

Optimizing an Integrated PCV/ MCV Campaign to Deliver Polio Vaccines: **Best Practices & Lessons Learned from Somalia**

Background

Integration is a core pillar of the Global Polio Eradication Initiative's (GPEI) **approach** to ending poliovirus transmission while strengthening health systems. It involves using polio tools, staff, and delivery platforms to deliver additional health interventions alongside polio vaccines, as well as incorporating polio vaccines into other planned health activities. Integrated campaigns, which combine polio with other antigens and health interventions, can reduce duplicated efforts and strengthen health systems, while also reaching more children who have not received any vaccinations (zero-dose children).

Such integrated campaigns have become increasingly important as countries face multiple competing health priorities and as national immunization programmes face shrinking resources and persistent challenges in reaching every child. The scope of integration can take different forms. This ranges from full co-delivery of multiple antigens to more limited functional integration, such as coordination across operational planning, budgeting, training, logistics, referrals, supervision, data or communication – even when vaccines are not administered at the same time.

In May 2025, Somalia conducted a successful integrated campaign delivering novel oral polio vaccine type 2 (nOPV2), pneumococcal conjugate vaccine (PCV), and measles containing vaccine (MCV) in Somaliland, Puntland, the Northeast State and South Galkayo. The integrated campaign reached millions of children across the country with these three essential vaccines:

- **MCV:** Nearly 3 million children vaccinated
- **PCV:** Over 2.3 million children vaccinated
- **nOPV2:** Over 1.5 million children vaccinated

This case study explores key best practices and lessons learned to inform future integrated campaign efforts.

Why Somalia Decided to Integrate its Vaccination Campaign

In late 2024 and early 2025, detections of variant poliovirus in Djibouti and in Bosaso highlighted the risk of polio transmission in Somalia's highly mobile population, particularly in Somaliland, the Northeast State and Puntland. At the same time, Somalia was preparing to introduce PCV into routine immunization. Before introducing PCV, a catch-up vaccination effort was required to help control the spread of measles.

Rather than implementing separate response efforts, national authorities and partners leveraged an already planned MCV and PCV campaign to deliver nOPV2 to children, at the same time. This approach maximized efficiency and reach while protecting more children from multiple threats and strengthening health systems.

This integrated campaign was unique because the decision to integrate with polio was made just weeks before the campaign's start date. Often, integrated campaigns require at least six months to plan effectively.

A few key factors supported this agile decision-making approach:

1. **Established and trained polio vaccinator workforce and supervision structures** with strong technical capacity, from national to community levels.
2. **Strong commitment from the Ministry of Health** and a national task force to reduce zero-dose children.
3. **Prompt resource utilization** from key stakeholders, including the GPEI and Gavi, the Vaccine Alliance.
4. **Expertise and critical infrastructure** such as health camps, from experience working in emergency environments.
5. **Big Catch-Up learnings and coordination mechanisms** from targeting 1.5M zero-dose children aged 1-5 years.¹

¹ The Big Catch-Up is a global initiative for children aged 12 to 59 months with the aim of restoring and strengthening essential childhood immunizations disrupted by the COVID-19 pandemic, including vaccines for polio.

Best Practices

Several operational best practices contributed to the successful campaign:

- **Direct nOPV2 shipments:** Prior to this campaign, due to the insecurity situation and logistical challenges in Somalia, UNICEF was delivering campaign supplies to Nairobi. This was an expensive, uncertain, and time-consuming process. For this campaign, UNICEF was able to deliver supplies directly to the country for the first time in a long time. A strengthened supply chain also enabled direct importation of vaccines. These changes helped significantly reduce shipment time.
- **High-quality trainings:** Practical trainings cascaded from regional to district workers and focused on key activities such as vaccine storage and administration, patient flow at facilities, demand generation, crisis communications, and campaign monitoring.
- **Robust in-country coordination between partners:** Weekly technical meetings were held with the Federal Ministry of Health, UNICEF, and WHO. Meetings were chaired by the National EPI Manager of the Federal Ministry of Health. The team developed and leveraged a readiness assessment tool to track national and district-level indicators on a weekly basis.
- **Bottom-up microplanning:** Microplanning was led at the district level and reviewed through regional and state teams, who regularly iterated back and forth on different components of the microplan.
- **Demand generation:** The team leveraged existing social and behavioral change initiatives, including the Polio Influential Leaders Project², SOMNET (Social Mobilization Network)³, NIAG (National Islamic Advisory Group) and UNICEF's network of national health officers based in each state to help generate demand for the campaign. They also partnered with phone companies to leverage their social media and ringtones in an inexpensive effort to advocate for the campaign. Lastly, they leveraged the World Food Program's platform to send out key messages to communities about vaccinations to raise awareness and increase demand uptake.
- **Single budget:** All teams worked together to agree on and implement one budget per state.
- **Integrated logistics and supply chains:** The three vaccines were transported in a single delivery to facilities, reducing costs and preventing delays.
- **Routine immunization strengthening:** The country used the integrated campaign to re-establish routine immunization in the Northeast State of Somalia, by providing vaccines used in routine immunisation, including bivalent Oral Polio Vaccine (bOPV) and Inactivated Polio Vaccine (IPV), antigens that are crucial for boosting immunity against polio. Cold chain equipment was also delivered to help re-establish routine immunisation systems.

Partnering with Nutrition

Services: The campaign partnered with nutrition company Ogow, which uses a tablet-based tool to identify families receiving nutrition supplements. When a child presented at a health facility for nutrition services, staff could check vaccination status using the caregiver's phone number and refer the child for vaccination alongside the nutrition services. Ogow also supported follow-ups by sending automated reminders to caregivers ahead of a child's next due vaccination visit.

- **Real-time monitoring and post-campaign evaluation:** Digital tools and open data kit (ODK) allowed social mobilizers to access real-time field data, allowing for swift identification and resolution of issues. GIS mapping and a well-trained team on Lot Quality Assurance Sampling (LQAS) also supported robust post-campaign monitoring to identify missed children.

² The Polio Influential Leaders Project is a collaborative initiative led by Somalia's Federal Ministry of Health, state ministries, UNICEF and the Gates Foundation that engaged trusted local leaders to reach zero-dose and under-immunized children and strengthen routine immunization through community-driven solutions.

³ In 2017, UNICEF established the Social Mobilisation Network (SOMNET) in Somalia to train community mobilizers and build communities' trust in vaccines and health services through door-to-door visits, public announcements, community meetings, and social media campaigns.



Vaccinators were trained to administer the oral polio vaccine first and then the injectable MCV and PCV vaccines. Vaccinators were trained on this sequence since children often cry after the injectable vaccines, making it challenging to administer the oral vaccine after the injectable. (Credit: UNICEF Somalia)

Lessons Learned

The integrated campaign in Somalia provides many lessons learned for future integrated campaigns.



Strong Government Commitment, Polio Expertise, and Infrastructure Enables Rapid Integration:

Countries can accelerate decision-making to integrate campaigns when they have strong government buy-in and coordination mechanisms; program expertise and technical capacity; and trusted delivery platforms and established infrastructure already in place.



Bottom-Up Microplanning Keeps Campaigns on Track:

Microplanning is a central pillar of successful integrated campaigns and is effective when driven from the bottom-up. Establishing an ongoing feedback loop with regional, state, and federal technical partners is critical to success.



Centralized Training Prepares Health Workers for Multi-Antigen Delivery:

A centralized training approach that cascades down to subnational levels helps ensure that health workers are confident in delivering multiple vaccines and guarantees consistency across delivery.



Coordinating Logistics Can Improve Efficiencies from Co-Delivery:

Running a single campaign with one workforce, one budget, and coordinated supply chain logistics helps avoid cost and delivery inefficiencies.



Integrated Campaigns Can Strengthen Links to Routine Immunization:

Beyond immediate outbreak response, integrated campaigns can help re-establish routine immunization services in areas affected by conflict and displacement. By working through community networks, engaging influential leaders, and linking campaign delivery to health facilities, the effort supported longer-term health system recovery.



A child smiles proudly as she holds up her vaccination card, a symbol of protection from preventable diseases. (Credit: UNICEF Somalia)

Opportunities for Improvement

The campaign highlighted several areas where future integrated efforts can be strengthened. Synchronizing campaigns across Somalia's federal system remains challenging and will require earlier coordination across states. Reaching children in insecure, hard-to-access, and mobile populations—particularly in parts of South-Central Somalia—continues to be a major challenge, calling for more adaptive planning and delivery approaches.

Stronger supervision, more targeted monitoring, and better use of real-time data will be needed to identify gaps and sustain progress. Improving data quality with strengthened real-time data monitoring tools is essential. Finally, more attention is needed at the point of service to build trust and strengthen health worker capacity, ensuring that community engagement translates into completed vaccinations.



Three female vaccinators walk through town, raising awareness about the importance of vaccination. (Credit: UNICEF Somalia)