

COVID-19 vaccination integration assessment

Liberia Case Study
May 2024

Table of Contents

<u>Background</u>	3
<u>Methods</u>	10
<u>Research Findings</u>	14
<u>Research Question 1</u>	15
<u>Research Question 2</u>	19
<u>Research Question 3</u>	32
<u>Research Question 4</u>	36
<u>Research Question 5</u>	39
<u>Conclusions</u>	42
<u>Acknowledgements and Disclaimers</u>	43

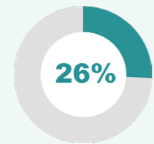
Background



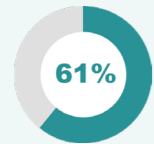
Background and Rationale

Despite progress in COVID-19 vaccine introduction, **coverage remains suboptimal** globally.

By April 2023, overall population coverage:



Low-income countries: 26% fully vaccinated¹



Lower middle-income countries (LMICs): 61% fully vaccinated

Countries anticipate **waning financial, technical, and vaccine support** from external partners as the pandemic transitions.

Integration* is identified as a key **strategy for ensuring the long-term sustainability of COVID-19 vaccination.**

This report will generate evidence concerning **how LMICs have and are planning to integrate COVID-19 vaccination** with health systems.

¹GAVI. 2023. COVID-19 vaccine coverage continues to increase in low-income countries. <https://www.gavi.org/vaccineswork/covid-19-vaccine-coverage-continues-increase-lower-income-countries#:~:text=Gavi%27s%20latest%20COVAX%20data%20brief,a%20global%20average%20of%2066%25>

*By integration, we mean the degree to which COVID-19 vaccination has been or will be merged with other components of the health system in terms of governance, management, service delivery, procurement, supply chain, information systems, financing, and service delivery—including integration with other essential health services (e.g., antenatal care [ANC], human immunodeficiency virus [HIV], noncommunicable diseases [NCDs], routine immunization [RI]).

Multi-country Assessment Methods and Scope



Seven country assessments in:

Benin	Liberia
Ethiopia	India (Tamil Nadu state)
Ghana	Mozambique
	Nigeria

Country selection criteria:

- Innovators in integration.
- Performance on COVID-19 vaccination and routine immunization (RI).
- U.S. Agency for International Development (USAID) target or Pfizer priority countries.
- Geographic contexts.

Data collection:

Key informant interviews with stakeholders involved in implementing integration activities and in broader health system strengthening efforts:

- Ministry of Health (MoH), COVID-19 Task Force officials.
- Expanded Program on Immunization (EPI)/National Immunization Technical Advisory Group (NITAG) members, heads of COVID-19 vaccination units at sub-national levels.
- Development partners/agencies.
- Implementing partners.

Focus group discussions at sub-national level with health workers (community health service supervisors [CHSS], community health assistants [CHAs], and vaccinators).

Liberia Background



According to the MoH data, as of January 2024, COVID-19 primary series vaccinations were:

- **Overall population:** 86 percent of the eligible population (12 years and above).
- **Health workers:** 96 percent.

Initially, the vaccination focus was on priority groups, excluding children and pregnant women because at the time there was limited literature on whether pregnant women could take the vaccine.

As the emergency stage unfolded, vaccination efforts broadened, targeting the entire population.

The Liberian National Deployment and Vaccination Plan (NDVP) September 2022, defines priority groups as follows:

- Health workers (e.g., clinicians whose primary intent is to deliver health services).
- Elderly people (e.g., people 60 years and older as defined by their age-based risk and mortality), and people with comorbidities (e.g., people with pre-existing health conditions especially those associated with higher risk of death).
- Others (e.g., essential workers who cannot social distance due to the work they perform or carry out daily, such as teachers, bartenders, waiters, and waitresses).

COVID-19 Vaccination in Liberia

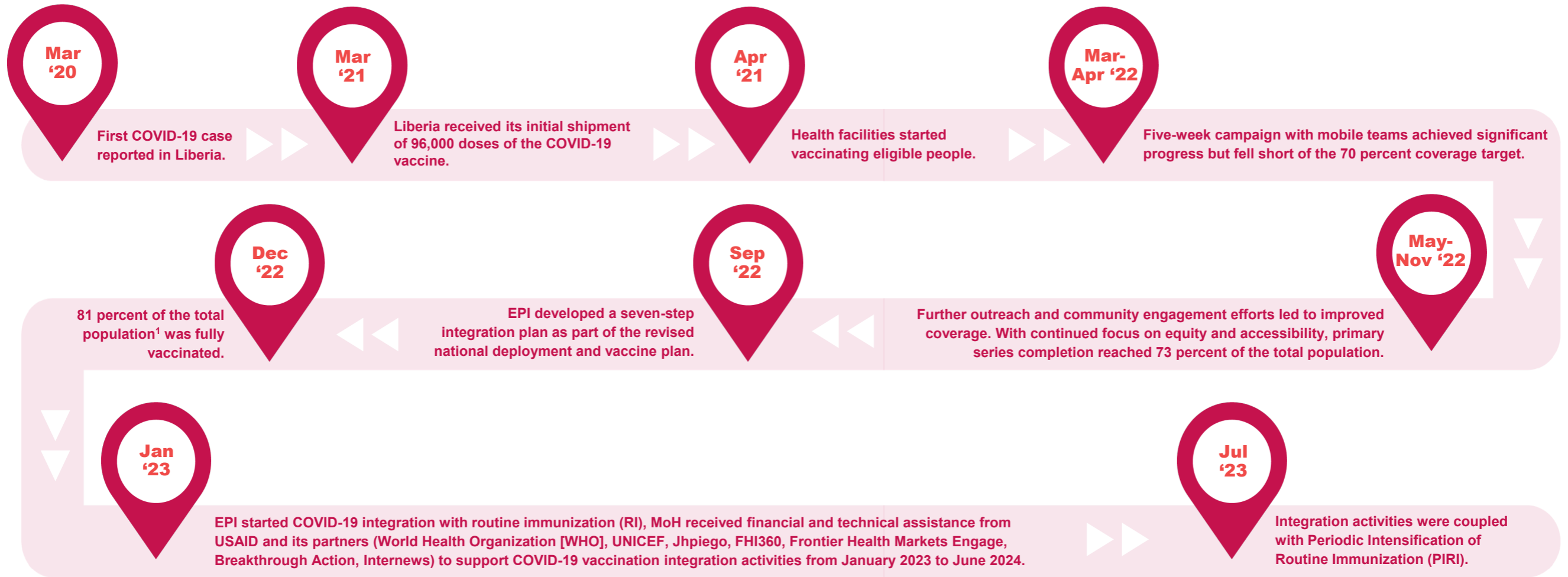
Liberia rolled out the COVID-19 vaccine on April 1, 2021, and prioritized health workers and individuals with comorbidities.

EPI supplies COVID-19 vaccines, which health workers administer at no cost to the identified priority groups.

Vaccine brands administered in Liberia include AstraZeneca, Johnson & Johnson, and Pfizer.

EPI was responsible for vaccine supply, distribution, and implementation of tailored vaccination strategies for targeted population groups.

Summary of COVID-19 Vaccination in Liberia



¹World Health Organization. 2023. Liberia takes bold step to integrate COVID-19 vaccines into routine immunization.afro.who.int/countries/liberia/news/liberia-takes-bold-step-integrate-covid-19-vaccines-routine-immunization#:~:text=Through%20the%20coordinated%20efforts%20and,81%25%20of%20the%20total%20population.

Assessment Objectives

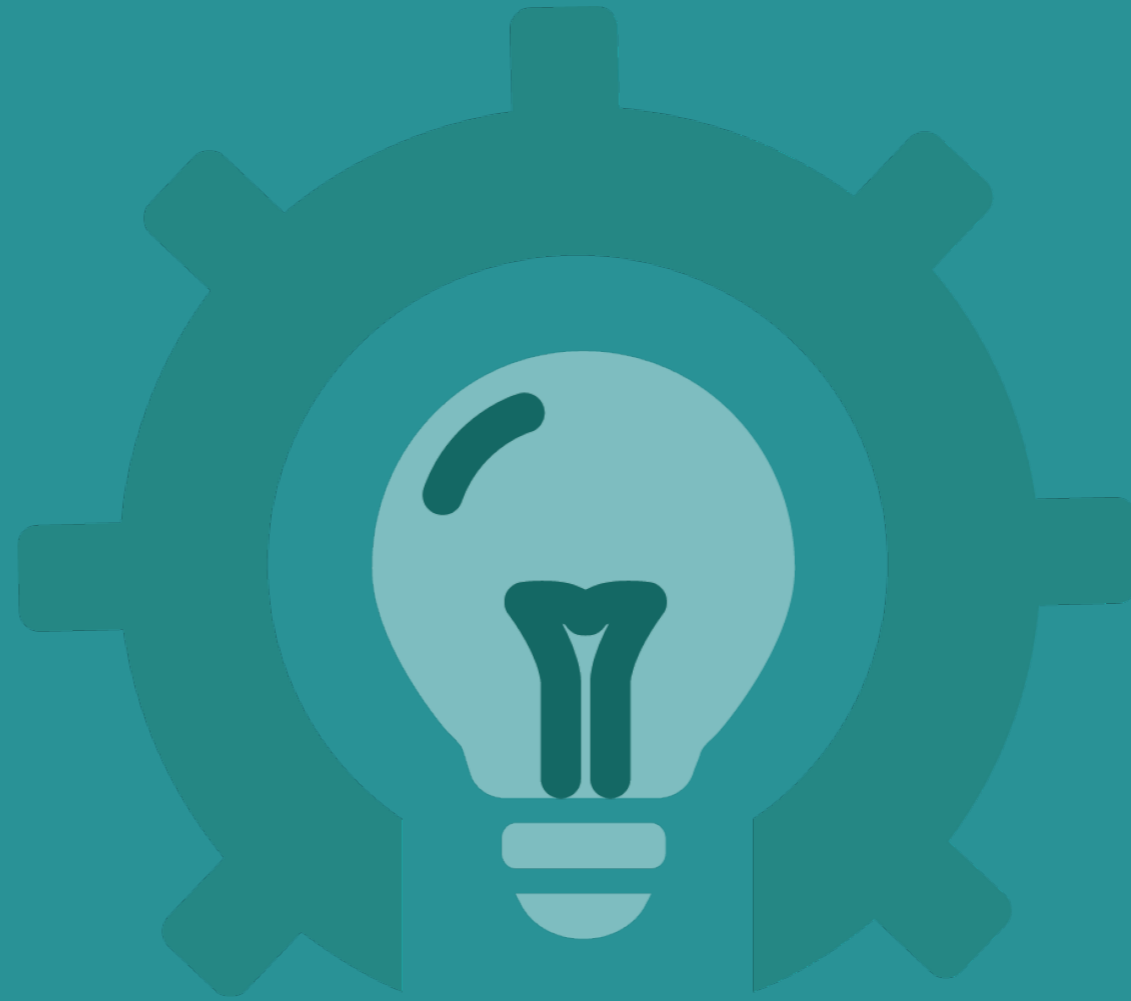


Assess the status and thinking about the future integration of COVID-19 vaccinations targeting priority groups with essential health programs and health system functions.



Compile lessons learned about the integration of COVID-19 vaccinations from the urgent response phase of the pandemic.

Methods



Research Questions

1

What have governments planned for sustaining COVID-19 vaccinations for priority populations?

2

What is the thinking concerning the operational integration of COVID-19 vaccinations with:

- Other essential health services.
- Other health system and vaccination functions.

3

How are COVID-19 vaccinations planned to be (or already are) part of:

- Overall health strategies.
- Immunization strategies.
- Monitoring and evaluation.
- Budgeting.

4

How has integration with other essential services or health system functions helped or hindered equitable access to COVID-19 vaccination?

5

What lessons were learned from integration (or lack thereof) of COVID-19 vaccinations during the urgent pandemic response period?

Methods



Desk review of key documents globally and for each country.



Advisory group input on the approach, facilitation of collaboration, review of findings, and assistance with dissemination.



Qualitative data collection
(conducted from October 2023-January 2024):

16 key informant interviews with national and sub-national government staff and development partners.

Focus group discussions with CHSSs, CHAs, and vaccinators in Margibi and Nimba counties.

These counties were purposively selected as they were among the few that began the roll-out of integrating COVID-19 vaccination into RI.

Analysis

Notes were produced to summarize each interview and focus group discussion, guided by audio recordings to fill in any gaps in the notes.

Analysis was conducted using Atlas.ti software.

- Both deductive and inductive coding approaches were used.

Inter-coder reliability was ensured through discussions, group coding exercises, and quality checks conducted by the principal investigators.

To summarize the extent of integration into other health services and health system functions, the research team used a maturity scale¹, assigning values based on analysis of the data and reflecting maturity at the current stage:

- 1 **Limited/no** integrated activities.
- 2 **Opportunistic** integration without planning.
- 3 Strategic **plans exist/beginning** deployment.
- 4 Integration **implementation underway** with some gaps.
- 5 **Highly integrated** and sustainable.

¹Adapted from: [WHO/UNICEF, 2023. Operational framework for demand promotion: Integration of COVID-19 vaccination into routine immunization and primary health care](#))

Research Findings

Liberia



Current Situation: COVID-19 Vaccination

COVID-19 vaccination is now primarily available upon request in health facilities across the country. CHAs continue to raise awareness within their catchment communities.

However, vaccination rates are currently low as many eligible people have been vaccinated from the emergency phase, except for adolescents who were not prioritized.

The MoH continues to collaborate with health worker unions, TB units, and prisons to achieve 100 percent vaccination rate for their respective targets.

“We are working with the health worker union, TB, and other units to get people vaccinated. These people are now the global target. Those with HIV, TB, etc are targeted.”

- National policymaker

Research Question 1:

What have governments planned for sustaining COVID-19 vaccinations for priority populations?

Plan for Sustaining COVID-19 Vaccinations

Looking to the future, the MoH identified integration as a key strategy to sustaining COVID-19 vaccination and developed a COVID-19 vaccine integration into RI plan in September 2022 when revising the NDVP.

The MoH and its partners followed a seven-step process to operationalize COVID-19 vaccine integration to reach more priority groups.

“COVID-19 has already been integrated into routine vaccination. In order to do so, we developed what we refer to as seven steps to operationalizing COVID-19 vaccine into routine vaccination program.”

- National respondent

Each county received direct support from a specific implementing partner providing technical assistance for COVID-19 integration operationalization.

Plan for Sustaining COVID-19 Vaccinations

Step 1 **Microplanning:** COVID-19 integration into RI in Liberia started with detailed planning. Each health facility, district, and county created an integrated microplan, outlining the population to vaccinate and available facilities. This comprehensive approach ensured a smooth rollout across the health system.

Step 2 **Identification:** Personnel reviewed data records across all facilities, districts, and counties to determine people fully vaccinated, partially vaccinated, or unvaccinated altogether.

Step 3 **Delivery strategies:** The COVID-19 vaccination delivery strategy included fixed/static, mobile, and outreach. In the southern counties distant from urban centers, the majority of immunization activities took place through outreach.

Step 4 **Demand generation and vaccine confidence:** Vaccination teams carried out promotion activities leveraging community influencers and incentivizing community volunteers to mobilize eligible people.

Step 5 **Distribution of vaccines and ancillaries:** Vaccine rollout was streamlined by integrating COVID-19 vaccines into the existing immunization supply chain and logistics system.

Step 6 **Implementation:** With support from partners, the EPI team implemented COVID-19 integration into RI, progressively covering all 15 counties.

Step 7 **Monitoring and supportive supervision:** Reporting flows from facilities to districts, counties, and the national level, promoting effective information tracking and management. Each facility maintains ledgers for vaccines while Google Sheets track information centrally. A new ledger has been introduced, integrating COVID-19 vaccines and other antigens, although it has not yet been rolled-out nationwide.

Research Question 2:

What is the thinking/decisions concerning the integration of COVID-19 vaccinations with:

- Other essential health services (e.g., antenatal care [ANC], non-communicable diseases [NCDs], HIV, TB, primary health care [PHC])
- Other health system and vaccination functions (e.g., service delivery, human resources, training, procurement, cold chain, supply/distribution systems, information systems, demand generation, supervision, and community engagement)?

Status of Integration of COVID-19 Vaccinations with Health Services

The purpose of COVID-19 vaccination integration into the RI plan is to capitalize on COVID-19 resources to further strengthen RI.

The national EPI team is the main coordinator and implementer of COVID-19 vaccination integration.

Some respondents noted that COVID-19 vaccination is now considered routine.

Vaccine integration into essential health services and system functions is currently in the deployment stage.

The main approach is to integrate COVID-19 vaccination with RI, antenatal care (ANC), HIV, and TB services.

Status of the Integration of COVID-19 Vaccinations with the Delivery of Other Health Services

Health program	Maturity scale of 1 (low)-5 (high)*	Brief explanation
RI	4	Urgent Phase: RI staff administered COVID-19 vaccines in health facilities during outreaches and mobile vaccinations. Planned: RI vaccination teams will provide integrated COVID-19 and routine vaccination services in health facilities and during mobile deliveries with periodic campaigns.
Antenatal care	3	Urgent phase: ANC clinic nurses advised pregnant women to get the COVID-19 vaccine during health talk sessions and directed them to vaccination posts. Planned: The same delivery configuration will be maintained to vaccinate pregnant women in the future.
Programs for people who are immunocompromised (e.g., people who have HIV or TB)	3	Urgent phase: After counseling patients in HIV clinics, nurses referred them to COVID-19 vaccinators who administered the vaccines. Planned: COVID-19 vaccines will be offered to people with HIV/TB after taking their usual medication. Those willing to be vaccinated will be guided towards vaccination rooms.
Programs for older adults and/or NCD programs	1	Urgent phase: Vaccinators occasionally visited screening rooms to suggest COVID-19 vaccination to patients with NCDs. Planned: No activities are being implemented for COVID-19 vaccination integration with health programs for older adults and/or NCD programs.

*Values assigned based on research team's analysis of data, reflecting maturity at current stage. Scale: **1=limited/no** integrated activities; **2=opportunistic** integration without planning; **3= strategic plans exist/beginning** deployment; **4= integration implementation underway** with some gaps; **5=highly integrated** and sustainable.

(Source: [WHO/UNICEF, 2023. Operational framework for demand promotion: Integration of COVID-19 vaccination into routine immunization and primary health care](#))

Operational Integration Modalities

Three approaches to integrating COVID-19 delivery have been implemented:

At the facility level

- Referring all eligible clients from the various health center clinics to vaccination posts.
- Vaccinating eligible persons in designated hospital wards where they seek inpatient or outpatient treatment.

Within communities

- Delivering COVID-19 and RI vaccines together during mobile and outreach vaccinations.

Participant perspectives on COVID-19 Vaccination Integration with RI and ANC

At the facility level, nurses working in ANC clinics refer pregnant women to vaccination posts. Integrated COVID-19 vaccination delivery extends to targeted campaigns and PIRI sessions in addition to fixed/static site delivery for individuals who are unvaccinated, partially vaccinated, or seeking booster doses.

“The COVID-19 vaccine is now considered a regular one, people are now being vaccinated accordingly.”

- National level respondent

The community health assistance platform (community health committees, health facility development committees) helps create demand for the COVID-19 vaccine. Trained traditional midwives (TTM) educate pregnant women for both ANC services and COVID-19 vaccination. After health talks, they reach out to trained vaccinators to come and vaccinate willing pregnant women.

“To enhance outreach to this specific demographic, we appointed the TTM as mobilizers, empowering them to effectively reach and educate pregnant women within the community.”

- Sub-national level respondent

Participant perspectives on COVID-19 Vaccination Integration with Disease Control Programs

According to respondents, routine vaccination teams provide COVID-19 services in established facilities where immunocompromised people seek treatment on a regular basis. Additionally, in hospital settings, vaccinators walk through designated wards, including the TB annex, to administer COVID-19 vaccines based on eligibility. The same delivery strategy applies to specialized facilities where people who are deaf, blind, or have albinism receive COVID-19 vaccines in addition to their usual care.

“They talk to people who are HIV positive on COVID-19 vaccination advice before it is administered. At times, the HIV positive people come to them directly asking if they can take the vaccine.”

- Sub-national level respondent

There are no integrated activities on COVID-19 vaccination with NCD services, only general health talks are provided to patients who have a NCD.

“If you have [high blood] pressure, you have diabetes, or any health conditions it is good for you to enroll for your vaccine at the hospital. We provided this instruction as we don't know who... has these conditions.”

- National policymaker

Status of the Operational Integration of COVID-19 Vaccinations with Other Health System Functions (1/3)

Health system building block*	Maturity scale of 1 (low)-5 (high)	Brief explanation
Leadership and governance	4	<p>Urgent phase: In 2021, the EPI program led the COVID-19 vaccination implementation across Liberia with the NITAG providing technical guidance and the Interagency Coordination Committee [ICC] overseeing policy decisions. At the sub-national level, local EPI staff managed vaccine distribution and coordinated policy implementation activities.</p> <p>Planned: EPI will assume the leadership role in COVID-19 vaccination integration management and coordination with other programs.</p>
Service delivery	4	<p>Urgent phase: COVID-19 vaccination was implemented through static/fixed post delivery, outreaches, and mobile sites to reach a diverse population where COVID-19 vaccines were combined with sensitization activities at schools, churches, communities, and even prison compounds, ensuring widespread coverage.</p> <p>Planned: EPI will focus on COVID-19 integration with RI activities in the context of life course vaccination.</p>
Health system financing	2	<p>Urgent phase: MoH mobilized domestic resources (general government allocations, resources generated on COVID-19 testing) and donor assistance (GAVI, USAID, World Bank, Africa Centers for Disease Control and Prevention [CDC]) to finance COVID-19 vaccine procurement, cold chain equipment, and operational costs including those incurred for integration activities.</p> <p>Planned: The MoH is relying on donor funding for COVID-19 vaccines as Liberia is unlikely to mobilize enough domestic resources for vaccines.</p>

Status of the Operational Integration of COVID-19 Vaccinations with Other Health System Functions (2/3)

Health system building block*	Maturity scale of 1 (low)-5 (high)	Brief explanation
Health workforce	Training	<p>Urgent phase: No specific integration training was provided to the vaccination teams.</p> <p>Planned: A nationwide training will be held among healthcare workers to introduce a new national ledger for recording COVID-19 vaccines and other antigens.</p>
	Supervision	<p>Urgent phase: County Health Teams (CHTs) updated supervisory checklists to include COVID-19 vaccination and checked that COVID-19 vaccination was incorporated into routine vaccination schedules.</p>
Medical products, vaccines, and technologies	Procurement	<p>Urgent phase: UNICEF procured COVID-19 vaccines using the COVID-19 Vaccines Global Access (COVAX) Facility.</p> <p>Planned: MoH expects to continue receiving vaccines through global mechanisms.</p>
	Cold chain	<p>Urgent phase: The majority of counties were given the necessary cold chain infrastructure to store COVID-19 vaccines alongside routine vaccines.</p> <p>Planned: EPI will continue to store COVID-19 vaccines along with routine vaccines.</p>
	Supply chain	<p>Urgent phase: Vaccine requisition forms were modified to include COVID-19 entries. County health teams supplied COVID-19 and RI vaccines to health facilities simultaneously.</p> <p>Planned: EPI will continue to utilize the existing supply mechanism to stockpile and transport COVID-19 vaccines from the central store to the health facility level.</p>

Status of the Operational Integration of COVID-19 Vaccinations with Other Health System Functions (3/3)

Health system building block*	Maturity scale of 1 (low)-5 (high)	Brief explanation
Information systems	2	<p>Urgent phase: Liberia deployed a separate COVID-19 vaccination data management platform in August 2021. COVID-19 vaccination data is not yet reflected in the HMIS monthly reporting forms.</p> <p>Planned: An integrated digital vaccine data platform under development will be deployed and connected to the HMIS data warehouse to generate comprehensive immunization dashboards.</p>
Demand and community engagement	3	<p>Urgent phase: CHAs incorporated COVID-19 messaging into their monthly workplans. They engaged with heads of communities, religious leaders, vaccination champions and media personalities, and organized community meetings to address vaccine hesitancy and promote acceptance. CHAs used local vernaculars and warned against the rapid spread of disease, recalling the effects of Ebola to encourage vaccination. Volunteers were compensated for their help mobilizing people for vaccination. COVID-19 and other vaccination messages have been combined into integrated communication packages.</p> <p>Planned: In the future, the focus will be placed on communicating through mobile technologies and leveraging social platforms to share adequate information using visual and audio content in local languages.</p>

Participant Perspectives on COVID-19 Vaccination Integration with Other Health System Functions

Governance structure

Initially, leadership of the entire COVID-19 response included the Special Presidential Advisory Committee and Incidence Management System, with technical assistance from global donor agencies. Buy-in of high-level political leaders for COVID-19 vaccination, coupled with the ICC oversight; EPI and NITAG collaboration at the central level; and local EPI leadership in the county health sector coordination, created an exceptionally supportive environment for COVID-19 vaccine rollout. This governance structure subsequently facilitated COVID-19 integration.

“From the angle of governance and accountability, that decision comes from ICC. Below the ICC, the highest decision-making technical body is what we referred to as the NITAG. Below NITAG, you have the EPI technical working group where you have immunization partners that are supporting the EPI program.”

- National level respondent

Vaccination delivery configuration

The same RI staff administer COVID-19 vaccines. The EPI manages and supervises the COVID-19 vaccination teams. The CHT developed a supervision checklist to include COVID-19 vaccination with support from WHO and FHI 360 to ensure concurrent monitoring of all COVID-19 and RI activities.

“With the COVID-19 integration into routine, the first thing we developed was a supervision checklist.”

- Sub-national level respondent

Participant Perspectives on COVID-19 Vaccination Integration with Other Health System Functions

Supply chain

The majority of counties now have the necessary cold storage infrastructure, enabling them to store COVID-19 vaccines alongside other routine vaccines. The vaccine distribution process merged with the routine supply chain. At the county level, cold chain supervisors collaborate closely with the child survival supervisors to allocate vaccines. The vaccination teams transport COVID-19 vaccines and batches of other routine vaccines to the respective districts, to store them before distribution.

“COVID-19 vaccine now has been integrated into our bigger supply chain, so we no longer take COVID-19 vaccine standalones. We take COVID-19 vaccine along with other routine vaccines.”

- National level respondent

Participant Perspectives on COVID-19 Vaccination Integration with Other Health System Functions

Demand generation

COVID-19 messages were disseminated through a wide range of channels, including radio, television, verified data-sharing platforms, and primarily through heads of communities and local health officials.

“Influential community figures such as pastors, imams, and media personalities played a significant role in boosting demand for vaccination services. Their involvement reduced denial and improved acceptance.”

- Sub-national level respondent

Efforts have been made to integrate messages about COVID-19 into various programs.

“We developed 16 different messages; they were different messages and integrated into one package. The review process included the Health Promotion Unit of MoH along with other county-level health authorities like the child survival focal person, reproductive health, and other implementers. There are no more routine messages now but rather integrated immunization messages.”

- National level respondent

Anticipated challenges to COVID-19 integration

An integrated digital vaccine data management system is under development to capture COVID-19 vaccination data and all vaccines in the RI program. COVID-19 vaccination data is not yet fully integrated into the HMIS. The integrated digital vaccine platform will be made interoperable with the HMIS and District Health Information System 2.

However, a substantial challenge remains in the backlog of data for COVID-19 vaccinations at the sub-national level.

“There is a new ledger. Once the training is done, there will be a nationwide rollout. The vaccine will be given at the facility and recorded within the ledger. Thereafter it will be synchronized, uploaded, and sent directly to the national level.”

- National level respondent

“The county should have an Excel sheet to track information, that’s what is available. Until the data integration is done, there is still a huge backlog.”

- National level respondent

Research Question 3:

How are COVID-19 vaccinations planned to be (or already are) part of overall health strategies, immunization strategies, monitoring and evaluation, and budgeting?

Status of Integration of COVID-19 Vaccinations with Health Services

Liberia adopted the COVID-19 vaccine integration into RI plan in September 2022 and began its implementation in January 2023.

Additionally, Liberia developed a national COVID-19 transition plan (July 2023-June 2025) to help the entire health sector prepare for future emergency situations at national and sub-national levels.

The implementation of COVID-19 vaccination integration with routine vaccination benefited from the mobilization of various resources from the government and partners.

Status of COVID-19 Vaccination Planning

Country strategies and planning	Maturity scale of 1 (low)-5 (high)	Brief explanation
Overall health strategies	4	Liberia developed a National COVID-19 Transition Plan (2023–2025) to shift its health system from the acute phase of the pandemic towards a sustained response and recovery, while preparing to respond to future public health emergencies.
Immunization strategies	4	Liberia’s National Vaccine Deployment Plan, last updated in September 2022, includes COVID-19 integration into the RI transition plan, the main policy document guiding COVID-19 integration operationalization.
Monitoring and evaluation	1	The MoH’s current Monitoring and Evaluation (M&E) plan does not include COVID-19 elements. The M&E Division is developing a new five year sectoral M&E plan which is expected to be finalized in 2024. COVID-19 will be added to the key health performance indicators.
Budgeting	2	COVID-19 vaccination integration into RI was largely supported by WHO and FHI 360 with funding from USAID. The MoH executed separate budgets for COVID-19 vaccination activities to facilitate traceability and accountability. The EPI plans to combine COVID-19 and RI budgets in the future.

Perspectives on Planning to Make COVID-19 Vaccination a Part of Overall Health and Immunization Strategies



According to policy makers, the MoH intends to integrate COVID-19 financial programming into the overall budget planning, to ensure transparent execution in the future while maintaining accountability.



However, one of the most salient challenges of integrating COVID-19 vaccination is the provision of sufficient resources at a time when domestic mobilization capacities are limited and external resources are diminishing.

Research Question 4:

How has integration with other essential services or health system functions helped or hindered equitable access to COVID-19 vaccination?

Integration with Other Essential Services or Health System Functions on Equitable Access

The absence of disaggregated COVID-19 data by priority group makes it difficult to thoroughly analyze possible inequities in COVID-19 vaccination.

However, the MoH has undertaken several initiatives to ensure equitable access to COVID-19 vaccines such as:

- Prioritization of high-risk population sub-groups such as elderly people and people with comorbidities.
- Free vaccination at public and private health facilities.
- Special outreach programs targeting hard-to-reach areas and vulnerable populations.

Integration with Other Essential Services or Health System Functions on Equitable Access

The MoH initially prioritized vaccinations for healthcare workers, elderly people, people with comorbidities, and essential workers.

"The first six months we have priority groups. After that the general population was considered except for children and pregnant women."

- National level respondent

The MoH leveraged the public private partnership framework (2021–2023) to supply private facilities with vaccines so that they could vaccinate eligible populations at no cost. This collaboration built on the private sector engagement established during the Ebola epidemic and was revived during the COVID-19 pandemic.

"We are having a close collaboration with the Healthcare Federation of Liberia making sure that private facilities in Liberia can offer immunization services at no cost because vaccine[s] or vaccination should be free."

- National level respondent

In the future the MoH intends to organize outreach programs targeting hard-to-reach areas in the southeastern region.

"Moving forward we have decided to make outreach central in hard-to-reach areas..."

- National level respondent

Research Question 5:

What lessons were learned from integration (or lack thereof) of COVID-19 vaccinations during the urgent pandemic response period?

Lessons Learned from Integration of COVID-19 Vaccinations



Operationalizing COVID-19 integration has fostered collaboration between the EPI and health promotion divisions in developing integrated immunization messages which facilitated the reach of more eligible people in priority groups.



The absence of COVID-19 vaccination integration into NCD programs services signifies a gap which prevents reaching common target groups with integrated services.



The integration of COVID-19 messages allowed health workers to reach more people and raise awareness. It also provided a dialogue platform for hearing feedback from the community about the COVID-19 vaccines offered.



The involvement of Liberia's top leaders facilitated collective action and prompt resolution of challenges with COVID-19 vaccination implementation.

Lessons Learned from Integration of COVID-19 Vaccinations



The COVID-19 vaccination integration process has accelerated the transition from paper-based data management toward an electronic immunization registry capable of supporting real time decision-making.



Assigning implementing partners to specific counties for technical assistance spurred constructive competition that ultimately boosted Liberia's progress in COVID-19 vaccination coverage and integration.



Because the provision of integrated COVID-19 services targets beyond the traditional vaccination age, the immunization discourse has shifted towards a life course perspective. This move has highlighted the necessity of capturing adults who were previously missed, and using each interaction as an opportunity to enhance parents' education about childhood vaccination.

Conclusions

Liberia has developed a plan to integrate COVID-19 into RI; the operationalization of COVID-19 integration followed a seven-step process.

While the implementation stage is currently underway, considerable progress has also been achieved integrating COVID-19 vaccines with health services such as HIV/TB and ANC.

Liberia's integration efforts yielded noticeable progress in integrating the service delivery, cold chain management, supply/distribution systems, and leadership and governance mechanisms. The COVID-19 data system remains separate from the routine HMIS, but ongoing initiatives are dedicated to developing a unified vaccination data platform.

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Photo credit: Erica Chin / Maternal and Child Survival Program

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