

# Primary Health Care and Immunization Coverage for Zero-Dose Children

AN ADVOCACY BRIEF



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## Introduction

*“Families whose children have no access to vaccination are missing out on crucial primary health care services that affect both mothers and children and offers an opportunity for integrated service delivery to reduce inequity<sup>1</sup>.”*

Millions of children across the world live in vulnerable and marginalized communities that often lack access to essential resources and services like education, water, adequate nutrition, and even basic health care. Many of these children live in poverty and face systematic exclusion from government service provision, particularly in urban slums and remote rural areas, and as such are often missed by health services like routine immunization programs. This adds to existing inequities and their burden of disease, leaving them even further behind. These challenges have been exacerbated by the COVID-19 pandemic, which has put a strain on already-limited resources in health systems and made it even more difficult to reach these underserved communities.

These missed communities are home to a disproportionate number of zero-dose children, defined operationally as those who have not received a single dose of diphtheria-tetanus-pertussis containing

vaccine (DTP1). Recent research has found that these children are more likely to come from families that have been left out of essential health services and interventions, particularly antenatal care<sup>6</sup>. So, how can strengthening immunization with a focus on zero-dose children also improve access to and coverage of primary health care (PHC) services?

As routine immunization brings children into contact with health services many times throughout a child’s life, it can provide a synergistic platform to increase access to PHC and other integrated health services. Families with access to PHC services may have more opportunities for vaccination, and vice versa—vaccinating children could also give families an opportunity to receive other essential health services<sup>2,7</sup>. Additionally, routine immunization has been found to strengthen key building blocks of the PHC system such as the supply chain, data monitoring, disease surveillance, human resources for health, health information systems, and community outreach<sup>8,9</sup>.

At its core, PHC aims to provide opportunities for accessible, affordable care to the whole person and the whole of society, making it a key lever for advancing health equity<sup>3,5,10</sup>. As Dame Margaret Whitehead, a leading voice on equity in health, noted, “Equity is concerned with creating equal opportunities for health, and with bringing health

### KEY DEFINITIONS

**Zero-dose children** are defined as those who have not received their first dose of DTP1. Tracking DTP helps to identify children with limited access to primary health care since it is offered almost exclusively through routine immunization touchpoints with the health system<sup>2</sup>.

**Primary Health Care (PHC)** is defined by WHO and UNICEF as “a whole-of-society approach to health that aims to ensure the highest possible level of health and wellbeing and their equitable distribution by focusing on people’s needs and preferences (as individuals, families, and communities) as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people’s everyday environment”<sup>3</sup>.

**Universal Health Coverage (UHC)** ensures all people, everywhere, can get the quality health services they need without financial hardship. Strong primary health systems will be critical for achieving UHC<sup>4,5</sup>.

differentials down to the lowest level possible”<sup>11</sup>. Reaching the whole of society therefore means prioritizing those that have been left furthest behind—including zero-dose children.

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## Opportunities for Reaching Zero-Dose Children & Improving Coverage of PHC Services

### Using an Integrated Approach

Lack of vaccination is closely linked with missing out on other PHC interventions, and therefore an equity-focused, integrated approach to PHC design and investment is critical. Identifying zero-dose children and their families could be an important first step towards identifying communities missing out on other essential health services<sup>2,12,13</sup>.

- **Mozambique Case Study**<sup>14,15</sup>: Interviews with caregivers in the Zambézia Province, Mozambique found that mothers want their children to be vaccinated but often have had to overcome physical, economic, and social barriers to access services. For example, they often long travel hours to get their child vaccinated, which requires significant planning for leaving other children at home, as well as potentially high travel and opportunity costs. To improve uptake of services, it is critical that mothers receive high-quality care in return for their investment of time, money, and effort. Specifically, the researchers recommended a more patient-centered care approach, including building health workers’ capacity to provide a full range of PHC services as well as interpersonal communication skills.

### Mobilizing Community Health Workers (CHWs) & Community Engagement

Making essential health services available to populations does not necessarily mean that they will use them. It is important for campaigns to include a community mobilization component to generate demand for vaccination by earning communities’ trust and ownership of health services<sup>16,17</sup>.

- **Nigeria Case Study**<sup>18</sup>: In the Ogun State of Nigeria, community members recognized that many of the local families were unable to travel to government health centers for PHC and vaccination due to high cost, bad roads, and lack of safe transportation. As a result, health workers teamed up with members of a hard-to-reach community to build a new health center from the ground up and deliver vaccines to zero-dose children. Empowering and training local community members to play active roles in delivering PHC services builds trust, enhances community ownership of health services, and helps immunization workers identify and track zero-dose children.
- **Kenya Case Study**<sup>19</sup>: Engaging local community members in remote and conflict-prone parts of Northern Kenya has been important for building trust, health promotion and education, and improving access to vaccines. County health officials improved vaccine uptake by teaming up with well-respected members of the community – including CHWs, traditional birth attendants, and cultural elders – to identify and immunize zero-dose children in a traditionally nomadic population.

### Leveraging COVID-19 Vaccination Campaigns

The COVID-19 vaccination infrastructure can be leveraged to strengthen national

routine immunization programmes and reach zero-dose children and communities with life-saving vaccines as well as essential health services<sup>17,20</sup>.

- **Ethiopia Case Study**<sup>21</sup>: In Ethiopia, COVID-19 vaccination campaigns have enabled health workers to identify hundreds of zero-dose children in remote, hard-to-reach villages. Many of these children were unregistered with immunization programs because births in these remote areas typically occur at home, and it is often not feasible for mothers to travel hours to bring their children to health centers for routine services. Through Gavi's recent COVID-19 vaccination campaigns, these children were identified, registered, and are now receiving routine immunizations.

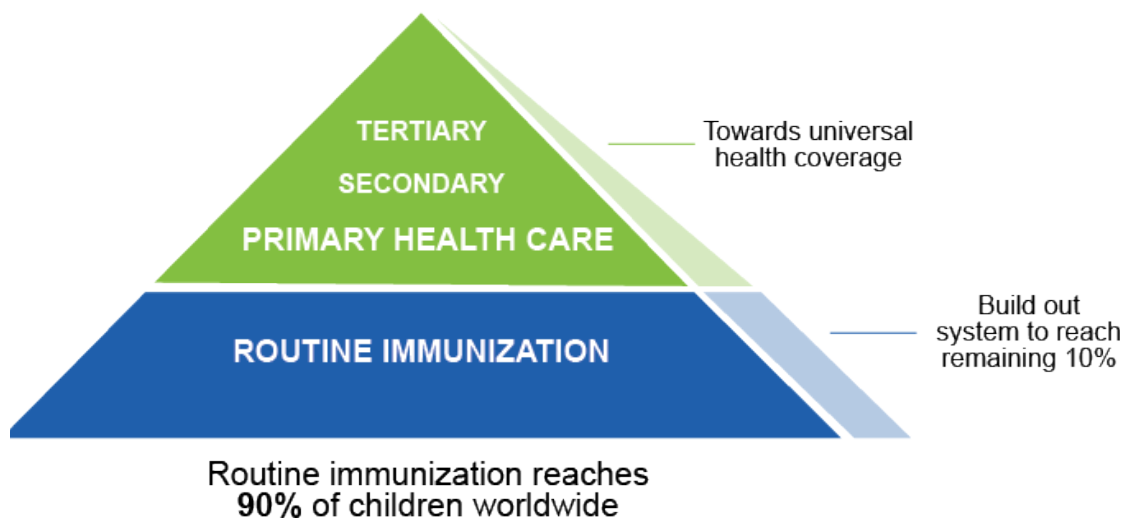
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## Looking Ahead

As world leaders and decision makers face an increasingly resource-constrained world due to the intersecting impacts of COVID-19 with other global challenges such as climate change, debt, and geopolitical crises, investing in PHC and vaccination programs to promote health and economic security is all the more important today.

A strong PHC system is foundational for achieving universal health coverage (UHC)<sup>5,22</sup>. As noted above, there are physical, social, and economic barriers to achieving universal access to high-quality health services. Opportunities to overcome these barriers include better mobilization and capacity-building of trusted CHWs to provide person-centered, integrated PHC services. Community engagement is a crucial first step to achieving high-quality, integrated, and equitable PHC services<sup>5,22,23</sup>.

The COVID-19 pandemic is a stark reminder of the importance of strengthening and investing in PHC, including immunization services, to reach those left furthest behind. The global health community should apply lessons learned from PHC and the COVID-19 pandemic to inform strategies to reach zero-dose children, leading to better targeted approaches and greater resource efficiencies<sup>24</sup>. This includes capitalizing and building on the vaccination investments, innovations, and new tools triggered by the COVID-19 pandemic response. The zero-dose approach provides an opportunity to reach the most vulnerable families to provide immunization and integrated delivery of other essential health services as a way to build back better towards UHC and a more equitable future<sup>6,9,12,17</sup>.



Adapted from Gavi, 2019<sup>9</sup>

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