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**SNAP SHOTS**



News, documents and tools on routine immunization and sustainable immunization financing

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## More juice from the squeeze: Linking immunization services with other health interventions

### The topic

As a basic health service that aims to make contact with 100% of children - and their caretakers - on at least five occasions in the first year of life, routine immunization has the potential to offer health benefits that extend beyond protection against vaccine-preventable diseases. Yet health statistics suggest that most programs may not have realized this potential:

- In one Sahelian country, only 35% of the population was reported as having access to health services, yet vaccination coverage for BCG (the first vaccine given) was 77%.
- In one east African country, almost 90% of infants receive three doses of DTP vaccine, yet the maternal mortality rate is one of the highest in the world.
- In another nearby country, a combination of routine immunization coverage rates over 90% and periodic mass measles campaigns have resulted in fewer than 100 cases of measles per year - yet only 10% of children in this malaria-endemic country sleep under insecticide-treated bednets.

This issue of SnapShots explores some aspects of integrating or "linking" vaccination services with other health services and interventions: what criteria must be met to make this effective, what is practical for program managers to do, and why it is in their interest.

### New interest in an old idea

The notion of integrated primary health care is not new. The great progress with integrated management of childhood illness (IMCI) over the past 12 years is one example of an integrated approach. With IMCI, the point of entry is the sick child; by contrast, with immunization the target population is 100% of children born each year. Several recent developments have made the concept of linking immunization to other services a timely topic:

The [Millennium Development Goals](#) have served as an impetus for renewed progress toward improvements in child health, using whatever means possible. Goal Number Four states, "Reduce by two thirds the mortality rate of children under five." Immunization is just one way to achieve this goal.

In order to spur improvements in child health, UNICEF has promoted the [Accelerated Child Survival and Development \(ACSD\)](#) approach, particularly in West Africa. ACSD uses periodic campaigns to reach children with a range of services, including immunization.

In the immunization community, WHO and UNICEF have jointly developed and adopted the [Global Immunization Vision and Strategy \(GIVS\)](#), which urges countries to link immunization with other life-saving interventions in order to accelerate a reduction in child mortality.

SnapShots is designed to keep busy public health professionals abreast of developments in the immunization world. Each issue focuses on an important topic or topics that may affect USAID missions, projects and country partners. We welcome your comments and suggestions.

## Approaches for linking immunization with other health interventions

Effective integration plays out differently in different circumstances. Integration of immunization with other interventions may entail:

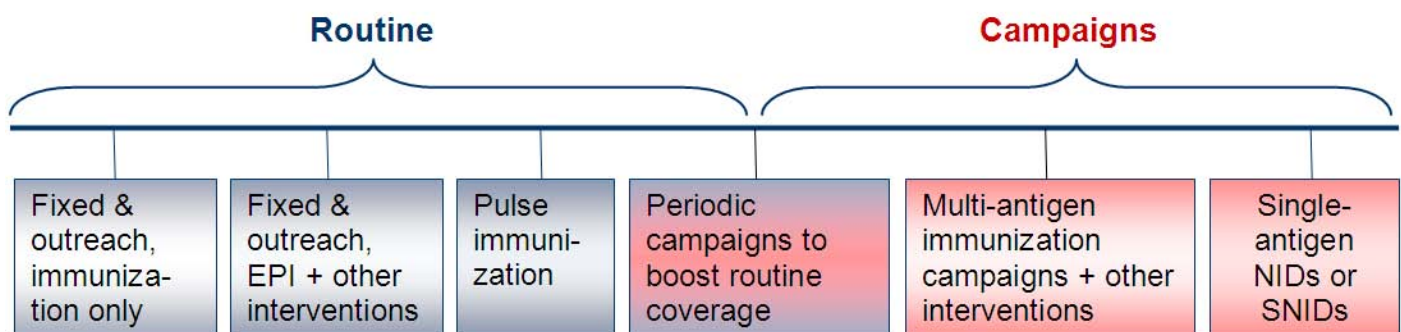
- **integrated service delivery**  
example: immunization plus vitamin A for older infants and postpartum women during immunization contacts
- **immunization plus messages about another service**  
example: messages on birth spacing; nutritional counseling
- **immunization plus access to commodities**  
example: vouchers for insecticide-treated nets (ITNs)
- **integrated tools for managing services**  
examples: integrated child health card, integrated supervision checklist

Since the late 1990s, the most visible approach for linking immunization with other health interventions has been to add another service or services during mass vaccination campaigns. For example, it has become almost a standard practice to provide vitamin A supplements to children during national or subnational immunization days (NIDs/SNIDs) in support of polio eradication. Similarly, most mass measles campaigns conducted in recent years have included the distribution of insecticide-treated nets, or vouchers for them.

Although periodic mass campaigns have been successful in targeting and reaching enormous numbers of children and have conferred substantial benefits, they also have limitations. They are scheduled at irregular intervals, are very time-limited (usually just a few days in length), and entail extremely brief contacts between health workers and patients/community members. They also do not assume responsibility for follow-up actions – such as providing a second dose of vitamin A six months after the campaign or counseling parents on how to hang ITNs properly and make sure their children sleep under them every night.

Linking routine immunization contacts that occur on a daily basis to other child health interventions may confer certain advantages, including continuity, opportunities for follow-up and reinforcement, and increased capacity of health staff to treat patients in a comprehensive way.

### Continuum of Immunization Strategies



In reality, mass immunization campaigns and routine immunization services are not diametrically opposed as service delivery strategies. A broad continuum exists, as indicated in the figure above, ranging from vaccination-only services that are provided on a daily basis, to occasional mass campaigns whose purpose is to eliminate, eradicate, or control a particular disease. There are other service delivery strategies that fall somewhere between those extremes, and each has implications regarding the type and manner in which other health interventions may be added or included.

## “Immunization Plus” - Plus what?

The routine immunization schedule recommended by WHO, and used in most countries in Africa and Asia, calls for vaccines to be administered at birth, 6 weeks, 10 weeks, 14 weeks, and 9 months. This imposes limits but still offers opportunities to provide other services. For example, programs can:

- Administer vitamin A to both the child and the postpartum mother; as well as other micronutrients for the mother; with exact target groups as specified by national policy; e.g., iron/folic acid.
- Provide simple messages about birth spacing for the mother at 6 weeks of age (the DTP1 contact); this is a point in time when she may be very receptive to such information. This approach increased the number of new contraceptive acceptors in Togo and Bangladesh, with no detrimental effect on immunization.
- Arrange for counseling of caretakers on appropriate child feeding practices or recognition of danger signs such as rapid breathing.
- Depending on national policy, provide antihelminthics for lactating mothers or infants.
- Pending further deliberations by WHO and other groups, provide intermittent preventive treatment for infants (IPTi) to protect against malaria.
- Provide a child vaccination card and counseling to the mother after she delivers in the maternity unit.



Credit: UNICEF

Health program managers must consider the characteristics and requirements of each intervention to be added to immunization contacts, as well as the health system context in which combined interventions are to be delivered. The criteria below may be of use in determining which other health services might be added to immunization sessions.

Criteria to consider in linking interventions to immunization	
Related to the intervention	Related to health system context
<ul style="list-style-type: none"> <li>• Has a similar target group as for routine vaccination</li> <li>• Requires similar timing or frequency as routine vaccination</li> <li>• Has similar logistical requirements</li> <li>• Has similar level of acceptance among patients, communities, and health workers as immunization</li> <li>• Entails a similar skill level among health workers</li> </ul>	<ul style="list-style-type: none"> <li>• High-level political will exists to promote integration and coordination among the different program managers involved</li> <li>• National policies support each intervention</li> <li>• Financial support and commodity logistics are secure for each intervention</li> <li>• Primary health care structures exist for delivering each intervention</li> <li>• Responsibility for monitoring each intervention is clearly defined among programs</li> <li>• Health workers are “multi-purpose,” not designated or funded for a single intervention</li> <li>• Combining the interventions does not disrupt or create an unrealistic burden for service delivery</li> </ul>

## **Madagascar case study**

### **Linking immunizations and health interventions**

Since 1999, the Ministry of Health and Family Planning/Vaccination Service, USAID, UNICEF, World Bank, WHO, and other partners have implemented an integrated maternal and child health package in two of Madagascar's largest provinces, Antananarivo and Fianarantsoa. As part of these efforts, immunization services strengthening and health worker capacity-building were integrated with other health initiatives and accompanied by greater efforts to engage communities. The package of services includes promotion and support for full immunization of children under five and women of child-bearing age, exclusive breastfeeding, other essential nutrition actions, prevention and case management of sick children using IMCI, and reproductive health. Through the integration of services and enhanced community involvement and commitment, such health indicators as immunization coverage for all antigens in these provinces have increased and are being sustained. The success is based on a combination of program elements including the engagement of a broad cross-section of community members, extensive communications efforts, systems support, improved quality of services, and the removal of policy barriers. The lessons learned are being applied in routine services and Child Health Weeks throughout the country to reduce missed opportunities and drop-out, increase coverage in poorer performing regions and districts, and promote integrated health services.

### **Conclusion**

Immunization contacts can be used as a platform to provide other services and, as evidenced by recent mass vaccination campaigns, this approach can reach large numbers of children and women. It may well be worth investigating how routine and special immunization services can be coordinated and used to achieve multiple health objectives at the same time. To be successful, this approach requires a well-performing immunization system, high-level political commitment, a careful analysis of program needs, detailed planning, and conscientious supervision and monitoring. The rewards may well be worth the effort.

### **References**

#### **UN Millenium Development Goals:**

<http://www.un.org/millenniumgoals/>

#### **Accelerated child survival and development (ACSD):**

[http://www.unicef.org/health/index\\_childsurvival.html](http://www.unicef.org/health/index_childsurvival.html)

#### **Global Immunization Vision and Strategy (GIVS):**

[http://www.unicef.org/immunization/index\\_27089.html](http://www.unicef.org/immunization/index_27089.html)

<http://www.who.int/immunization/givs/en/index.html>

#### **"Immunization Plus":**

[http://www.unicef.org/immunization/index\\_immunizationplus.html](http://www.unicef.org/immunization/index_immunizationplus.html)

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#### **Madagascar case study:**

<http://www.aed.org/upload/madagascarcasestudy.pdf>

#### **Child Health Weeks:**

[http://www.unicef.org/infobycountry/madagascar\\_37820.html](http://www.unicef.org/infobycountry/madagascar_37820.html)



### **In our next issue...**

What's new about new vaccines?

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