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Compendium of Illustrative Sub-activities for Integrating COVID-19 Response into Primary Health Care

Note: *This resource in also available in French and Portuguese.*

Rationale for developing the compendium:

With the acute phase of the pandemic in the rear window and the anticipated reduction in COVID-19 dedicated funding, WHO and UNICEF have produced guidance to assist countries with mainstreaming their COVID vaccination activities into primary health care, immunization programs and other essential health services.

Following the global deployment of life-saving COVID-19 vaccines, mass vaccination campaigns served as the central delivery approach to rapidly reach targeted populations. Justifiably, these ambitious COVID-19 vaccination programs were implemented vertically with separate channels of cold chain and vaccine distribution, human resources, service delivery outlets, communication, demand generation, community engagement, and data management platforms. While this vertical approach was suitable for the emergency response phase to rapidly confront the historic COVID-19 pandemic, it has subsequently been recognized that it had consequences on routine services; health systems were overwhelmed and key health indicators suggested some significant backsliding in critical health outcomes.

An equally important element of the emergency response included expanding access to evidence-based, high-quality care and treatment for patients with mild, moderate and severe COVID-19 infection. At this stage, activities should prioritize integrating evidence-based therapeutics and diagnostics into primary healthcare systems, especially the use of oral antivirals in test-to-treat programming, and ensuring sustainability of oxygen-related investments.

The new phase of responding to the evolving pandemic requires moving from mass campaigns for COVID-19 vaccination and case management to an integrated approach aiming to efficiently apply COVID-19 response measures within primary health care structures. The USAID integration definition builds on the WHO/UNICEF vaccination integration definition and is articulated as follows: "***the partial or full adoption of COVID-19 response activities - across prevention, diagnosis, care and treatment - into national program services, including immunization programmes, primary health care, PHC, and any other relevant health services with the overall aim of improving program efficiency and sustainability, enhancing demand and improving user satisfaction, achieving and maintaining satisfactory coverage, and addressing inequities".***

The delivery of COVID-19 vaccination as part of a life course vaccination approach provides an opportunity to link with, and strengthen, immunization and essential health services for all age groups and addresses intersectional gender barriers. In countries with a more mature health system, this also enables a more people-centered system that responds to a patient's needs across the life course. At the same time, integration efforts must address the resiliency of the health system and ensure its capacity to respond when new outbreaks occur.

Despite the universal agreement on the need to integrate COVID-19 response into primary health care, operationalizing such integration remains a challenge, and policy makers and health workers need guidance on "how" to implement changes at different levels of the health system to achieve the desired integration. Recognizing that in many countries some form of integration is already happening, the WHO/UNICEF Considerations outline four broad steps in operationalizing integration of COVID-19 vaccination at the national and subnational levels:

1. Initiating/building on the integration process
2. Planning and preparatory phase: develop a country-level COVID-19 vaccination integration plan
3. Implementation and monitoring
4. Post-integration follow up activities

USAID's Global Health Bureau COVID-19 Response Team (CRT) has developed two companion resources that can support policy and program managers in the planning and implementation of integration identified in steps 1 and 2 above. The first resource is the compendium (found below) that provides a systematic outline of illustrative sub-activities organized around the WHO health system building blocks framework. In addition to integrating COVID-19 vaccination into routine immunization and PHC services,

the compendium includes a menu of options to integrate the “test-to-treat” approach as an important intervention in the COVID-19 response, and which is not addressed in the WHO/UNICEF documents.

The second document is a COVID-19 Integration Collection of the latest guidance and resources currently available in support of COVID-19 and PHC integration efforts/activities, along with relevant country level examples to inform integration planning efforts. This compilation document will be expanded to cover each building block by August 2023.

This compendium aligns with the four principles articulated under the WHO Integration guidance: Equity, People-centered, Context specific, and Optimized service coverage and equity.

Audience and objectives:

The compendium and associated resource collection are meant to assist USAID headquarters staff, USAID Missions, country-level implementing partners, and national stakeholders to:

1. Provide a repository to capture and document country level experiences in implementing different aspects of the integration.
2. Outline possible elements for developing an integration strategy and provide guidance for operationalizing the integration of various elements of the COVID-19 response into PHC.
3. Guide the organization of learning exchanges between countries around the implementation of the integration process.
4. Guide the development of scopes of work for TDYs aiming to provide TA to advance integration.

Main sources used for guiding the development of the compendium:

1. Considerations for integrating COVID-19 vaccination into immunization programs and primary health care for 2022 and beyond. (WHO & UNICEF) February 2023. https://www.who.int/publications/i/item/9789240064454

2. Country experiences with COVID-19 vaccination: Main streaming & integration with immunization program services and PHC. Gavi, WHO, UNICEF. November 2022. https://www.technet-21.org/en/knowledge-hub/main/16552&Itemid=1272

Illustrative COVID-19 Integration Sub-Activities per Health Systems Building Blocks[1]

Leadership & Governance	Health Systems Financing	Service Delivery	Health Workforce	Supply Chain Management	Demand Generation and Community Engagement	Health Information Systems (incl. utilization and surveillance)
C19 response included in the national policies and guidelines for providing integrated PHC and life course vaccination Joint planning of C19 response as part of PHC activities at national and sub-national levels Joint national and sub-national coordination mechanisms of PHC and C19 response programs Set up joint governing bodies to integrate accountability mechanisms Develop norms and standards for the prevention of occupational risks (i.e. respiratory infections) in the health sector Develop/strengthen policies that encourage task shifting and task sharing to optimize health workforce during health crises Develop and disseminate policy on booster shots for high risk populations Home-based care package includes access to C19 self-testing	Joint financial forecasting, planning, and management of PHC and C19 response supplies and programs Ensure budget line items for integrated Emergency Operations Centers (e.g. polio, measles, C19) Identify opportunities for resource mobilization and cost sharing across interventions Encourage reliable and affordable access to bulk LOX through PSE and market shaping activities Test innovative pay for performance approaches to increase vaccine uptake (and other response areas)	Integrated management of respiratory infections implemented at PHC sites, inclusive of T2T Co-administration of C19 vax with other vaccines at fixed, mobile, outreach, or other sites Bundling of C19 vax campaigns with other vax campaigns Outreach services and PHC facilities have referrals for C19 vax and T2T Schools utilized as platforms for providing RI and PHC services, and IPC sensitization Leverage delivery platforms to reach high priority populations, e.g. PLHIV centers, ANC, non- communicable disease clinics Facilities capacitated to expand access to O2 for use in treatment of C19 and beyond Incorporate service delivery innovations, e.g. digital microplanning	C19 vax and T2T are included in JD of RI/PHC providers Adjusted HR needs assessment and recruitment to the increased workload due to C19 response and other disease outbreaks Integrated training, capacity building, and job aids for C19 response and RI/PHC providers HWs trained on safe and effective use of oral antivirals, clinical care and triage, IPC, and referrals for O2 treatment Joint supportive supervision to C19 response and PHC activities HWs vaccinated against C19 and empowered to promote vaccination according to the national immunization policy Standardized and timely payment of HWs' incentives/ compensation Integrated capacity building of laboratory technicians	Joint forecasting and planning of C19 vax, vax supplies, rapid diagnostic test kits, and antivirals Integrated co-distribution of C19 supplies with other PHC/RI vaccines Incorporating C19 vax and supplies into eLMIS for stock monitoring, and forecasting/ supply planning Leverage resources to strengthen a common cold chain and storage capacity Develop joint cold chain maintenance plans with RI Ensure adaptive capacity of supply chains to support surge needs related to C19 waves Joint planning and management of medical waste Incorporate digital temperature monitoring devices to sustain cold chain	Joint communication strategy development and coordination around C19 and other vaccines Coordinated research and assessment of Knowledge, Attitude & Practice (KAP) regarding T2T and C19 and other vaccines Co-creation and implementation of sociobehavioral interventions for C19 and routine vaccines Conduct social listening and rumor management to track and address C19 questions, concerns, information gaps, and misinformation Integrated community engagement for supporting C19 response as part of PHC Leverage existing networks to create demand among priority populations for C19 vaccination and T2T Joint evaluation of communication, demand generation, and innovation interventions	Unified data collection and entry for C19 response and PHC data Interoperability between digital data management/electronic health record systems to allow aggregate data push Integrated dashboards at national and sub-national levels for C19 response and PHC indicators Leverage quarterly RI meetings for reviewing and utilizing data on C19 vax rates Integrated disease surveillance and AEFI tracking Joint data management training and proactive data backlog management Joint monitoring and evaluation of PHC and C19 response programs

[1] WHO's six building blocks on health systems provide a useful framework for countries to consider how to plan integration and/or coordination between COVID-19 programming, immunization programmes, and the broader health system. At the same time, and in alignment with the WHO and UNICEF operational framework for PHC, there is a need to recognize the importance of engaging and co-creating strategies and approaches for demand promotion and uptake within communities. This compendium takes this into account and provides additional suggested sub-activities.