






COVID-19 vaccination integration assessment

Nigeria Case Study
January 2024

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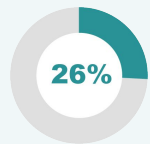
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Background

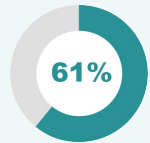


Background and Rationale

- 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

- WHO declared an end to COVID-19 as a public health emergency on May 5, 2023.
- 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	India (Tamil Nadu state)
Ethiopia	Mozambique
Ghana	Nigeria
Liberia	

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.

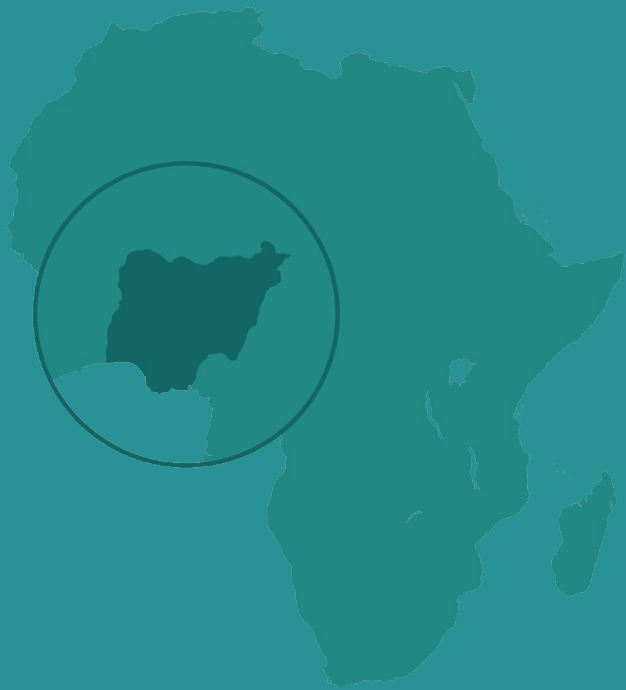
Data collection:

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

- State Primary Health Care Development Agency (SPHCDA), Federal Ministry of Health (FMoH), Nigeria Centre for Disease Control and Prevention (NCDC), National Agency for Food and Drug Administration and Control (NAFDAC), and COVID-19 task force officials.
- Expanded Program on Immunization (EPI) / National Immunization Technical Advisory Groups (NITAG) members, heads of COVID-19 vaccination units at subnational levels.
- Development partners/agencies.
- Civil society organizations (CSOs), implementing partners, public providers, academics, etc.

Focus group discussions at sub-national level with health workers and community mobilizers.

Nigeria Background



According to the National Primary Healthcare Development Agency (NPHCDA), as of December 2023, the COVID-19 primary series vaccination rate was 73 percent for the overall eligible population.*

Nigeria adopted a vaccination prioritization strategy using the WHO vaccine allocation framework and prioritization roadmap, coupled with epidemiological data from the NCDC.

- **Phase 1:** health workers, including support staff; point of entry workers; rapid response teams; contact tracing teams; and dedicated COVID-19 vaccination teams.
- **Phase 2:** remaining health workers not covered in phase 1 and people aged 50 years and older.
- **Phase 3:** general population who have significant co-morbidities and are immunocompromised, but less than 50 years old.
- **Phase 4:** general population aged 18 years and older.

Phase 4 was rolled-out following increased vaccine availability, hesitancy from prioritized groups, and the evolving epidemiological situation.

*Disaggregated data was unavailable to assess priority group vaccination rates.

COVID-19 Vaccination in Nigeria

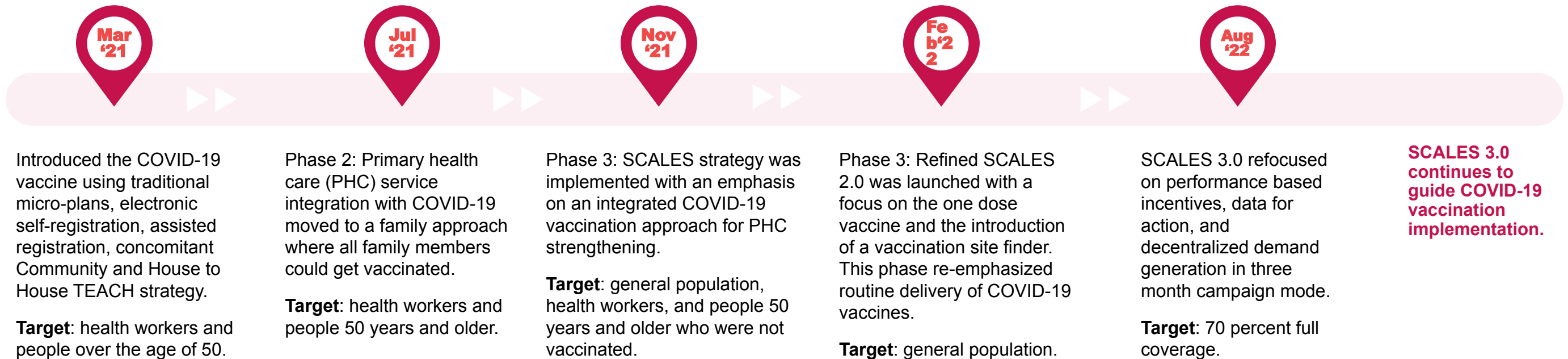
- Nigeria launched its COVID-19 vaccination program on March 5, 2021.
- NPHCDA formulated a National Deployment and Vaccination Plan (NDVP) which aimed at achieving 70 percent coverage of the total population by the end of 2022. This target was achieved in October 2023.
- Vaccine brands administered in Nigeria included AstraZeneca, Pfizer, Johnson & Johnson, and Moderna.
- The NPHCDA/EPI led the technical coordination for COVID-19 vaccine introduction and implementation.
- In November 2021, the NPHCDA rolled out Service delivery, Communication, Accountability, Logistics, Electronic management of immunization data, Supervisory (“SCALES”) that served as the COVID-19 vaccination implementation guideline.

"Well, first of all, we never really had a COVID-19 vaccination policy because of how it came there was really no time to sit down and be doing policy, what we had was a plan."

- National policymaker FMOH



Summary of COVID-19 Vaccination Implementation



Assessment Objectives

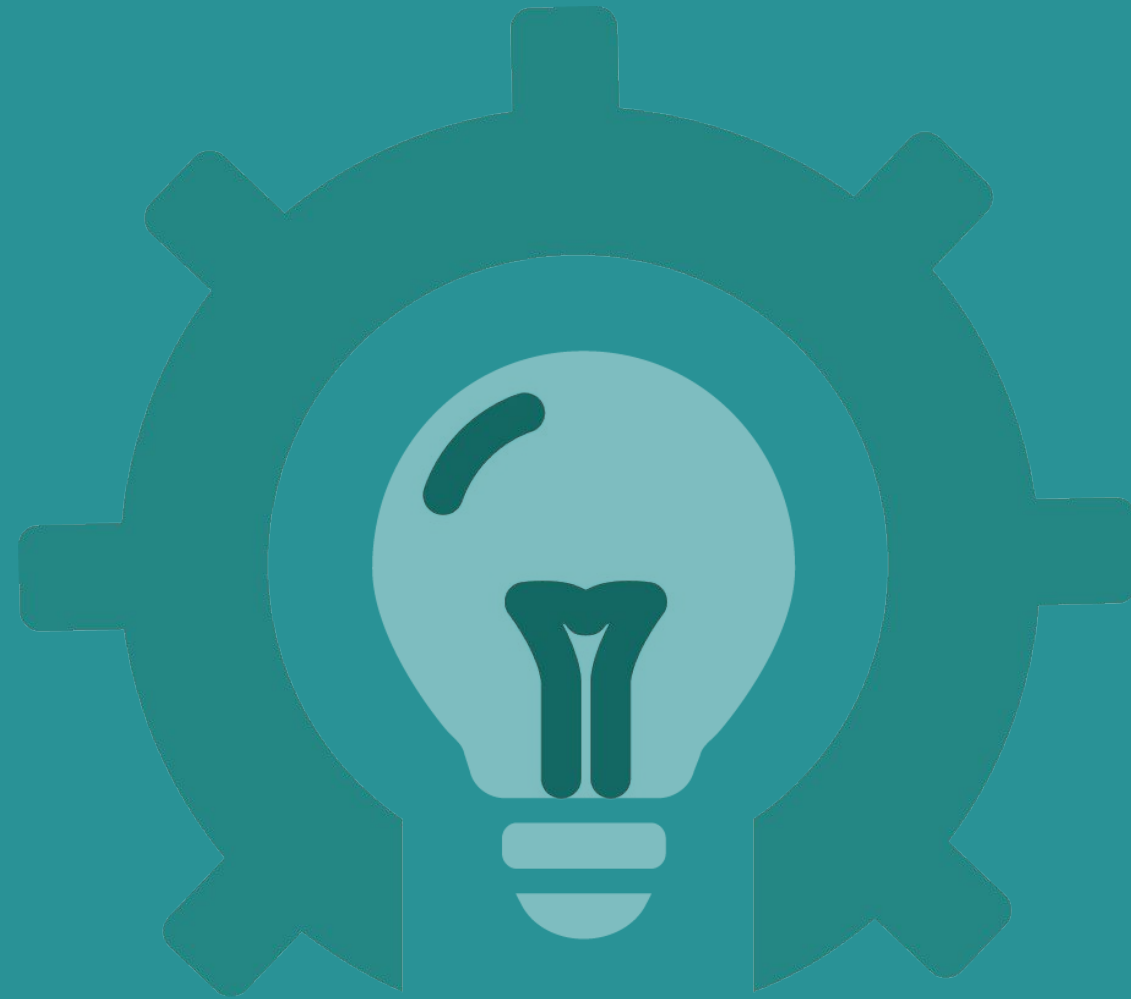


Assess the status and thinking about the future integration of COVID-19 vaccinations targeting priority groups with essential health programs and health system functions.



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

Methods



Research Questions

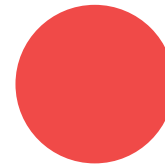
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What have governments planned for sustaining COVID-19 vaccinations for priority populations?

2

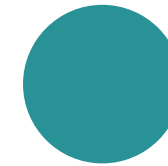
What is the thinking concerning the operational integration of COVID-19 vaccinations with:

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

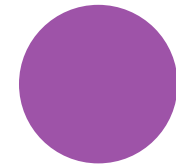


How are COVID-19 vaccinations planned to be (or already are) part of:

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



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



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- November 2023):

Key informant interviews with 24 stakeholders in national and sub-national government (e.g. NPHCDA, NAFDAC, NCDC, FMoH), political decision makers, development partners, and implementing partners (e.g. CSOs).

Four focus group discussions with service delivery workers in Kano and Lagos state.

- Participants were selected based on their frontline roles and engagement in service delivery related to COVID-19.
- Participants were from different geographic locations to capture diverse perspectives.

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

Nigeria



Research Question 1:

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

Plan for Sustaining COVID-19 Vaccination

Representatives from diverse health authorities and national and state governments began sustainability planning for COVID-19 vaccination. Discussions included state-specific responses; adaptation of vaccination approaches; and the logistical intricacies of implementing vaccination campaigns, including considerations for payment schedules and the delineation of responsibilities between local and national authorities.*

Implementation of the NDVP included public awareness; engagement with various stakeholders; training sessions for health workers; various vaccine delivery strategies, including supervision; and mechanisms for integrating data monitoring.

The Federal Government of Nigeria through the NPHCDA deployed several approaches to sustain COVID-19 vaccination including SCALES to facilitate COVID-19 vaccination integration with PHC services. The refined SCALES 3.0, which is still being implemented, aims to accelerate COVID-19 vaccination by identifying unique enablers for each state and deploying state-specific strategies.

* In Nigeria, health care service delivery is the responsibility of the three tiers of government: local government areas (LGAs) have responsibility for PHC services; state governments provide secondary level care; and the Federal Government provides tertiary level care. In addition to tertiary health care provision, the FMOH leads the development and implementation of specific public health programmes (e.g. National AIDS and STDs Control Programme, National Malaria Elimination Programme, National Tuberculosis and Leprosy Control Programme). RI for children is coordinated by the NPHCDA as a key part of child health services at the PHC level. The federal and state health ministries, departments, and agencies manage the implementation of these programmes at all levels. Source: Federal Government of Nigeria, National strategic health development plan 2018-2022.

Plan for Sustaining COVID-19 Vaccination

SCALES 3.0 prioritizes special populations for COVID-19 vaccination equity and coverage in line with the NDVP.

- Populations in humanitarian settings / contexts (e.g., internally displaced people, communal clashes, security compromised).
- Health workers and frontline workers.
- People who are immunocompromised (e.g., have hypertension, diabetes, transplants; are living with AIDS; have immunosuppressive illnesses, autoimmune diseases, sickle cell disease).
- Hard-to-reach, underserved (riverine, borders, mountainous), and mobile populations.
- People with comorbidities.
- 12-17 year old adolescents at high risk.

SCALES 3.0 concentrates on delivering COVID-19 vaccination in public PHCs and some private facilities leveraging fixed RI and outreach sessions at high-traffic facilities, and targeting caregivers to receive COVID-19 vaccination.

States were oriented on COVID-19 integration with other services (using the same health workers who provide RI to deliver COVID-19 vaccines), using the same supply chain and budget, and utilizing electronic management of immunization data (EMID) for capturing all immunization data.

Plan for Sustaining COVID-19 Vaccination

SCALES 3.0 outlines state level coordination structures; harmonizes logistics for RI, supplemental immunization activities (SIAs), oral polio vaccine, and COVID-19 vaccines to the last mile; and orients COVID-19 vaccination delivery using a one country, one team, one plan, one budget approach.

"The policies were absolutely developed by the national and delivered to us. And we went by it, we keyed into it."

- Sub-national immunization official

States have been implementing decentralized demand generation targeting health workers, grassroots leaders, and communities. Financial support comes from various sources, including government budgets, international partners (e.g., UNICEF, Gavi, WHO), and state contributions.

"We used the resources and funds we had in the State. Yes, some cold boxes were supplied as well."

- Sub-national immunization official

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

- Stakeholders stressed that the primary objective of COVID-19 integration was to maximize the utilization of available resources to achieve comprehensive vaccination coverage while addressing multiple health needs simultaneously.
- The NPHCDA/disease control and immunization division is the main coordinator and implementer of COVID-19 vaccination integration.
- The maturity of COVID-19 integration with other essential health services is currently in the strategic planning or beginning of deployment stage.
- The main approach is to integrate COVID-19 vaccination with maternal and child health services (e.g., RI, antenatal care) and services delivered to immunocompromised persons (e.g., HIV).

"For most of our facilities, we do both. So, in the same facility, everything is happening. Routine immunization is happening somewhere in the same facility where they are having the ANC session and COVID-19 vaccination is happening there too."

- Sub-national health worker

- Currently, health talks are given on specific days of the week for antenatal services, and COVID-19 vaccines are offered to pregnant women, together with other RIs such as tetanus toxoid. On other days, like geriatric clinic days or routine days for diabetes and hypertension check-ups, elderly people are given health talks and offered COVID-19 vaccines.

Integrated service delivery modalities

During the emergency phase, COVID-19 administration also occurred in the main clinics where health talks were organized to encourage clients to get vaccinated. Clients would then receive their vaccines in various service delivery units (e.g. HIV).

"As I told you, once they come into the facility and they get registered by the record officer, they tell them the service delivery points. At every service delivery point, we are sure that we educate them about COVID-19. And it's so easy because all the services are integrated and close by."

- Sub-national health worker

COVID-19 vaccination is currently delivered in the same vaccination stands as other vaccines in all primary health centers, hospitals, and during outreaches. Two integration modalities are utilized:

- 1** Eligible clients attending an outpatient department or ANC clinic are counselled on COVID-19 and then referred to EPI vaccination stands in primary health centers.
- 2** Vaccination teams implement sensitization plans with community leaders and health committee members who mobilize their respective communities for integrated RI and COVID-19 vaccination outreaches.

"When we do our outreach sessions we try as much as possible to integrate both routine immunization and COVID-19 vaccination and other health services. It also comes to bear with our supplementary immunization activities."

- Sub-national immunization official

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	3	<p>Urgent phase: COVID-19 vaccination was provided through facility-based delivery, outreaches, and catch-up campaigns. Efforts included COVID-19 awareness raising, education, and COVID-19 integration with RI.</p> <p>Planned/future: Integrated COVID-19 and RI campaigns still happen on dedicated immunization weeks and during monthly outreaches conducted by primary health centers.</p>
Antenatal care	3	<p>Urgent phase: COVID-19 counseling and vaccination were given during prenatal consultations, with a circular stating the vaccine is safe and can be taken by pregnant women.</p> <p>Planned/future: The plan is to continue combining prenatal consultations with COVID-19 vaccination at the primary health center level.</p>
Programs for people who are immunocompromised (e.g., people who have HIV or TB)	3	<p>Urgent phase: Health workers organized health talks with people who are immunocompromised who had priority access to COVID-19 testing and vaccination.</p> <p>Planned/future: The plan is to continue health talks on routine check days and have people who are immunocompromised receive the vaccine from specialized HIV/TB health centers.</p>
Programs for older adults (e.g., NCDs)	3	<p>Urgent phase: At the initial stage of the pandemic in the tertiary hospitals, COVID-19 vaccines were brought to various NCD clinics where teams vaccinated older adults with underlying health conditions. With time, they were referred to immunization clinics for COVID-19 vaccination after receiving a health talks on COVID-19. In primary health centers, people with comorbidities were given priority to receive COVID-19 vaccinations.</p>

*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](#))

COVID-19 integration implementation and future plans

The State Taskforce on Immunization coordinates the planning and implementation of all PHC services and interventions; oversees the recruitment and engagement of qualified health workers; supervises the training, reorientation and deployment of vaccination teams during the emergency phase; and conducts joint state review meetings to discuss performance (e.g., COVID-19, SIA, Vitamin A supplementation, and RI).

In the future, adult vaccine administration (e.g., COVID-19, yellow fever, tetanus) will continue in health facilities and during childhood vaccination outreaches and campaigns.

All budgets, supply chain, and logistics plans will continue in the same way for COVID-19 and routine vaccination antigens.



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: NPHCDA played a critical implementation leadership role under the Presidential Task Force. The inter-sectoral COVID-19 technical working group led by NPHCDA developed the NDVP and integration guidelines (SCALES 1, 2 and 3.0) to help states implement COVID-19 integration.</p> <p>Planned/future: NPHCDA is responsible for the immunization program and leads the technical coordination for COVID-19 vaccination.</p>
Service delivery	3	<p>Urgent phase: A coordinated effort to provide comprehensive vaccination led to integrated service delivery during the pandemic. COVID-19 vaccination was merged with routine services (through RI and SIA delivery). Clients were encouraged to take up the COVID-19 vaccine during health checks at fixed posts and temporary fixed posts.</p> <p>Planned/future: These efforts will continue to provide integrated COVID-19 vaccination with other services available in health facilities.</p>
Health system financing	3	<p>Urgent phase: Some resources were allocated to help integrate data systems such as funds to upgrade the EMID app to capture RI data, and allocations for data bundles to upload both RI and COVID-19 vaccination data. Currently, vaccines are received through GAVI and there are government budget allocations for some logistics not covered by GAVI.</p> <p>Planned/future: The same funding arrangement will continue to be used, until the country is gradually weaned off GAVI support.</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	2	<p>Urgent phase: The health workforce involved in EPI was trained for COVID-19 vaccine administration, ensuring that they had the necessary skills and knowledge to carry out vaccination activities. Health care personnel working in other units (e.g. TB/HIV, NCD) referred clients to outpatient waiting posts where EPI staff administered COVID-19 vaccines.</p> <p>Planned/future: No additional training on the COVID-19 vaccine is planned at this time.</p>
	Supervision	2	<p>Urgent phase: Adequate supervision was in place, ensuring that health workers engaged in COVID-19 vaccination were monitored and supported, contributing to the integration of the vaccination program. The immunization supervision checklists contained COVID-19 vaccination items.</p> <p>Planned/future: Routine supervision of all immunization activities will be continued from the state and LGA teams.</p>
Medical products, vaccines, and technologies	Procurement	4	<p>Urgent phase: COVID-19 vaccines were provided by GAVI, similar to other vaccines. The government co-financed additional required funds for vaccines.</p> <p>Planned: The same procurement mechanism will be used in the future.</p>
	Cold chain	4	<p>Urgent phase: COVID-19 vaccines were stored and transported in the same cold chain system as other routine vaccines.</p> <p>Planned/future: The existing cold chain will be used for COVID-19 vaccines.</p>
	Supply chain	4	<p>Urgent phase: At the start of COVID-19 vaccination, Nigeria used a third party distribution company to transport vaccines. But NPHCDA moved away from third-party distribution a few months later and progressively improved the logistical mechanisms by strengthening the capacity of the logistics teams to refine forecasts, organize intra-state movement of vaccines, and ultimately reduce expirations considering the short shelf life of certain vaccine batches.</p> <p>Planned/future: The government's distribution system is currently used for both COVID-19 and RI vaccines and supplies. This same mechanism will be used in the future.</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	3	<p>Urgent phase: An initial dedicated EMID system was developed for real-time tracking, COVID-19 data reporting, and monitoring of vaccination activities. In 2022, the EMID was improved by re-engineering the data exchange feature and creating a new RI module. This was piloted in Kano and Oyo states.</p> <p>Planned/future: The EMID system is now interoperable with the national health management information system (DHIS2) and being progressively deployed nationwide.</p>
Demand and community engagement	2	<p>Urgent phase: COVID-19 vaccination messages were integrated with general immunization, hygiene, and nutrition messages for health talks, radio and TV jingles, and talk-shows. There were joint stakeholder/media engagements at the state, LGA, and community level.</p> <p>Planned/future: The plan is to sustain messages in the media with support from some partners.</p>

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 planning to make COVID-19 vaccination a part of overall health and immunization strategies

Overall, immunization strategies have not yet been revised to incorporate elements of COVID-19 vaccination integration. However, the development of a new five-year strategic health plan is underway which will cover COVID-19 control strategies including aspects of vaccination.

Although considerable efforts have been made to merge the COVID-19 and routine data systems, the integrated EMID platform is not yet able to monitor COVID-19 performance across all 37 states and produce compiled reports in one place.

COVID-19 vaccination implementation is financed by general vaccination allocations without additional allocations for integration activities.

How are COVID-19 vaccinations planned to be (or already are) part of country strategies and planning?

Health system processes	Maturity scale of 1 (low)-5 (high)	Elaboration [answer questions below and add more where relevant]
Overall health strategies	3	COVID-19 vaccination strategies are aligned with the National Integrated Health Sector Response Plan.
Immunization strategies	2	Overall immunization strategies have not yet been revised to incorporate elements of COVID-19 vaccination integration. However, the country's COVID-19 NDVP has made provisions for the integration of COVID-19 vaccination with the RI intensification program.
Monitoring and evaluation	2	Systems are in place to track COVID-19 vaccine distribution, coverage rates, and adverse events, contributing to ongoing program assessment and improvement.
Budgeting	2	All COVID-19 vaccines are presently received from GAVI. There is no specific budget for COVID-19 vaccine procurement. General funds are allocated for routine vaccination activities not covered by GAVI funds, such as vaccine distribution, health worker training, public awareness campaigns, and monitoring and evaluation efforts. Budget allocations are not stipulated for activities to reach specific priority populations.

Research Question 4:

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

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

Nigeria did not implement a specific measurement to report on COVID-19 vaccination equity.

However, according to informants, COVID-19 vaccination integration with essential health services has provided gender-neutral access. Efforts to integrate COVID-19 vaccines into routine services have benefited both men and women.

Socio-economic disparity did not emerge as a concern during discussions as stakeholders felt eligible persons have access to COVID-19 vaccination irrespective of their income status. However, challenges persist for lower-income populations due to access barriers related to transportation costs.

COVID-19 vaccination integration has improved access for underserved populations thanks to outreaches and COVID-19 vaccination delivery in remote areas and slums to reach people who wouldn't go to health facilities spontaneously.

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

Stakeholders felt integration into RI provided flexibility and made vaccination more accessible for priority groups. The approach also provided opportunities to reach those who came to health facilities for other reasons.

“Integration of COVID vaccine into normal routine immunizations helps the public to come in at any time and have their vaccine without delay, without a crowd.”

- Sub-national health worker

Research Question 5:

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

Key lessons learned from the urgent pandemic response period



Use of existing RI sessions (mobile, outreach, fixed post delivery) with RI staff was feasible and helpful to enable continuation of COVID-19 vaccination when COVID-19 specific funds were exhausted (i.e., there were no longer funds to engage volunteers and adhoc staff to assist with COVID vaccination).



Integrating COVID-19 vaccine distribution with other RI was found to be more cost-effective than separate distribution by the private company contracted in the initial phase.



COVID-19 integration with other essential health services led to a more efficient delivery modality and eliminated the need for individuals to search for vaccines in different locations around the country.



The upgrade of the COVID-19 data system provided an opportunity to compile all immunization data in one place. Health workers received training that improved their skills and contributed to combined data collection, reducing the fragmentation of the information system.

“So, the integration was part of it, ...we started getting a better response and coverage when people come to the facility to collect COVID vaccine, and every vaccine and health service is there. You do not have to now go to a special place to get vaccinated.”

- National Policymaker NPHCDA

Lessons Learned from Integration of COVID-19 Vaccinations



The availability of COVID vaccines in all health facilities has improved ease of access, even for those who visit health facilities for other purposes. This has helped achieve the national targeted coverage.



Early involvement of development and implementing partners, the private sector coalition against COVID-19, state and LGA support, and the provision of counterpart funding played key roles in channeling all COVID-19 funds into one basket for easier response and accountability. This was the first time the private sector was coordinated in the response to a health issue in the country.



Community engagement through various channels, including polling, social listening, engagement meetings, and involvement of religious and community leaders was crucial to shaping tailored vaccination messages and improving COVID-19 acceptance, building on lessons learnt from the polio eradication process in Nigeria.

"Each vaccination team includes a traditional leader known as MAI-ANGOWA who is familiar with the local community. This leader plays a crucial role in mobilizing people and resolving noncompliance issues because of their knowledge of the community and the respect they command. We have learned from the polio health post's approach to noncompliance."

- Sub-national immunization official

Conclusions

- **The first generation of Nigeria's NDVP made provisions to integrate the RI intensification program with COVID-19 vaccination and to deliver other health interventions in COVID-19 vaccination sites (fixed and temporary fixed posts).**
- **COVID-19 vaccination delivery is already integrated with RI, ANC, NCDs, and routine health care services such as preventive services, treatment of minor ailments, and other communicable diseases in primary health centers.**
- **Significant modifications have been instituted to enhance COVID-19 vaccination integration including a shift in distribution mechanisms, improving the capacity of the state logistics teams on forecasting and intra-state movement of vaccines, and ensuring prompt and quality reporting of data.**
- **Integration with other essential services or health system functions has helped pregnant women access COVID-19 vaccines as they can now receive the COVID-19 vaccine during routine antenatal services.**
- **However, challenges persist due to vaccine hesitancy, especially among some targeted groups. To enhance access further, proactive measures such as intensified outreach programs, robust community engagement initiatives, and targeted interventions are crucial.**

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Photo credit: MOMENTUM Routine Immunization Transformation and Equity Nigeria

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