

Overview of Immunization & Child Health Integration Efforts

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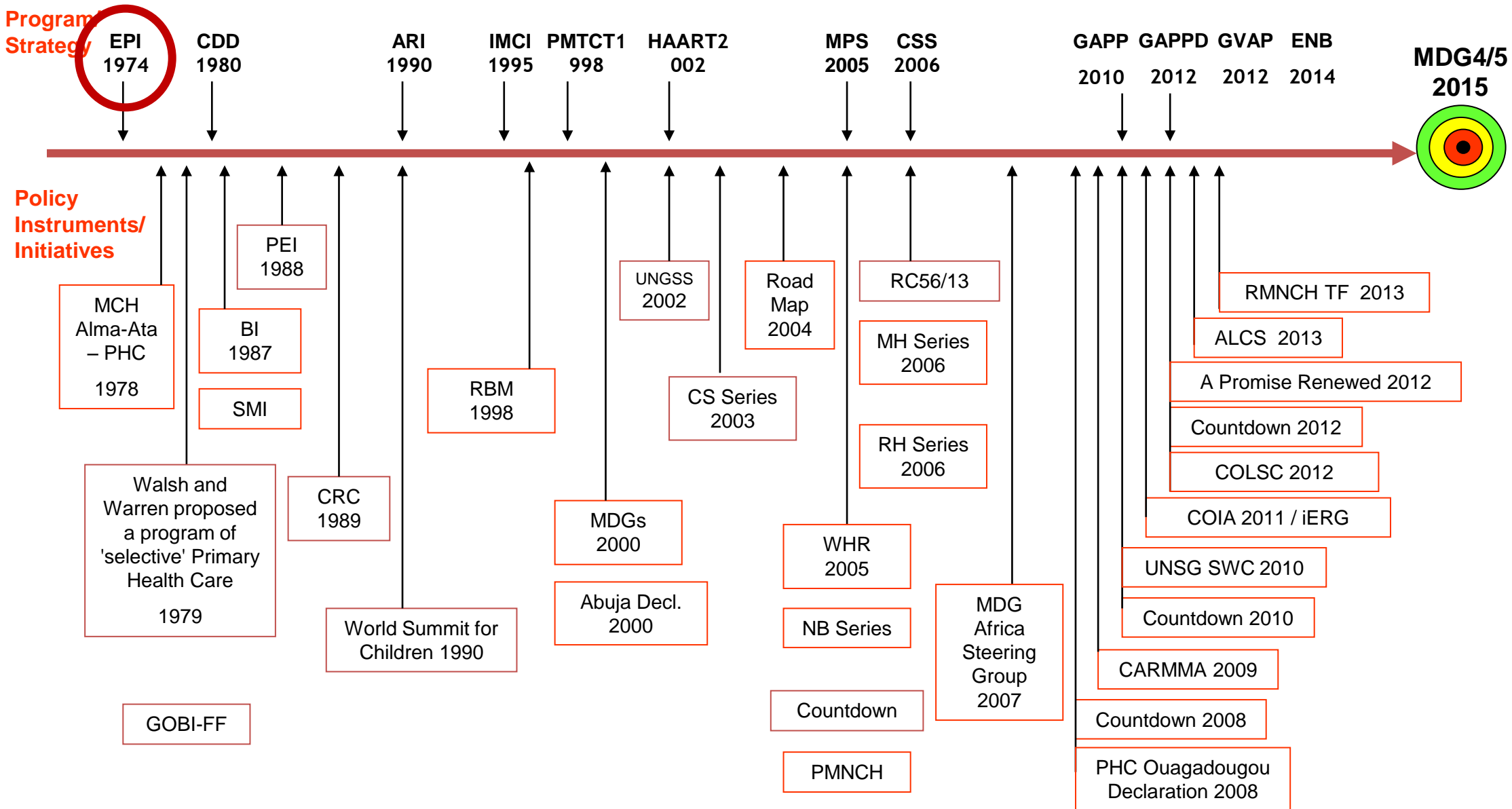
**World Health
Organization**

Outline of Presentation

- Background and "EPI Plus"
- Evidence-base for integration – what do we know?
- Comprehensive approach – Global Action Plan for Pneumonia & Diarrhoea (GAPPD)
- Reflections on challenges



Timeline Maternal and Child Health



Overall, there has been inadequate fulfilment of commitments made to mothers and children of on the part of both donors and countries

PS: Years not at scale

"EPI Plus"

Pregnant
Woman

Delivery

Infant

ANC

- TT (3 doses)
- Bednet (ITN)
- Iron & folic acid
- [IPTp x 2]
- [HIV testing]

NEWBORN

- Essential Care
- BCG
- HepB birth

6 weeks

- DTP/Hib/HepB1, OPV1, Rota1, PCV 1
- Check TT status of mother
- Bednet (ITN)
- [HIV testing 4-6 wks if exposed/ART]

10 weeks

- DTP/Hib/HepB2, OPV2, Rota2, PCV2
- [IPTi]

14 weeks

- DPT/Hib/HepB3, OPV3, IPV, Rota3, PCV3
- [IPTi]

9 months

- Measles/Rubella
- [Yellow fever/JE]
- Vit A
- New Bednet (ITN)
- [HIV testing if exposed]
- [IPTi]

15-18 months

- Measles 2nd
- Vit A
- Deworming
- ITN

[indicates selected countries]



In support of integration



- **Partnerships/Funding**
- **Research and evidence review**
- **Policy recommendations**
- **Implementation & training materials**
 - Polio/Measles campaigns, Child Health Days, and routine
- **WHO/UNICEF Joint Reporting Form (JRF) data collection (limited)**

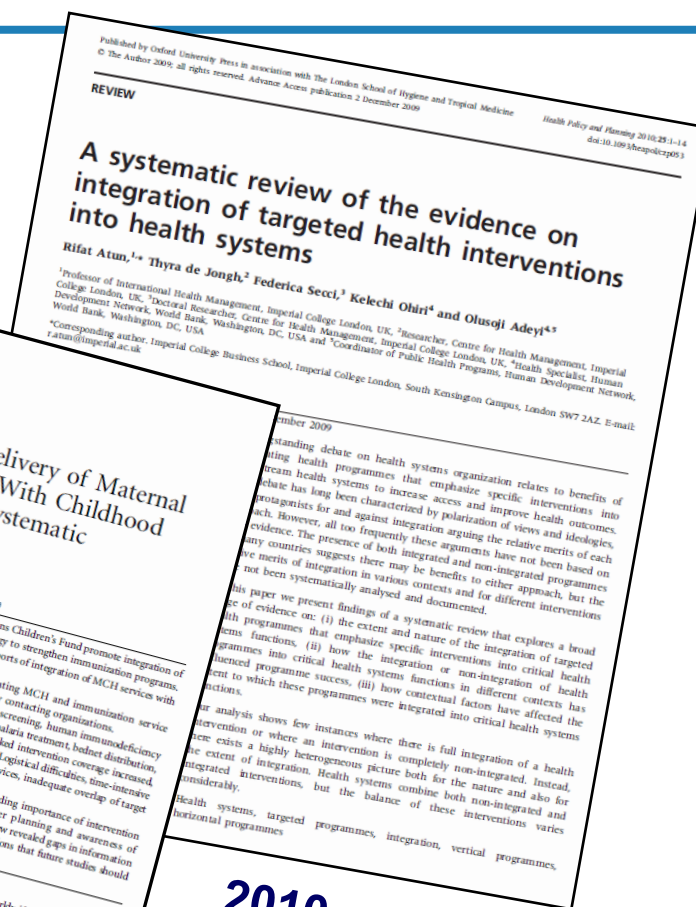
Evidence-base for integration



2011



2012



2010

Findings

- Evidence-base limited (rarely a control group, costing).
 - Some evidence that adding/linking services improved use & delivery
 - Little or no evidence that integration improved health status
- Highly heterogeneous – seldom are interventions wholly unintegrated or fully integrated into health systems.
- Integration is a continuum.
- Presence of both integrated and non-integrated programmes suggests benefits of either approach.
- Very country/context specific.

Framework for assessing extent of integration of intervention in health system (Atun et al, 2010)

| Critical health system function | Elements of Integration |
|---------------------------------|--|
| Stewardship & governance | <ul style="list-style-type: none"> - Accountability function - Reporting - Performance Management |
| Financing | <ul style="list-style-type: none"> - Pooling of funds - Provider payment methods |
| Planning | <ul style="list-style-type: none"> - Needs assessment - Priority setting - Resource allocation |
| Service delivery | <ul style="list-style-type: none"> - Structural - Human resources - Shared infrastructure - Referral systems - Guidelines/care pathways - Procurement - Supply chain management |
| Monitoring & evaluation | <ul style="list-style-type: none"> - Information technology infrastructure - Data collection and analysis |
| Demand generation | <ul style="list-style-type: none"> - Financial incentives (e.g. conditional cash transfers, insurance) - Population interventions (e.g. education and promotion) |

Potential Benefits of Integration

- Improve system efficiency, reduce redundancy/costs
- Improve user satisfaction, convenience
- Increase coverage of a new intervention to level of existing intervention (i.e. immunization)
- Increase demand through cross-promotion

Integration and GVAP



Guiding Principle #4: Integration

"Strong immunization systems, as part of broader health systems and closely coordinated with other PHC delivery programmes, are essential for achieving immunization goals."

GVAP Strategic Objective #4:

Strong immunization systems that are an integral part of a well-functioning health system

Recommended Actions

| Develop comprehensive and coordinated approaches | Strengthen monitoring and surveillance systems | Strengthen capacity of managers and frontline workers | Strengthen infrastructure and logistics |
|---|---|--|--|
| <ul style="list-style-type: none">• Eradication goals part of immunization programme• New vaccines deployed with comprehensive disease approach• Coordination between public and private sectors• Life-course approach | <ul style="list-style-type: none">• Improve quality and use of data• Use new technologies• Strengthen/expand surveillance to generate info for decision making• Vaccine safety | <ul style="list-style-type: none">• Adequate HR to deliver quality services• Increase pre, in, and post service training with comprehensive disease control approach• Coordinated training and supervision of community-based health workers | <ul style="list-style-type: none">• Innovate to improve cold-chain, logistics and waste management• Minimize environmental impact• Adequately staff supply systems• Establish information system to track supply accurately |

Comprehensive Approach – Integrated Global Action Plan for Pneumonia & Diarrhoea (GAPPD)



- Provide policy framework and guidance to countries and partners for scaling up interventions in coordinated way
- Propose action steps and programme activities to move forward efficiently
- Build broad coalition of global and national policy-makers, planners, donor agencies and civil society

Took 2 years of consultation to develop.
Not a new initiative but a way of working!

Framework for Protect, Prevent, Treat

PROTECT

Children by establishing good health practices from birth

- Exclusive breastfeeding for 6 months
- Adequate complementary feeding
 - Vitamin A supplementation

Reduce
pneumonia and
diarrhoea
morbidity and
mortality

PREVENT

Children becoming ill from pneumonia and diarrhoea

- Vaccines: pertussis, measles, Hib, PCV and rotavirus
 - Handwashing with soap
- Safe drinking-water and sanitation
 - Reduce household air pollution
 - HIV prevention
- Cotrimoxazole prophylaxis for HIV-infected and exposed children

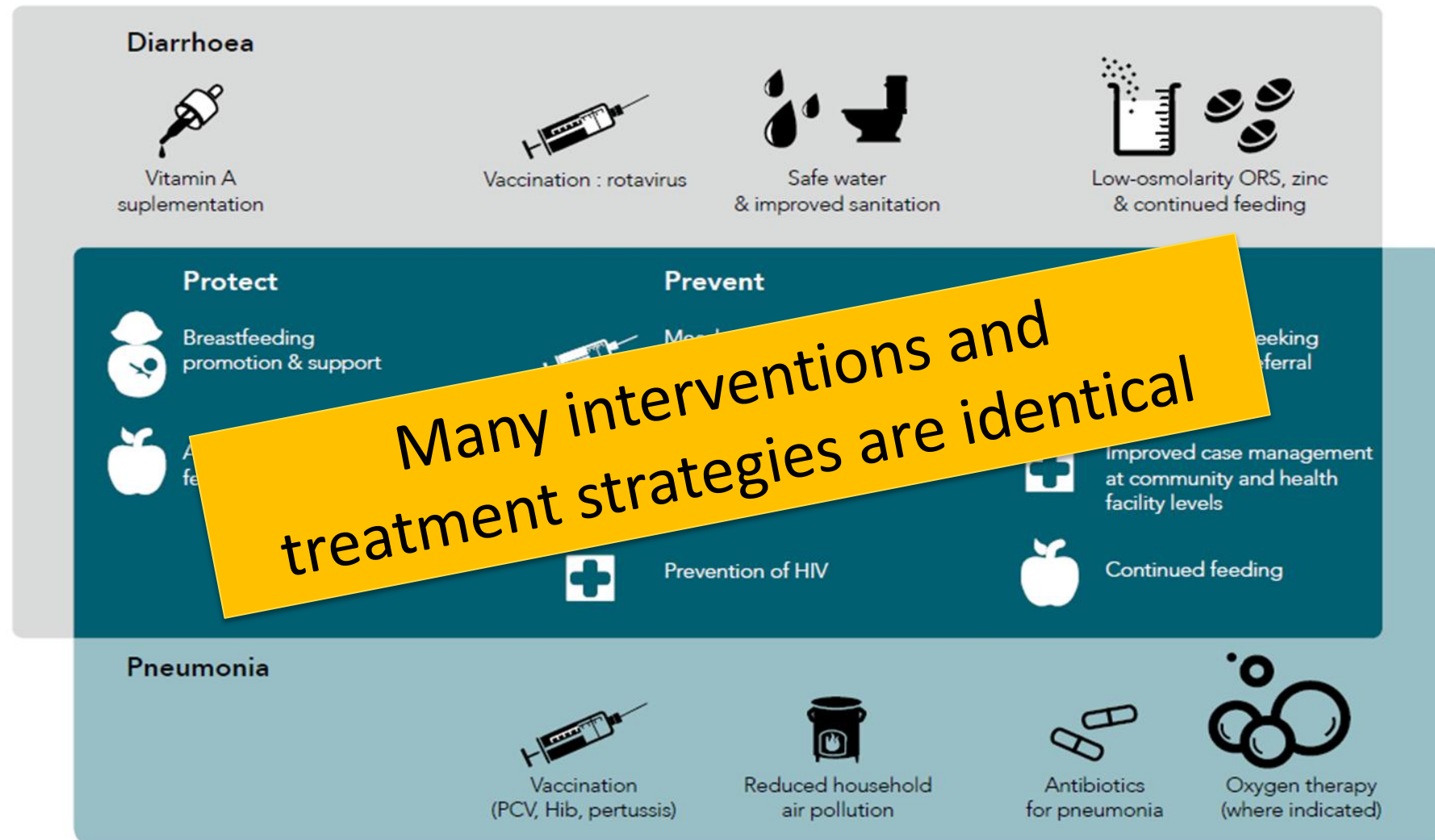
TREAT

Children who are ill from pneumonia and diarrhoea with appropriate treatment

- Improved care seeking and referral
- Case management at the health facility and community level
- Supplies: Low-osmolarity ORS, zinc, antibiotics and oxygen
 - Continued feeding (including breastfeeding)



Overlapping strategies for preventing and treating pneumonia and diarrhoea



GAPPD: key principles

- An integrated approach to saving lives
- Engage all sectors and actors
- Focus on country impact
- Action at Country level
 - Strengthen national leadership
 - Foster intersectoral collaboration
 - Prioritize interventions and close the equity gap
 - Increase investment in research and be open to innovations
 - Ensure accountability for results



GAPPD Links with.....(see pages 11-12)

- A Promise Renewed (APR) and Country Roadmaps
(joint memo June 17 2013 from UNICEF/WHO/USAID re APR & GAPPD)
- Decade of Vaccines and Global Vaccine Action Plan (GVAP)
 - ✓ New vaccine introduction – launches, logistics, etc.
 - ✓ Polio Eradication, Measles control/elimination, EPI
 - ✓ Reviews/evaluations, cMYPs, Post Introduction Evaluations (PIEs)
 - ✓ GVAP M&E reporting to WHA (every 2 years)
- Environment agenda – Rio+20, water & sanitation
- And others?

World Health Assembly (May 2013)

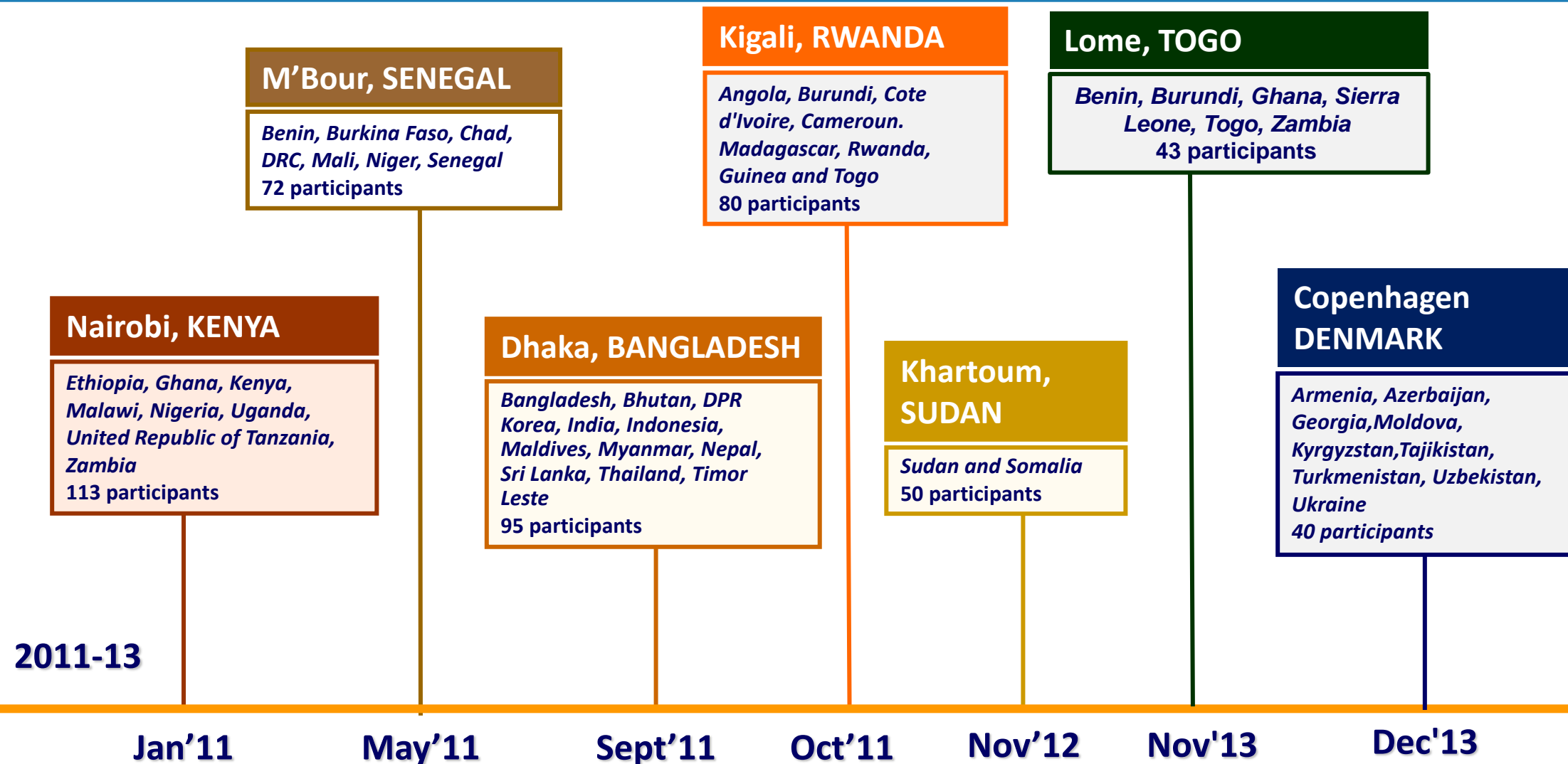


GAPPD focusing on 15 highly effective interventions – when put to work together, this is a powerhouse...

***Margaret Chan
Opening Address 66th WHA***

Regional and country consultations

Coordinated approaches



2011-13



New

WHO Health Workers Guide to Immunization and IMCI

Health Workers Guide to Immunization & IMCI

ENG FRE POR

Video

Video chapters

| | | |
|---|------------------------------------|---|
| 1 Target diseases | 7 Outreach services | 13 Assess and classify diarrhoea |
| 2 Vaccines and contraindications | 8 Monitoring immunization coverage | 14 Assess and classify fever |
| 3 Cold Chain | 9 Increasing coverage | 15 Ear problems, malnutrition & anaemia |
| 4 Immunization safety | 10 Building community support | 16 HIV & immunization status |
| 5 Immunization planning | 11 IMCI: Introduction | |
| 6 Immunization Session at a health facility | 12 Cough and difficult breathing | |



GAPPD Challenges

- GAPPD may be accepted as the right thing to do but changing behaviour is another matter
- Organizational structures often do not facilitate integration
- Ear marked/project vertical funding and unfair distribution
- Unbalanced HR capacity
- Intersectoral collaboration

