A child receiving oral polio vaccine drops during the integrated oral polio vaccination and measles-rubella supplemental immunization activity in Taguig city, Philippines.

Briefing Note:
Considerations for Integrating Multi-Antigens & Other Health Interventions to Support Polio Eradication

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POLIO GLOBAL ERADICATION INITIATIVE

Purpose of the Guide

This guide was developed in collaboration with the Global Polio Eradication Initiative (GPEI) and Immunization colleagues from UNICEF, WHO and Gates Foundation, based on information presented in a joint GPEI-UNICEF Immunization webinar in December 2024 on the same topic. It is intended to provide countries, regions and global stakeholders with a high-level understanding of the considerations that should be undertaken before embarking on a polio multi-antigen campaign and key activities to support success.

What Is Campaign Integration?

Campaign integration is the **co-delivery** of multiple vaccines and/or health interventions simultaneously. It is designed to **improve service efficiency and reach** and reduce missed opportunities.

Some examples of integrated campaigns include combining measles and rubella vaccine with polio vaccines, or integrating vaccinations with vitamin A supplementation, bed net distribution, deworming programs or other health interventions.

Benefits of Campaign Integration

Campaign integration can help to:

1. **Maximize resources (efficiency):** By combining vaccines for different diseases, healthcare workers can cover more ground with fewer campaigns (i.e., reaching more children and improving population immunity) while reducing logistical costs in a shrinking fiscal space.
2. **Improve coverage:** Families and communities may be more likely to agree to be vaccinated if they receive protection against multiple diseases in one visit, especially in hard-to-reach areas where they may not be reached by traditional health services.
3. **Reduce missed opportunities:** Delivering more than one antigen or health intervention at the same time ensures that children – particularly zero-dose children who may have never received any vaccinations or health interventions – can receive multiple life-saving vaccines and interventions more easily and efficiently, thereby reducing friction from multiple, separate interventions.
4. **Strengthen health systems:** Delivering multiple vaccines and/or health interventions together helps strengthen the relationship between communities and health systems, creating a stronger foundation for routine

Key Considerations for Deciding When to Integrate Other Antigens and/or Health Interventions with Polio

Not all campaigns should be integrated. It is important for countries to rationalize and prioritize where integration makes sense and will achieve the maximum impact.

The opportunities for integrated campaigns with polio:

- Are **specific** and – in some cases – **limited**, and
- **Vary by country** based on the vaccine delivery model for each vaccine (i.e., Routine Immunization (RI), preventive campaigns, outbreak response, catch-up), mode of delivery (i.e., fixed site or house-to-house (H2H)), epidemiological and political environment and available resources in each country

Vaccines and health interventions administered as part of **planned, preventive campaigns** are the most ideal candidates for integration with polio.

The following vaccines and health interventions are best suited to integrate with polio: **measles and rubella, malaria, meningitis, yellow fever, Vitamin A, and deworming medications.** In specific instances, **Human papillomavirus (HPV) and Japanese Encephalitis (JE)** vaccines may also be able to be integrated with polio campaigns.

For vaccines delivered as part of Routine Immunization (including supplemental activities such as Periodic Intensification of Routine Immunization (PIRIs) and maternal and child health days/weeks), **GPEI is committed to collaborating with Gavi and Essential Program on Immunization (EPI) partners on strengthening Routine Immunization.** There may be opportunities to leverage supplementary immunization activities (SIAs) during catch-up efforts or in conflict and displacement situations to screen, vaccinate or refer children to complete their vaccination series; that said, campaigns should not replace RI service delivery.

Outbreak or emergency response campaigns, which take place outside of RI, may also not be good opportunities for multi-antigen campaigns, as it is important not to compromise campaign speed or quality. The exception to this may be for longstanding outbreaks – especially in **Consequential Geographies** – where there is a planned campaign schedule, or after the third round or later of an outbreak response campaign.

Vaccine distributors pick up a bundle of polio and other vaccines from the Sokoto cold chain office in northern Nigeria, for onward distribution during a mass campaign.

Several factors may impact whether a multi-antigen campaign is the right approach and will be successful:

- **Aligned Priorities** – Both programs/interventions and their stakeholders should be aligned on key factors, including prioritizing a campaign in the same geography, commitment to integrating, vaccine delivery model for each vaccine (i.e., RI, preventive campaigns, outbreak response), and mode of delivery (i.e., fixed site or H2H); note that it is not a requirement for both vaccines or interventions to target the same age cohort[1]
- **Coordination and Collaboration** – Integrated campaigns should involve multiple stakeholders in the decision-making to integrate, during the preparatory stages (i.e., government, non-governmental organizations (NGOs), international organizations) and during the integrated campaign
- **Effective Planning** – Macro and microplanning should be undertaken well in advance for all antigens/health interventions to be integrated and the efficient use of resources
- **Funding** – There should be sufficient combined funding available from both programs to support the campaign
- **Availability of Vaccines and Other Health Interventions** – Antigens and other health interventions to be integrated should be available in sufficient quantity during the campaign period to avoid stock outs and caregiver disappointment
- **Sufficient Cold Chain Capacity** – Cold chain capacity should be sufficient to accommodate all antigens/interventions in the campaign
- **Adequate Human Resources and Country Expertise** – There should be sufficient human resources and country expertise to safely and effectively administer interventions and attain high-coverage, including recruiting and training new health workers, as needed
- **Community Engagement** – There should be an understanding of the extent to which a community has trust and acceptance of its health system, vaccines and the other health interventions being integrated, especially in conflict-affected areas; Social and Behavior Change (SBC) strategies should be in place to mitigate community trust and engagement challenges
- **Cost Savings** – Not all integrated campaigns result in cost-savings for programs (sometimes cost savings may accrue to the health system but not an individual program). The program should determine if cost-savings is a key priority and, if so, assess whether an integrated campaign will result in cost efficiencies for the program
- **Coverage Quality** – Polio should not piggyback on planned campaigns for other antigens with low coverage rates as this could lead to more circulating vaccine-derived poliovirus (cVDPVs); there is less risk of cVDPVs when other antigens/health interventions are piggybacking on planned polio campaigns since polio campaigns are H2H, resulting in higher coverage

[1] Integrated campaigns can bundle other antigens and/or health interventions to children, adolescents and caregivers of different ages. Although this may require additional planning (specifically for data collection and reporting, social mobilization and communications, and monitoring), there are examples where this has been successfully achieved.

There are several different scenarios that countries can consider when deciding to integrate polio with other antigens and/or health interventions. These scenarios are best suited for planned campaigns and campaigns in ongoing outbreak countries.

Scenario 1: Polio and another vaccine have campaigns already planned

This is a fortuitous opportunity limited to very specific instances. GPEI and the other VPD program can share campaign schedules and consider the factors noted above to determine whether it is feasible to integrate.

Scenario 2: Adding other antigens and/or health interventions to a planned oral polio vaccine (OPV) campaign

Another program may piggyback on GPEI's campaign because it is simple and cost-effective. In this instance, GPEI would have a campaign planned, but the other program may not have a campaign already planned. It would be necessary for both programs to determine a cadence for sharing campaign schedules to plan for these integrated campaigns and then assess the factors noted above to inform the decision to integrate. Though less common, this scenario can also work in the inverse, where another campaign and/or health intervention is planned and GPEI decides to piggyback on the other campaign and integrate.

Scenario 3: GPEI and another program proactively plan campaigns together

This is an intentional campaign planning opportunity for both programs and perhaps less common than the other two scenarios. In this scenario, GPEI and other program stakeholders convene to raise awareness for potential integration opportunities and identify opportunities to align campaign schedules to support integration. After potential opportunities are identified, both programs would consider the factors noted above before deciding to integrate.

Planning, Implementing, Monitoring and Evaluating GPEI Multi-Antigen Campaigns

Once a country has decided to integrate another antigen and/or health intervention with a GPEI campaign, GPEI global and regional partners will decide whether to approve the campaign. After the initial decision to integrate has been approved, countries can begin planning, implementing and monitoring and evaluating activities. During each of these phases, countries should continually evaluate and adapt integration strategies based on country priorities, resources and epidemiological and political considerations – all of which can change the decision of whether to continue to move forward with integration.

Key Planning Activities

The following planning activities occur at four levels - national, subnational, district and sub-district - to varying degrees.

- Engage political support
- Decide on health interventions
- Determine target population and geographies
- Establish emergency operations center (EOC) and coordination teams for key activities (i.e., vaccine procurement, SBC, monitoring & evaluation (M&E), finance)
- Document Outbreak Response (OBR) Risk Assessment (RA)
- Forecast commodity needs
- Develop microplanning

- Plan cold chain and logistics
- Ensure Adverse Event Following Immunization (AEFI) committee in place[2]
- Develop SBC plan
- Develop budgets; secure funding
- Develop checklist of data/indicators (i.e., training, cold chain)
- Procure commodities
- Coordinate resource mobilization and planning efforts across sectors and with other programs (i.e., human resources, finance, with Civil Society Organizations (CSOs))
- Develop tools for pre-, intra- and post-campaign monitoring (administrative reporting, Rapid Campaign Monitoring (RCM) / Independent Monitoring (IM))

GPEI global and regional partners will approve the polio OBR RA and funding and supply the vaccine before integration can move into implementation.

Key Implementation Activities

The following implementation activities occur at four levels - national, subnational, district and sub-district - to varying degrees.

- Conduct detailed microplanning; develop/update chronogram
- Conduct training
- Implement SBC plan (i.e., engage communities and local organizations)
- Mobilize resources
- Implement cold chain and logistics plans
- Conduct AEFI management[2]
- Conduct pre-, intra- and post-campaign monitoring (administrative reporting, Rapid Campaign Monitoring (RCM) / Independent Monitoring (IM))
- Provide monitoring and supportive supervision of health personnel/volunteers
- Administer vaccine and waste management
- Report out on indicators

Key Monitoring & Evaluation Activities

- Ensure integrated M&E system developed and in place (pre-campaign)
- Assess readiness level and subnational prep (pre-campaign)
- Deploy Open Data Kit (ODK) tools (pre-, intra- and post-campaign)
- Administer post-campaign coverage survey, RCM, Lot Quality Assurance Sampling (LQAS)
- Document integrated campaign's planning and implementation efforts, lessons learned in After Action Reviews and final report

Similar planning, implementation and monitoring & evaluation activities occur in parallel in other VPD programs.

Additional Resources and Information:

· *The Health Campaign Effectiveness Coalition offers knowledge resources and tools for countries to consider when planning and implementing integrated campaigns*

· *A decision-making and planning guide, developed jointly by WHO and the Health Campaign Effectiveness Coalition, provides practical considerations for planning and implementing multi-antigen campaigns, as well as best practices and lessons learned*

· *For more information on supporting multi-antigen campaigns with polio, please contact* ***emu@gatesfoundation.org.***

[2] If injectables are used.

Glossary of Acronyms

AEFI	Adverse Event Following Immunization
CSO	Civil Society Organization
cVDPV	Circulating vaccine-derived poliovirus
EOC	Emergency Operations Center
EPI	Essential Program on Immunization
GPEI	Global Polio Eradication Initiative
H2H	House-to-house
HPV	Human papillomavirus
JE	Japanese Encephalitis
IM	Independent Monitoring
M&E	Monitoring & Evaluation
LQAS	Lot Quality Assurance Sampling
NGO	Non-governmental organization
OBR	Outbreak Response
ODK	Open Data Kit
OPV	Oral polio vaccine
PIRI	Periodic Intensification of Routine Immunization
RA	Risk Assessment
RCM	Rapid Campaign Monitoring
RI	Routine Immunization
SIA	Supplementary immunization activity
SBC	Social and Behavior Change
UNICEF	United Nations Children's Fund
VPD	Vaccine-preventable disease
WHO	World Health Organization