vision into Action. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020. Available online [https://apps.who.int/iris/bitstream/handle/10665/337641/9789240017832-eng.pdf?sequence=1&isAllowed=y]

# The Immunization for PHC: Framework for Action is built on the WHO/Unicef PHC TOC



# 2 Integrated Health Services with an Emphasis on Primary Care and Essential Public Health Functions

**Integrated health services with an emphasis on primary care and essential public health functions**

***Brief definition:*** *Meeting people's health needs through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life-course, strategically prioritizing key health care services aimed at individuals and families through primary care and the population, with essential public health functions as the central elements of integrated health services.*

**Link to immunization: national immunization and PHC program managers and decision-makers can contribute to integrated health services by supporting the *integration of immunization into other health services* at the policy, management, and service delivery levels.**

- Integration of immunization into national and subnational health strategies and PHC packages of essential services.
- Integration of immunization and other health services at the service delivery level through coordination and integration of human resources, surveillance, supply chain, financing, and vaccine safety.

# 2 Empowered People and Communities

**Empowered people and communities**

***Brief definition:*** *Empowering individuals, families, and communities to optimize their health, as advocates of policies that promote and protect health and well-being, as co-developers of health and social services, and as self-carers and caregivers.*

**Link to immunization: national immunization and PHC program managers and decision-makers can empower people and communities by *continuously engaging local stakeholders and health providers in priority-setting, planning, and decisions* around immunization and PHC services.**

- Social factors (socioeconomic status, gender, race, ethnicity, location, education, etc.) present barriers to immunization access for marginalized communities that call for context-specific approaches and community perspectives to improve immunization outcomes.
- Local communities and health providers can help to design solutions that are more effective in addressing equity gaps in immunization including zero-dose and under-immunized children and gender gaps.

# 2 Multisectoral Policy and Action

**Multisectoral policy and action**

***Brief definition:*** *Systematically addressing the broader determinants of health (including social, economic, and environmental factors, as well as individual characteristics and behavior) through evidence-informed policies and actions across all sectors.*

**Link to immunization: national immunization and PHC program managers and decision-makers can contribute to multisectoral policy action by *advocating for greater collaboration and integration of policy approaches and data* across health and other sectors.**

- Government entities and departments that deal with social factors that influence health outcomes and immunization status are often siloed, hindering a holistic approach to cross-sector issues.
- A Health in All Policies (HiAP) approach, whereby health implications are systematically considered across *all* policy decisions in sectors beyond health (e.g. finance, education, gender, social welfare) is an important tool to foster multisectoral policy and action.

WHO's HiAP approach is grounded in principles of legitimacy, accountability, transparency, and access to information, participation, sustainability, and collaboration across the sectors of government. HiAP seeks to recognize and address systematically the potential health implications of policy decisions in an effort to avoid harmful outcomes and improve population health and equity.

# 2 PHC Levers

| Strategic levers | Description | Immunization actions to support this lever |
|---|---|---|
| **Political commitment & leadership** | Political commitment and leadership that place primary health care at the heart of efforts to attain universal health coverage and that recognize the broad contribution of primary health care to the Sustainable Development Goals. | Promote within government systems the importance of immunization as an essential component of PHC, its importance in helping to expand the reach of PHC, and the importance of PHC expansion in helping to expand the reach of immunizations. |
| **Governance & policy frameworks** | Governance structures, policy frameworks, and regulation in support of primary health care that build partnerships within and across sectors, and promote community leadership and mutual accountability. | Develop national immunization strategies in collaboration with PHC stakeholders, CSOs, and multi-sectoral partners. Ensure EPI programs participate in the development of PHC strategies and national health plans. |
| **Funding & allocation of resources** | Adequate and sustainable financing for PHC that is allocated to maximize financing protection, promote equity, and enable access to high-quality care and services. | Ensure that sufficient funding for immunization is integrated into domestic, public budgets for overall PHC. Advocate for flexible overseas development assistance (*e.g.,* Gavi) that is aligned with the overall PHC planning process and goals and not limited solely for immunization. Advocate for increased funding for PHC with an emphasis on strengthening the health workforce and supporting the coordination functions required for effective integration of services. |
| **Engagement of communities & other stakeholders** | Engagement of communities and other stakeholders from all sectors to define problems and solutions and prioritize actions through policy dialogue. | Use community engagement opportunities through CSOs, community health workers, health committees, local civil authorities, elected officials, and community leaders' networks to simultaneously promote immunization and other PHC interventions. |

# 2 Operational Levers

| Operational lever | Description | Examples for immunization |
|---|---|---|
| **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 of care 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 levels, and distribution of a committed multidisciplinary primary health care workforce that includes facility, outreach, and community-based health workers supported through effective management, supervision, and appropriate compensation. | Advocate for policies to attract and retain HCWs 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 (SOPs), training materials, and job-aids for continuous learning and delivery of high-quality integrated services. |
| **Physical infrastructure** | Secure and accessible primary care facilities to provide effective 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 well designed so that health services are easily identified; health facilities have sufficient budget for cost-sharing of utility bills and effective waste disposal systems are in place. |
| **Medicines and other health products to improve health** | Availability and affordability of appropriate, safe, effective, quality medicines and other health products, through transparent processes, to improve health. | Ensure that there are supply chains and supply chain management systems in place to support equitable distribution of vaccines and other PHC commodities (*e.g.,* vitamin A, drugs, lab supplies). |

# 2 Operational Levers

| Operational lever | Description | Examples for immunization |
|---|---|---|
| **Engagement with private-sector providers** | Sound partnership between public and private-sector providers for the delivery of integrated health services. | Strengthen private-sector providers to deliver high-quality PHC services, including immunization. |
| **Purchasing and payment systems** | Purchasing and payment systems that foster a reorientation in models of care towards more prevention and promotion, and towards care delivered closer to where people live and work. Such systems need to provide incentives for the delivery of quality primary care services and facilitate integration and coordination across the continuum of care. | Ensure that immunizations and their related supplies (home-based records, syringes, etc.) are at no-cost to beneficiaries, including elimination of indirect fees and reducing indirect costs (*e.g.,* transportation costs, opportunity costs) by increasing outreach services and improving delivery of immunization services. Advocate for the inclusion of immunization within PHC benefits packages. |
| **Digital technologies for health** | Use of 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) in ways that facilitate integration with other PHC service areas. |
| **Systems for improving the quality of care** | Systems at the local, sub-national and national levels to continuously assess and improve the quality of integrated health services. | Build upon existing systems for immunization system reflection and review at all levels to include PHC services in order to continuously assess and improve the quality and access of integrated immunization services across the life-course. |
| **Primary health care-oriented research** | Research and knowledge management, including dissemination of lessons, as well as the use of knowledge to accelerate the scale-up of successful strategies to strengthen primary health care-oriented systems. | Promote and utilize research and knowledge management including operational research and guidance on integration of immunization with other health services across the life-course, to strengthen PHC. |
| **Monitoring & evaluation** | Monitoring and evaluation through well-functioning health information systems that generate reliable data and support the use of information for improved decision-making and learning 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. |

# 3 What Can I Learn? Examples of Good Practices

**To identify good practices of immunization adding value to PHC we conducted a rapid scan of peer reviewed and grey literature, and sourced examples through outreach to immunization and PHC stakeholders. We mapped factors constraining and enabling these good practices to the levers in the WHO-UNICEF PHC TOC.**

**Limitations:**

- We did not conduct a systematic review of the literature on the link between immunization and PHC strengthening.
- We found a bias in the immunization literature toward measuring outcomes related to routine immunization (RI), but not measuring non-immunization outcomes related to PHC.
- As a result, we highlighted activities exhibiting a strong plausibility of contributing to strengthened PHC, even where empirical evidence is lacking. There is a need to more fully evaluate these approaches and other strategies whereby immunization seeks to strengthen PHC.

# 3 Integration of RI with Other PHC Services Can IncreaseDemand and Utilization

## Description:


Strengthening immunization and PHC represents an important strategic priority in **Nigeria**, as reflected in the 2018 Strategy for Immunization and PHC Systems Strengthening. In response to low immunization rates in Nigeria, the Nigerian Primary Healthcare Development Agency declared a state of public health concern and established the National Emergency Routine Immunization Coordination Center (NERICC) in 2017. NERICC launched Optimized Integrated Routine Immunization Sessions (OIRIS) in the 18 lowest performing states to improve immunization service delivery. OIRIS aim to strengthen the operationalization of the Reach Every Ward (REW) strategy with the integration of PHC services, interventions and commodities with immunization services[1], thereby providing caregivers with a wide range of services and health commodities during RI visits. Integration with other services could also increase demand for RI.

## Key pillars of OIRIS include:

1. Full optimization of REW to reach unimmunized children/communities.
2. Integration of RI with other services.
3. Intensified RI supportive supervision ownership – state PHC agencies drive improved RI performance and strengthened PHC.
4. Community engagement[2].

## PHC levers:

**Enabling factors**: Political commitment & leadership (proactive governance with state level PHC agencies driving improvements and improved management and coordination of resources); models of care (RI integrated with other PHC services and commodities to attract caregivers and strengthen service delivery); M&E (emphasis on data use for action); systems for improving quality of care (enhanced and integrated supportive supervision).

**Constraining factors**: PHC workforce (limited quantity of HCW limits capacity to integrate multiple services); physical infrastructure (lack of integrated central supply chain for immunization and PHC); funding & allocation of resources (funding gaps for health commodities)[3].

## Added value:

Contribution to RI: 83 percent of urban PHCs, secondary, and tertiary institutions in 18 priority states offer daily vaccination, compared to 29 percent at the outset and 76 percent of planned outreach.

Contribution to PHC: Not measured but attention to RI and integration with other PHC services could increase utilization of those services.

## When to consider this approach:

- In contexts where there is strong momentum around strengthening PHC, coupled with financial resources for reinvigorating RI and/or PHC.
- When developing national immunization strategies, Gavi full portfolio plans, and other policies and plans consider adding an objective committing to the integration of RI and PHC strategies, to be supported by specific interventions.

References:
1. WHO. NERICC – Nigeria's panacea to routine immunization and primary health care strengthening. 2019. https://www.afro.who.int/news/nericc-nigerias-panacea-routine-immunization-and-primary-health-care-strengthening
2. Nigerian Primary Health Care Development Agency. Optimized Integrated Immunization Sessions: an initiative of the Primary Health Care Development Agency. 2017. https://nphcda.gov.ng/wp-content/uploads/2022/06/Book-5-OIRIS.pdf
3. Bakunawa, G. Integration of immunization and other PHC services in Nigeria. Designing and implementing a new integrated service delivery strategy for immunization and PHC. 2020. https://www.linkedimmunisation.org/wp-content/uploads/2020/03/Key-consideration-for-integration-March-26-final-slides.pdf

# 3 Integrating PHC Health Commodities (e.g. oxytocin) into Immunization Supply Chains May Facilitate Expanded Access, at Least in the Short Term

**Description:**


In 2015, WHO and UNICEF issued a joint statement recommending integrating oxytocin into EPI cold storage where storage for oxytocin was inadequate[1].

In **Uganda**, in 2017, health facilities without adequate cold chain capacity for oxytocin were instructed by the MOH to leverage EPI cold chain systems, with Gavi providing support for more than 600 refrigerators containing specific compartments for oxytocin. Integration of oxytocin required the development of guidelines, SOPs and visual aids, implementation in two demonstration districts, then plans for scale-up throughout the country[2].

**Added Value:**

The EPI program, through cold chain upgrades supported by Gavi, was able to add value to PHC by strengthening access to safe and effective health products, in this case, oxytocin.

**PHC levers:**

**Enabling factors:** Political commitment & leadership (high level commitment & active involvement from MOH & partners); governance & policy frameworks (development of national scale-up plans and SOPs to guide implementation); physical infrastructure (Gavi investment in cold chain expansion included separate compartments for oxytocin); systems for improving quality of care (enhanced and integrated supportive supervision to ensure QoC).

**Constraining factors:** M&E (stock management forms were not integrated, therefore record keeping was a challenge); physical infrastructure (concerns about longer term sustainability should EPI add antigens and need additional cold chain space and an ongoing need for storage for other medical products; PHC workforce (concerns that HCWs could confuse oxytocin with vaccines).

**When to consider this approach:**

- In contexts where a comprehensive assessment of existing EPI cold chain capacity, policies and vaccine stock inventory (conducted prior to integration), indicates that sufficient space exists.
- Where EPI refrigerators already contain separate storage compartments for vaccines and diluents and other temperature-sensitive health products (e.g. oxytocin).
- When planning EPI cold chain upgrades, also consider storage needs for other PHC commodities. Reflect strategies in national immunization strategies, annual operational plans, Gavi full portfolio planning, etc.).

Reference:
1. WHO. Temperature-sensitive health products in the Expanded Programme on Immunization Cold Chain: A WHO-UNICEF joint statement encouraging greater health commodity supply chain integration for temperature-sensitive pharmaceuticals where appropriate. 2021. https://www.who.int/publications/i/item/WHO-2019-nCov-Immunization-Cold_Chain-2020.1
2. Management Sciences for Health. Integrating oxytocin into the EPI cold chain. 2020. https://msh.org/wp-content/uploads/2020/05/20-041_msh_final_narrative_report_final_03-13-2020_1.pdf

# 3 Linking Electronic Immunization Registries with Civil Registration and Vital Statistics to Increase Data Quality and Birth Registration

**Countries:** Costa Rica, Colombia, Brazil

## Description:

Electronic immunization registries (EIRs) are computerized information systems that record individualized data on vaccine doses delivered. More than 50 LMICs are at some stage of implementing EIRs and an increasing number of countries in Africa are considering an EIR to replace paper-based systems of manual recording[1]. Immunization programs in countries such as Costa Rica, Colombia, Brazil, and others are adding value to PHC by linking their EIR with the national birth registration system. By linking the two systems through interoperable software, health workers can compare data across systems, identify discrepancies, and reduce duplicative data entry.

## PHC levers:

**Enabling Factors:** Digital (leveraging technology and interoperability between systems to facilitate immunization record keeping and birth registration); M&E (generating higher quality data for service delivery planning and monitoring); political commitment and leadership (coordination across programs and sectors); governance and policy frameworks (digital strategies and plans); PHC workforce (training HCWs on data collection and entry).

**Constraining Factors**: M&E (lack of unique identifiers, i.e. patient ideas, to facilitate interoperability between systems; many countries (low income countries particularly) have weak or non-existent civil registration and vital statists (CRVS).

## Added Value:

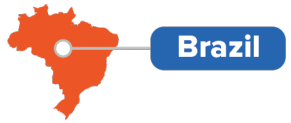
**Contribution to RI**: Cross-checking immunization records with the birth registry can identify children who have never been vaccinated and improve data quality. Also, health worker time spent recording immunizations can be reduced if a new patient's details are already captured in the CRVS.

**Contribution to PHC**: In many countries, national birth registration falls behind childhood immunization rates[2]. By strengthening collaboration between immunization and maternal health service programs, birth registration could be improved, providing population statistics that are necessary for effective and efficient planning and monitoring of health services.

References:
1. PATH. Digital Square Electronic Immunization Registries in Low- and Middle-Income Countries. Seattle: PATH; 2021. https://digitalsquare.org/resourcesrepository/eirlandscape
2. Rahman et al. A missed opportunity: birth registration is lagging behind BCG immunization coverage and maternal health services utilization in low-and lower middle-income countries. Journal of Health, Population and Nutrition 2019, 38(suppl 1):25. https://jhpn.biomedcentral.com/track/pdf/10.1186/s41043-019-0183-3.pdf


In **Costa Rica**, the EIR and birth registration system are designed to be interoperable in real time. When a patient's national ID number is entered, the EIR automatically connects to the national registry and fills in details, such as the person's name, date of birth, calculated age, and sex.


In **Colombia**, the records in the EIR and birth registry are compared on a monthly basis to identify any discrepancies; children who are captured in only one database are then added to the other for more complete population coverage.




In **Brazil**, there is a routine search through the civil registry to confirm children registered are also captured in the EIR.

## When to consider this approach:

- When developing digital health strategies, or conversely, during national immunization strategy development to ensure alignment with digital health strategies, and integration with efforts to strengthen data systems for PHC.
- In contexts where the digital health architecture components exist to facilitate interoperability between systems.
- In contexts where there is strong collaboration between immunization, maternal health service programs, and other ministries (e.g. Ministry of the Interior).

3

# Joint Participation of EPI and MOH Leadership in Leadership and Management Strengthening Initiatives can Convey Benefits to Both Immunization and PHC

**Countries:** Gambia, India, Liberia, Rwanda, Zambia, Burkina Faso, Burundi, Cameroon, DRC, Guinea, Ethiopia, Myanmar, Tanzania, Solomon Islands, Kiribati

## Description:

Acknowledging that strong leadership and management practices is essential to increasing vaccination coverage, EPI LAMP was a nine-month certificate program (funded by Gavi) that aimed to improve leadership and management capacity among EPI program managers. In each country, teams of 4-6 MOH officials participated in a mix of asynchronous and synchronous learning, including application of skills to a pressing EPI performance challenge[1].

## PHC levers:

**Enabling factors:** Political commitment & leadership (team-based design fostered engagement and collaboration between EPI and senior leadership in MOH); engagement of communities & other stakeholders (political advocacy module helped participants to develop and implement engagement strategies, improved confidence in engaging stakeholders at all levels; PHC workforce (resource management module contributed to improved ability to manage human resources).

## Added Value:

**Contribution to RI:** Evaluation results indicate that the EPI LAMP program added value to EPI by strengthening the strategic problem solving and adaptive management capacities of not just EPI teams, but PHC leadership more broadly. Results from self-assessments and exit interviews indicated improvements in problem solving skills, enhanced attention to team dynamics, fostering of shared accountability for EPI program success, a greater appreciation of leadership, and opportunities for practical application of new knowledge and skills[2]. Participation of other MOH leadership in the program also benefited EPI by giving those leaders increased visibility into the objectives and challenges faced by the immunization program.

**Contribution to PHC***:* Evaluation of the program did not include measures of broader HS management capacity, however, many of the skills gained are broadly applicable beyond the immunization program and therefore may result in strengthened leadership and management in other programs. Participation of other MOH leaders in program also benefited EPI by giving leaders visibility into challenges and objectives of the immunization program.

References:
1. Ineza, et al. Building leadership and management competencies of national immunization teams in 16 Gavi-eligible countries through the EPI leadership and management programme. Vaccine 2022, 40:26 https://www.sciencedirect.com/science/article/pii/S0264410X22005242
2. Yale Global Health Leadership Initiative. Expanded Programme on Immunization leadership and management program: results to date. 2020. https://ysph.yale.edu/ghli/where/multi-country/epilamp%20evaluation_2-pager_7.30.20_site_408238_284_41364_v1.pdf

# 3 Reaching Postpartum Women with Family Planning Services During Immunization Visits

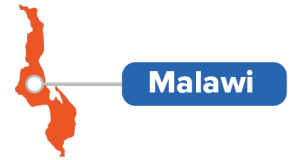
**Countries:** Malawi, Liberia

**Description:**

Despite the fact that many postpartum women wish to prevent or delay future pregnancies, uptake of modern contraceptives remains low, resulting in calls to leverage additional touch points between postpartum women and health services to offer FP services. Immunization services provide an opening to reach postpartum women given that immunization is a widely accessed health services, requiring multiple visits during the extended postpartum period[1] [2]. Service delivery models include:

- Combined service provision (co-located, same-day FP/immunization services).
- Combined service provision plus referral for FP methods not available at the facility.
- Single service provision plus referral where co-located, same-day services are not feasible.

**Added Value:**




**Contribution to FP:** leveraged combined service provision plus same day referrals resulting in increase in FP uptake and use at facility and community service points[3].

**Contribution to RI:** neutral - no negative impact on RI.


**Contribution to FP:** Combined service provision resulted in an increase in new contraceptive users referred from immunization services[2].

**Contribution to RI:** increase in the number of Penta1 and Penta3 doses administered in pilot sites in one region[2].

**PHC levers:**

**Enabling factors**: models of Care (integration of FP/immunization and potentially other PHC services); M&E (opportunity to track indicators for both immunization and FP; monitor impact on both); PHC oriented research (to ensure integration is context appropriate, formative research can inform design of integrated service delivery models).

**Constraining factors: p**olitical commitment & leadership (concerns that there may be a negative impact on immunization services may reduce political will); governance & policy frameworks (lack of policies and guidelines to facilitate integration); PHC workforce (inadequate quantity of HCWs to support integration; challenges to supervision); engagement of communities & other stakeholders (lack of male engagement).

**When to consider this approach:**

- In contexts with high immunization coverage rates (from fixed, facility-based services, this is less appropriate in programs dependent on mass vaccination campaigns).
- While undertaking planned revisions to national strategies and operational policies and plans (e.g. national human resources for health policies, training guidelines, supply chain upgrades).

Reference:
1. High Impact Practices in Family Planning. Family planning and immunization integration: reaching postpartum women with family planning services. 2021 Washington DC: USAID https://www.fphighimpactpractices.org/wp-content/uploads/2017/06/HIP-FP-Immunization-ENG_2021.pdf
2. Cooper et al. Successful proof of concept of family planning and immunization integration in Liberia. Global Health Science and Practice 2015, 3:1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4356276/
3. Cooper et al. Integrated family planning and immunization service delivery at health facility and community sites in Dowa and Ntchisi districts of Malawi: a mixed methods process evaluation. International Journal of Environmental Research and Public Health 2020, 17:12 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7345913/

# 4 What Can I Do? Actions You Can Take to Contribute to Mutually Strengthening Immunization and PHC

**The maturity of PHC systems vary widely from country to country, therefore the actions that EPI managers, ministry of health program managers and other PHC leaders can or should take will vary on their context.**

**Nascent PHC systems** may not yet have the political commitment and policies in place for integrated PHC. These countries can benefit from immunization activities that strengthen the broader health system and encourage integration at the point of service delivery. Policies may need to be reformed to support integrated models of care.

**Mature PHC systems** already have political commitment and strong governance of PHC, including policies that support integrated service delivery. These countries should continue to focus on implementing policies that mutually strengthen immunization and PHC. Mature PHC systems can support the expanded reach of life-course vaccines.

# 4 Practical Actions for EPI Managers and Other National Decision-makers and Program Managers in Countries with a Nascent PHC Policy Environment

**Policy windows are key.** Identify and leverage relevant policy windows such as National Immunization Strategy (NIS) development and/or Gavi full portfolio planning to set objectives and propose specific activities that can mutually benefit immunization and PHC.

**Multisectoral requires multiple stakeholders.** Include other PHC stakeholders and community or civil society groups in immunization planning processes at all levels to help identify and leverage synergies, and to share best practices.

**Be at the table.** Participate in the development of national health plans and strategies and advocate for the inclusion of objectives related to policy and service integration (including immunization). This must then be translated into operational policies and guidelines.

**Learn and share.** Document learnings and experiences implementing integrated approaches, with a view toward measuring how immunization is contributing to strengthened PHC, and vice versa. This will contribute to a more robust evidence base to support these approaches.

# 4 Practical Actions for EPI Managers and Other National Decision-makers and Program Managers in Countries with a More Mature PHC Policy Environment

**Multisectoral requires multiple stakeholders.** Include other PHC stakeholders and community or civil society groups in immunization planning processes at all levels to help identify and leverage synergies, and to share best practices.

**Invest in and monitor implementation.** Where national policies are supportive of integrated, people-centered primary health care look for opportunities to strengthen their implementation at the operational level, such as requiring integrated sub-national planning and budgeting or disseminating operational guidelines for integrated service delivery models of care.

**Learn and share.** Document learnings and experiences implementing integrated approaches, with a view toward measuring how immunization is contributing to strengthened PHC, and vice versa. This will contribute to a more robust evidence base to support these approaches. Identify opportunities for cross-country learning, especially in countries with less robust policy environments to enable integration.