The Expanded Programme on Immunizations (EPI) has dramatically decreased childhood morbidity and mortality since its introduction in 1974, and now reaches over 85% of the world’s children. Some countries and regions are still working to achieve high coverage, however, and many non-vaccine programmes have not gained the same traction needed for maximum impact. Integrating service delivery, by providing a range of non-vaccine health interventions to families at the same time as an immunization visit, can create a programme foundation through which broad services can be equitably provided as well as give a beneficial boost to EPI coverage. While integration requires thoughtful and measured planning, the potential impact for families and communities is great.
The Expanded Programme on Immunization (EPI) was established in 1974 to provide life-saving vaccines to the world’s children. EPI now reaches more than 4 out of 5 of the world’s children and, with its strong delivery platform, is becoming a sustained foundation for broader health interventions. The list of recommended vaccines has grown, and since 2000 the GAVI Alliance has helped low- and middle-income countries have greater access to new and underused vaccines, and prevent more than 5.5 million future deaths. Looking forward, GAVI is proposing that ‘the fully immunised child’ be one of the indicators in the post 2015 agenda. This would reset the ambition in immunisation, beyond DTP3 vaccine coverage, which has been a traditional measurement of a countries’ health system capacity.

In the mid-1990s, the WHO and UNICEF created the guideline for Integrated Management of Childhood Illnesses (IMCI), recognizing the need to address the whole child, and the continuum of care, in combating childhood illness. WHO and UNICEF developed the Global Immunization Vision and Strategy (GIVS), in 2005, to expand the reach of EPI, and prevent more disease. In May 2012, the Global Vaccine Action Plan (GVAP) framework was endorsed at the World Health Assembly (WHA) to achieve the Decade of Vaccines’ vision of delivering universal access to immunizations. One of the six GVAP principles is integration, stating: “strong immunization systems, as part of broader health systems and closely coordinated with other primary health care delivery programmes, are essential for achieving immunization goals.” This promotes a strong immunization system as an integral part of a well-functioning health system, as well as the development of appropriate interventions for integration, to maximize the synergistic effects.

Some key reproductive, maternal, neonatal and child health (RMNCH) interventions can be integrated with immunization delivery to gain from the reach of EPI, providing broader health interventions through comprehensive approaches to health promotion and disease control, and improve vaccination coverage. The most common delivery method is to build RMNCH interventions around the existing EPI schedule in a given country. This allows health workers to clearly identify all the interventions to provide, including vaccinations, at each point of contact. Integrated programmes can also benefit from the better equity and smaller rich-poor gap seen in EPI as compared to other RMNCH programmes.

Alternatively, both immunizations and other well-baby care and maternal and child health interventions can be provided collectively through vaccination campaigns, annual vaccination weeks or more frequent child health days. In Latin America, Vaccination Weeks have been extremely successful in targeting hard-to-reach groups, introducing new vaccines and improving coverage. Many countries now use the opportunity to deliver other health interventions, such as...
vitamin A, long-lasting insecticide treated nets (LLINs), folic acid, health education, and others. In 2012 the first ever global vaccination week took place, which will continue annually in the last week of April, in all regions. In Tanzania, Zambia, Madagascar and Zimbabwe, Child Health Days or Weeks have been integrated into the national health strategy to combat child mortality. In these countries, growth monitoring, supplementary feeding, health education, vitamin supplementation and immunizations were all provided together in comprehensive child health campaigns. As a result, nutritional status improved in the children involved and general gains were made for all included child health interventions, without any detrimental effects on vaccination coverage.

The recent global review by PMNCH identifies essential interventions key actions for the improvement of maternal and child health from pre-pregnancy to infancy. Among them, there are eight childhood health interventions that can be directly linked to immunization services. These include: exclusive breastfeeding for 6 months, continued breast feeding, prevention and management of malaria, vitamin A supplementation, management of malnutrition, management of pneumonia, management of diarrhoea, and care for children exposed to HIV. Beyond these, there are a number of reproductive and maternal interventions such as nutrition counselling, family planning services and education, distribution of iron tablets for anaemia, and postnatal care, that could also be combined with immunization visits.

Below is a table describing health interventions that can be integrated with EPI delivery. The interventions are grouped into 5 broad categories with similar delivery needs and considerations. The table describes where each intervention can be provided along the continuum of care, and what vaccinations might integrate with service delivery.

### Key Considerations - planning effectively:

Health system planning is essential for successful integration of health services and immunizations. Adequate human resources and delivery systems need to be in place to support integrated approaches. Combining service delivery, through routine EPI or campaigns, has the potential to save costs and be mutually beneficial. However, the need for planning and forethought cannot be overlooked. Integration can add...
to the daily work burden, and increase the training needed, for each health worker. The realities of service delivery, as well as supply chain and logistics, must be considered when designing integrated approaches.

### Case Study – HIV Services and Routine EPI in South Africa

During routine EPI services in KwaZulu Natal, mothers were offered HIV screening for their infants. The screening test consisted of a dried blood spot heel prick from infants, first tested for HIV antibodies, to confirm maternal status, and if positive, then further tested through DNA PCR to identify the infants’ status.

### Conclusion

The integration of immunization services and other RMNCH priority interventions, either through the standard EPI schedule, or child health campaigns and immunization weeks, can improve both immunization coverage and access to other health programmes.

### References

8. UNICEF. Pneumonia and diarrhoea: Tackling the deadliest diseases for the world’s poorest children, 2012.