Kian Zhang on Unsplash

Welcome to the webinar

Universal Health Coverage (UHC) and the Coronavirus Crisis – Challenges and Responses: maintaining essential health services while responding to COVID-19

unicef for every child

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

Task Force COVID-19:

international policy centre for inclusive growth

german cooperation
DEUTSCHE ZUSAMMENARBEIT

Implemented by giz

Australian Aid

Social protection responses to **#COVID19**

This joint effort is inspired by colleagues and organisations working to **disseminate and discuss the most recent content on social protection responses to COVID-19**.

The initiative has three major components:

1. A weekly special edition of a dedicated newsletter, featuring a compilation of relevant information from all over the world on social protection initiatives dealing with COVID-19;
2. Weekly webinars to foster discussions and exchanges;
3. An online community to systematise the information gathered on the topic and foster discussion.

Task Force COVID-19:

Ramakrishna Math/ Flickr / CC0

#SPcovid19 #COVID19 #SPresponses

Magnus Akselvoll / Flickr / CC BY 2.0

Next webinar

Tuesday, 19 May, at 9 am EDT/GMT-4

Impacts of COVID-19 on care politics

socialprotection.org presents:

Universal Health Coverage (UHC) and the Coronavirus Crisis – Challenges and Responses: maintaining essential health services while responding to COVID-19

Presenters

Dr. Choe Young June, MD, PhD, Department of Social and Preventive Medicine, University College of Medicine, Republic of Korea

Dr. Robin Nandy, Principal Advisor & Chief of Immunizations, UNICEF

Dr. Yu Wenzhou, National Immunization Center of China, Center for Disease Control, People's Republic of China

Moderator

Dr. James Fitzgerald, Director of Health Systems and Services, PAHO/WHO

Universal Health Coverage (UHC) and the Coronavirus Crisis – Challenges and Responses: maintaining essential health services while responding to COVID-19

Presenter

Dr. Young June Choe

University College of Medicine, Republic of Korea

Dr. Young June Choe is a public health consultant to UNICEF Seoul Office and an assistant professor at Department of Social and Preventive Medicine, Hallym University College of Medicine, South Korea. Prior to current position, he graduated with a MD at Seoul National University College of Medicine and a PhD in public health at Seoul National University School of Public Health, trained as pediatrician subspecializing in infectious diseases at Seoul National University and the Warren Alpert Medical School of Brown University, US. He is responsible for teaching the introductory module in epidemiology to medical students. Dr. Choe's primary research focus is in infectious disease epidemiology. In recent years he has focused on studies of respiratory virus transmission in the community and the effectiveness and impact of control measures.

Universal Health Coverage (UHC) and the Coronavirus Crisis – Challenges and Responses: maintaining essential health services while responding to COVID-19

Presenter

Dr. Robin Nandy

UNICEF

Dr Robin Nandy was appointed Principal Adviser and Chief of Immunization at UNICEF Headquarters in December 2015. Prior to this, from 2011 - 2015, he was the Chief of Child Survival and Development in UNICEF Indonesia. Before his position in Indonesia, Dr Nandy led the Global Polio Eradication Initiative at UNICEF Headquarters from 2010-2011 and was the team lead for Health in Emergencies from 2006 - 2011. Dr Nandy is a medical epidemiologist and public health physician with an extensive background international public health, particularly in the areas of child survival, immunization, outbreak response and in humanitarian health response. He has worked in several conflict affected countries and fragile states and also participated in a number of high profile emergency responses. An Indian national by birth, Dr Nandy obtained his medical degree from Mysore University, India (1990) followed by an MPH at the Nuffield Institute for Health, Leeds, UK (1996).

Universal Health Coverage (UHC) and the Coronavirus Crisis – Challenges and Responses: maintaining essential health services while responding to COVID-19

Presenter

Dr. Yu Wenzhou

Center for Disease Control, People's Republic of China

Dr. Wenzhou Yu received a PhD of Public Health from the Chinese University of Hong Kong in 2010 and now is a professor of Chinese Centers for Disease Control and Prevention. He has been working on childhood immunization continuously for over 20 years. He has held permanent positions in the Chinese Center for Disease Control and Prevention (6 years), the Ministry of Health (5 years), and provincial immunization programs (8 years). He has working experiences in the different aspects of immunization programme, including policy making research, immunization service, polio eradication, measles elimination, hepatitis B prevention, and immunization health risk communication. One of the highlights of his professional life was to participate in the response to the polio outbreak in Xinjiang province in 2011 and 2012 and publish the main results in the New England Journal of Medicine. He served as a field epidemiologist for the World Health Organization in the Ebola Emergency Response in Sierra Leone for three months (from November 10, 2015 to February 7, 2016). Dr. Yu worked for the evaluation of health value for China immunization system in CDC from June to December 2017 as a guest researcher.

Universal Health Coverage (UHC) and the Coronavirus Crisis – Challenges and Responses: maintaining essential health services while responding to COVID-19

Moderator

Dr. James Fitzgerald

PAHO/WHO

James Fitzgerald, B.Sc. (Pharm), Ph.D, M.P.S.I., is currently the Director of the Department of Health Systems and Services of the Pan American Health Organization/World Health Organization (PAHO/WHO) and is responsible for overseeing the PAHO work program on health policy and governance, health systems and services organization, human resources for health, financing in health, and access to medicines and health technologies, oriented towards Universal Health. As a national of Ireland, he obtained his Bachelor in Science, Pharmacy (1989), and a Ph.D. in Pharmaceutical Sciences (1993), from the University of Dublin, Ireland. Commencing his career initially with the pharmaceutical industry, he joined PAHO/WHO in 1997 where he worked as an advisor in policy issues related to access and regulation of medicines and health technologies in Haiti, Brazil and PAHO headquarters, Washington D.C. USA. He assumed the coordination of the PAHO regional work program in the Americas in Medicines and Health Technologies (2008 – 2013) and, in 2014, was appointed Director of Health Systems and Services.

Share your questions to the speakers!

type them in the chat bar

Also, interact with us on Twitter (@SP_Gateway):

#SPorgWebinar

#SPcovid19

#COVID19

#SPresponses

Universal Health Coverage (UHC) and the Coronavirus Crisis: South Korea

Young June CHOE, MD, PhD

May 12, 2020

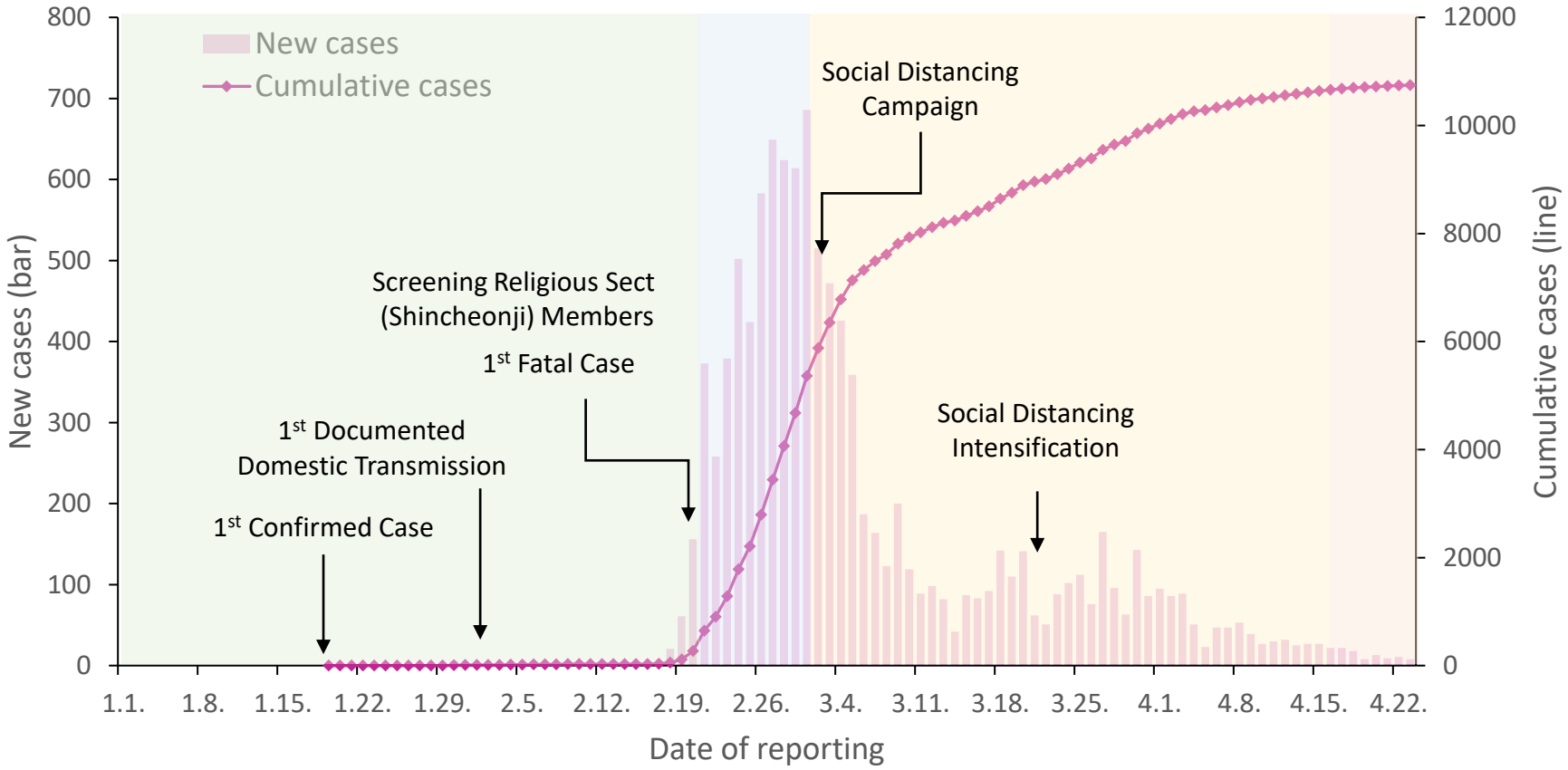
"Social protection responses to COVID-19" webinar series

unicef

HALLYM UNIVERSITY

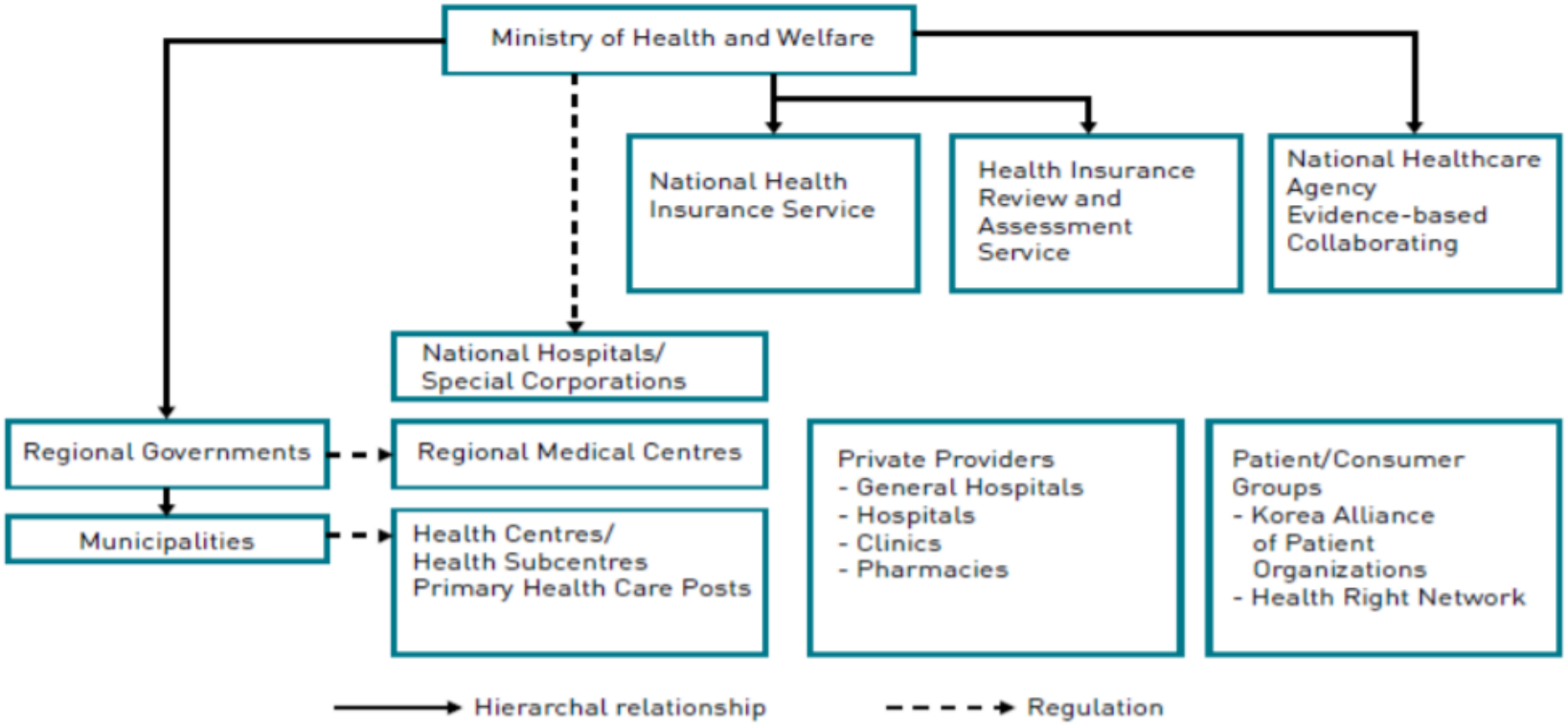
COVID-19 in Korea

I. Pre-epidemic ➡ II. Epidemic surge ➡ III. Flattening the curve ➡ IV. Maintenance



Korea CDC

Overview of Korean Health System

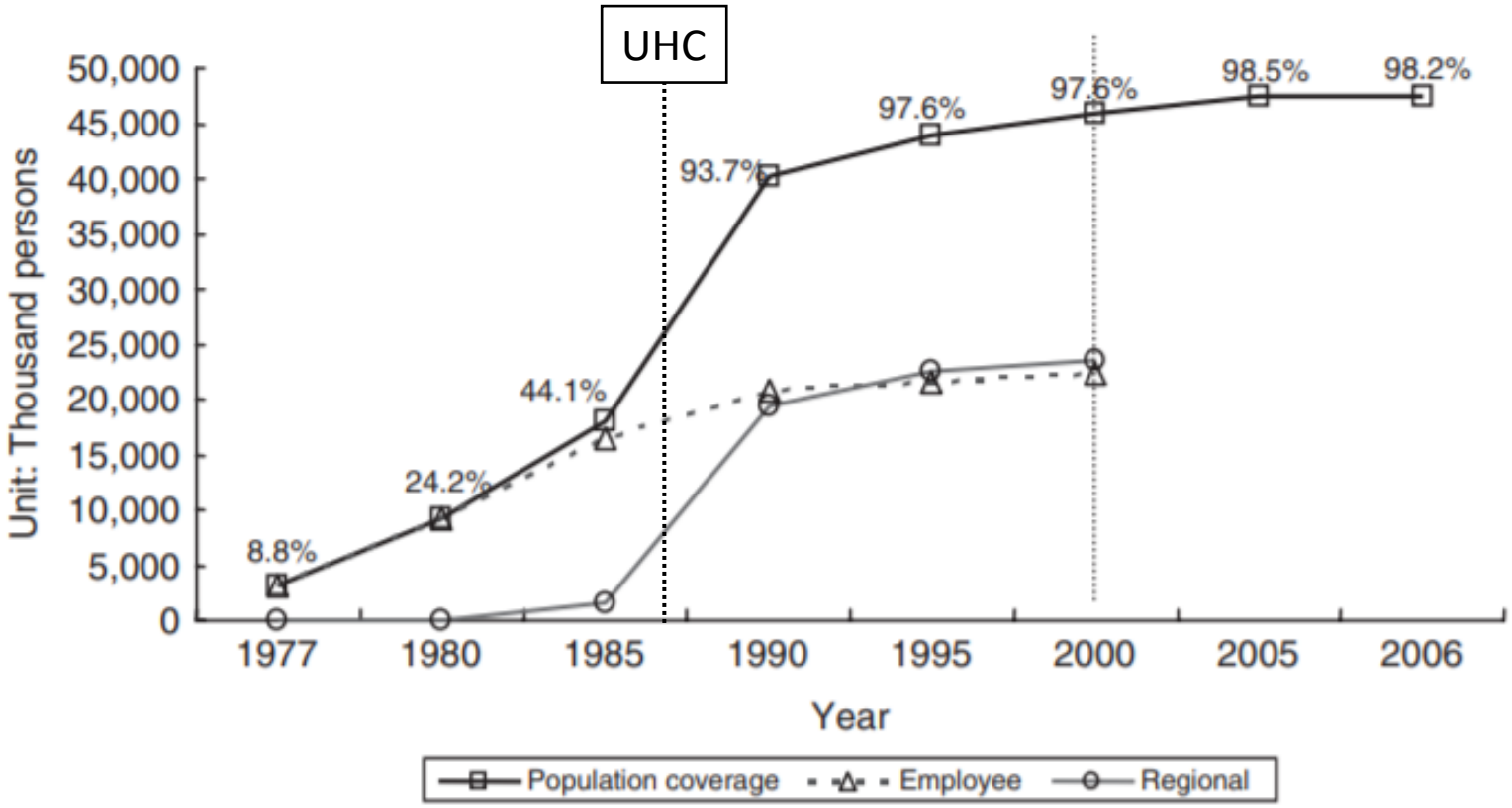


WHO, 2015

National Health Insurance of South Korea

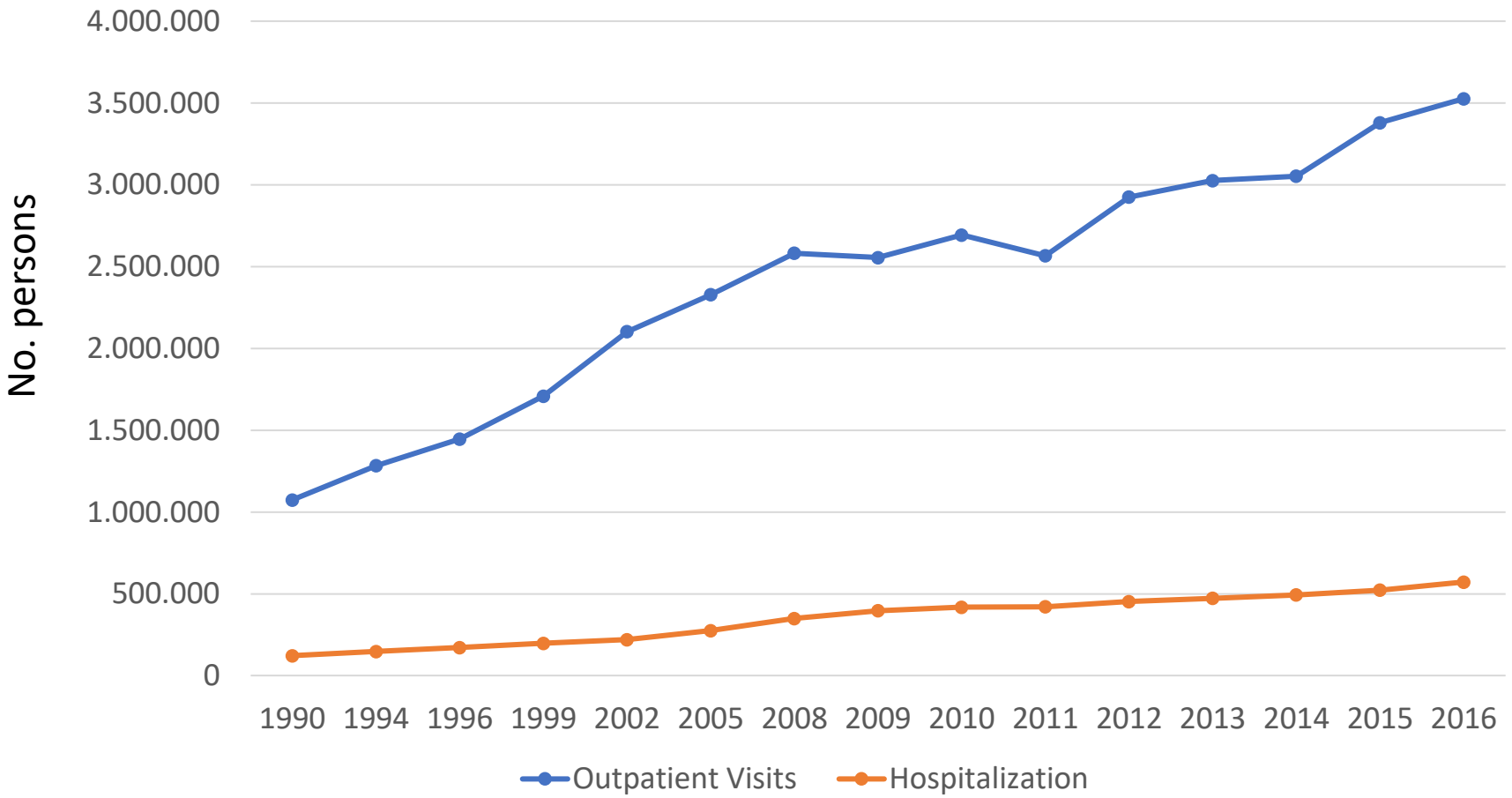
- Whole population covered, compulsory participation
  - 97% by NHI (National Health Insurance)
  - 3% covered by tax financed MedicalCare
- Single payer system (2000), one risk pool
  - Transition from the multiple fund system (1977-1999)
  - Solidarity principle agreed and pursued
- Uniform benefit package for all
- Private providers dominant in the supply sector
- FFS (Fee-for-service), with recent partial introduction of K-DRG(2013)

Population Coverage of NHI



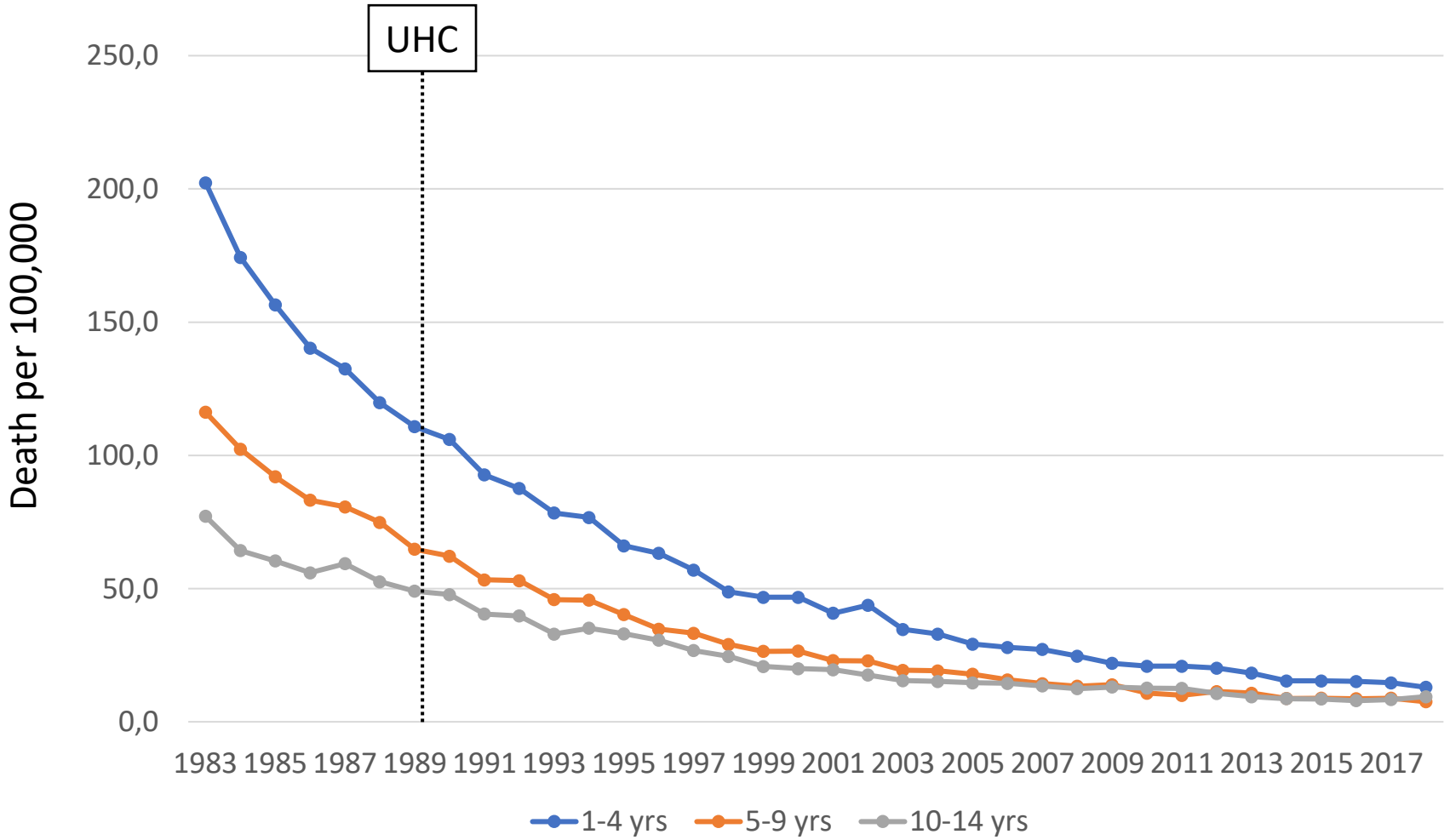
Kwon, Health Policy and Planning, 2009

Trend of Healthcare Utilization



Statistics Korea

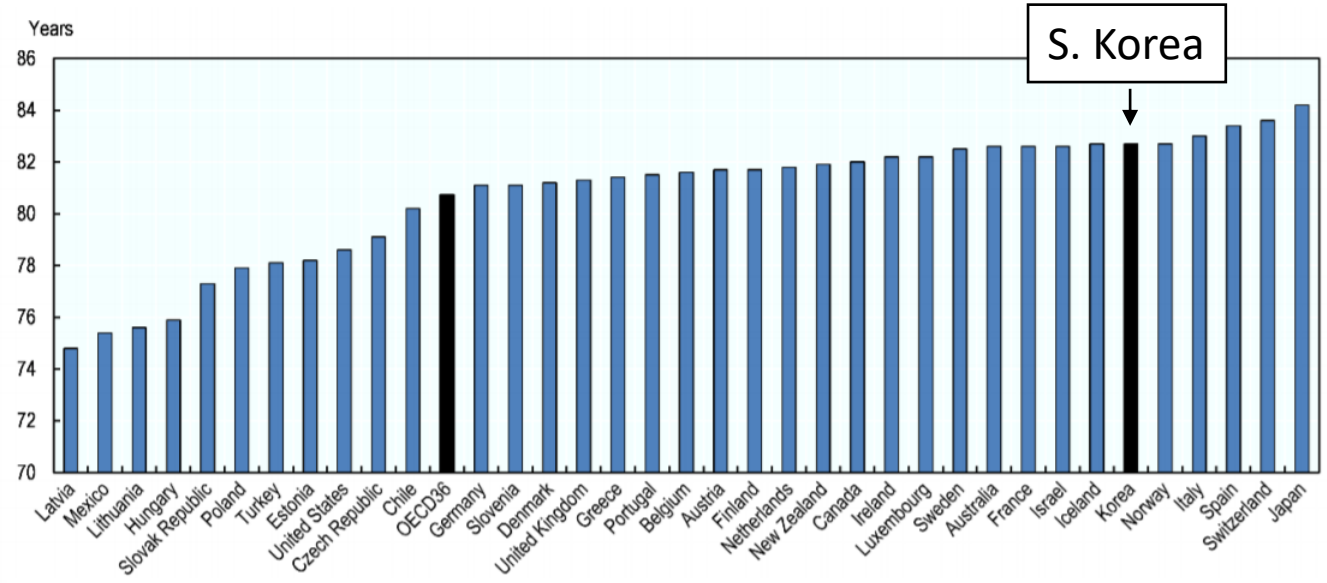
Child Mortality, South Korea 1983-2018



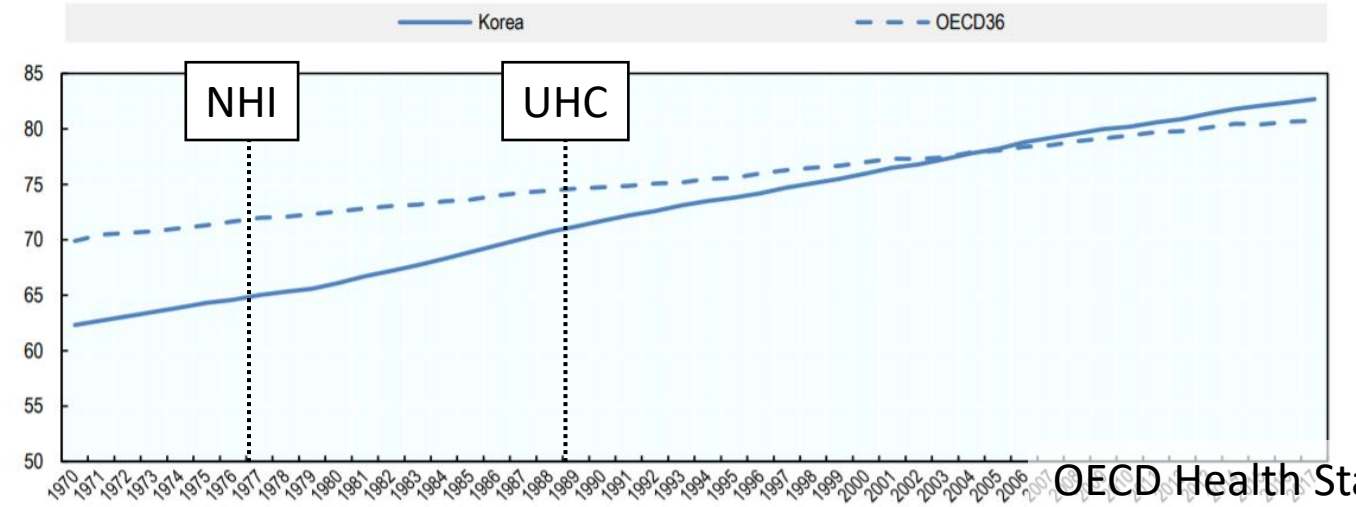
Statistics Korea

Life expectancy at birth in OECD countries, (a) 2017, (b) trend

(a)

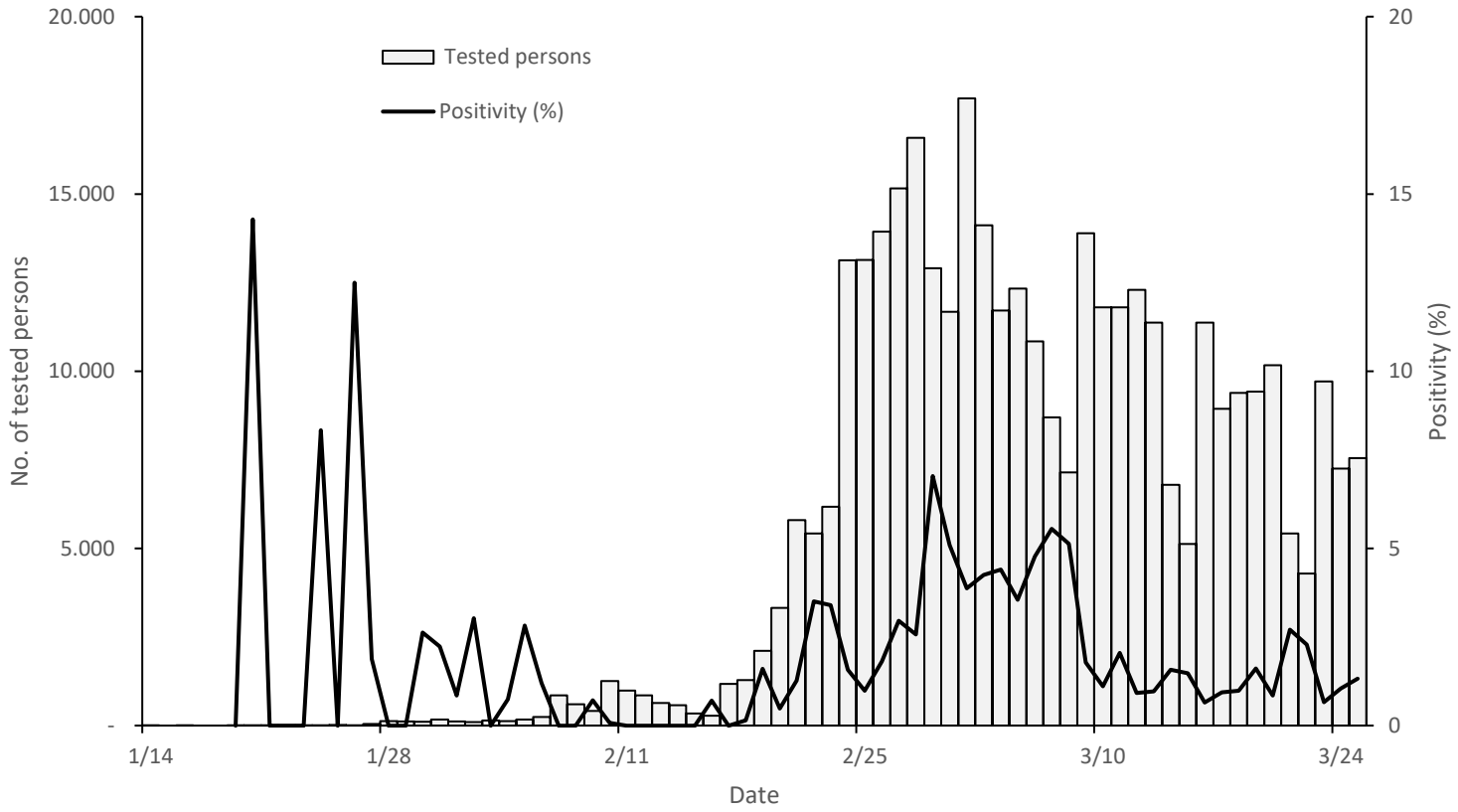


(b)



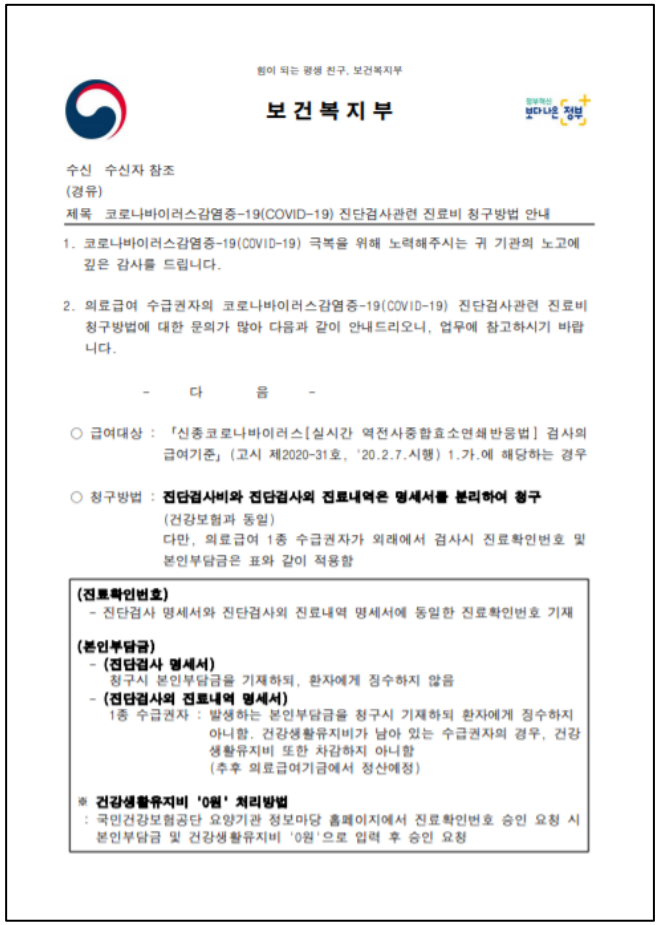
OECD Health Statistics 2019

Expansion of Covid-19 Testing



Choe, *Unpublished*

Cost of Covid-19 Testing in Korea



힘이 되는 정부 친구, 보건복지부

보건복지부

보다나은 정부

수신 수신자 참조
(경유)
제목 코로나바이러스감염증-19(COVID-19) 진단검사관련 진료비 청구방법 안내

1. 코로나바이러스감염증-19(COVID-19) 극복을 위해 노력해주시는 귀 기관의 노고에 깊은 감사를 드립니다.

2. 의료급여 수급권자의 코로나바이러스감염증-19(COVID-19) 진단검사관련 진료비 청구방법에 대한 문의가 많아 다음과 같이 안내드리오니, 업무에 참고하시기 바랍니다.

- 다 음 -

○ 급여대상 : 「신종코로나바이러스[실시간 역전사중합효소연쇄반응법] 검사의 급여기준」(고시 제2020-31호, '20.2.7.시행) 1.가.에 해당하는 경우

○ 청구방법 : **진단검사비와 진단검사의 진료내역은 명세서를 분리하여 청구**
(건강보험과 동일)
다만, 의료급여 1종 수급권자가 외래에서 검사시 진료확인번호 및 본인부담금은 표와 같이 적용함

(진료확인번호)
- 진단검사 명세서와 진단검사의 진료내역 명세서에 동일한 진료확인번호 기재

(본인부담금)
- **(진단검사 명세서)**
청구시 본인부담금을 기재하되, 환자에게 징수하지 않음
- **(진단검사의 진료내역 명세서)**
1종 수급권자 : 발생하는 본인부담금을 청구시 기재하되 환자에게 징수하지 아니함. 건강생활유지비가 남아 있는 수급권자의 경우, 건강생활유지비 또한 차감하지 아니함
(추후 의료급여기금에서 정산예정)

※ **건강생활유지비 '0원' 처리방법**
: 국민건강보험공단 요양기관 정보마당 홈페이지에서 진료확인번호 승인 요청 시 본인부담금 및 건강생활유지비 '0원'으로 입력 후 승인 요청

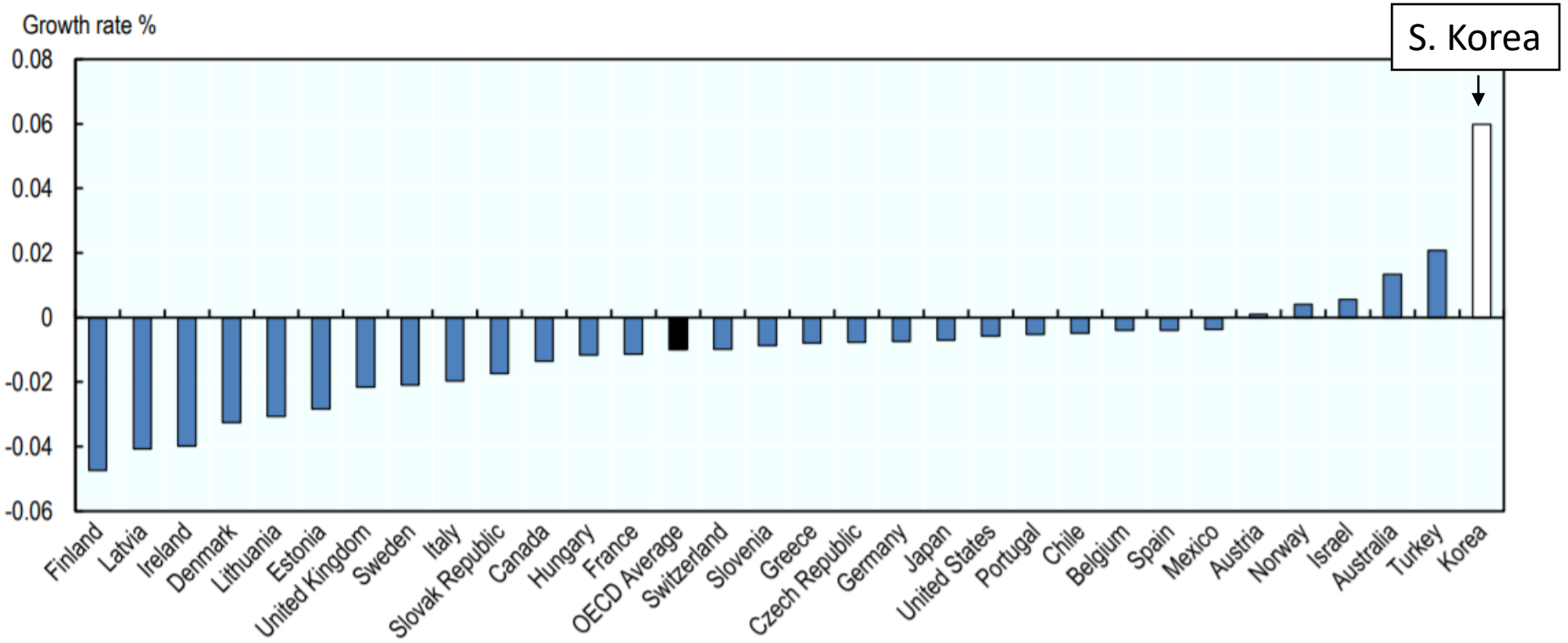
1. Cost free for testing

- Close contact with confirmed Covid-19 patient
- Epidemiologic linkage with (1) international or (2) domestic hotspots
- Doctor's suspicion of Covid-19 (i.e., pneumonia with unknown etiology etc)

2. 170,000 KRW (~140 USD, ~130 Euro)

- If above criteria doesn't meet

Average annual growth rate of hospital beds, 2000-17



OECD Health Statistics 2019

190+ National Designated Isolation Units

NHIS on Covid-19 Relief

- Cushioning financial blow in financially vulnerable
  - Lower 20% of income bracket: 30-50% reduction in premium (Mar-May)
  - Lower 50% in hotspots (Daegu, Gyeongbuk)
- Same applies to foreign residents (n=1,212,475)
  - Average annual payments: 1,068,000 KRW (875 USD)

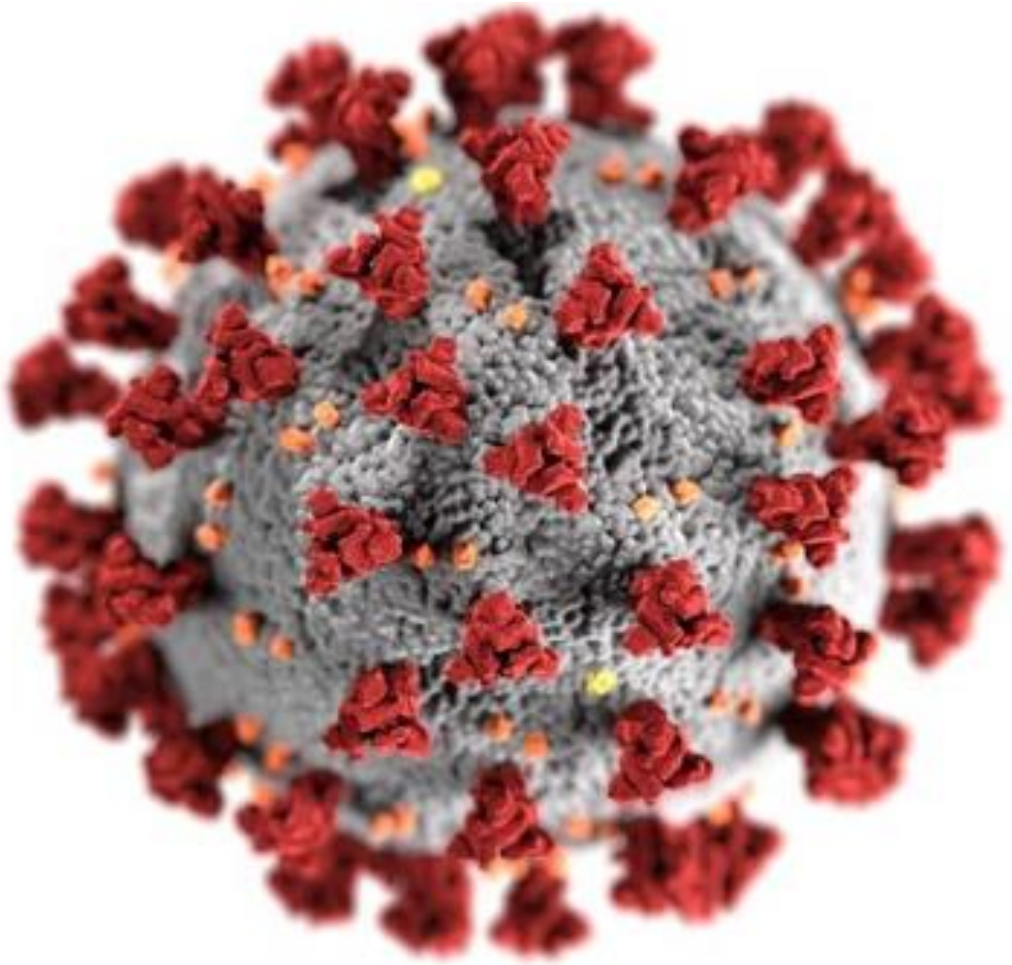
Any Issues?

- Decentralized triage system for allocating designated hospitals/community treatment centers
  - Posing bottleneck in work-flow process
- Diverting role of community health centers responding to Covid-19
  - Partly halting immunization service (adult pneumococcal vaccines), routine NCD cares, community services

Takeaways

- Korean UHC provided aid in robust response to Covid-19 in terms of efficiency and equity
  - Scaling up of PCR testing: service delivery coupled by public-private sectors, under fragmented delivery system
  - Uniformed and comprehensive service coverage for treatment
- Public-private partnership in health policymaking: regulator, system designer, monitoring and managing, leader for public health

ychoe@hallym.ac.kr



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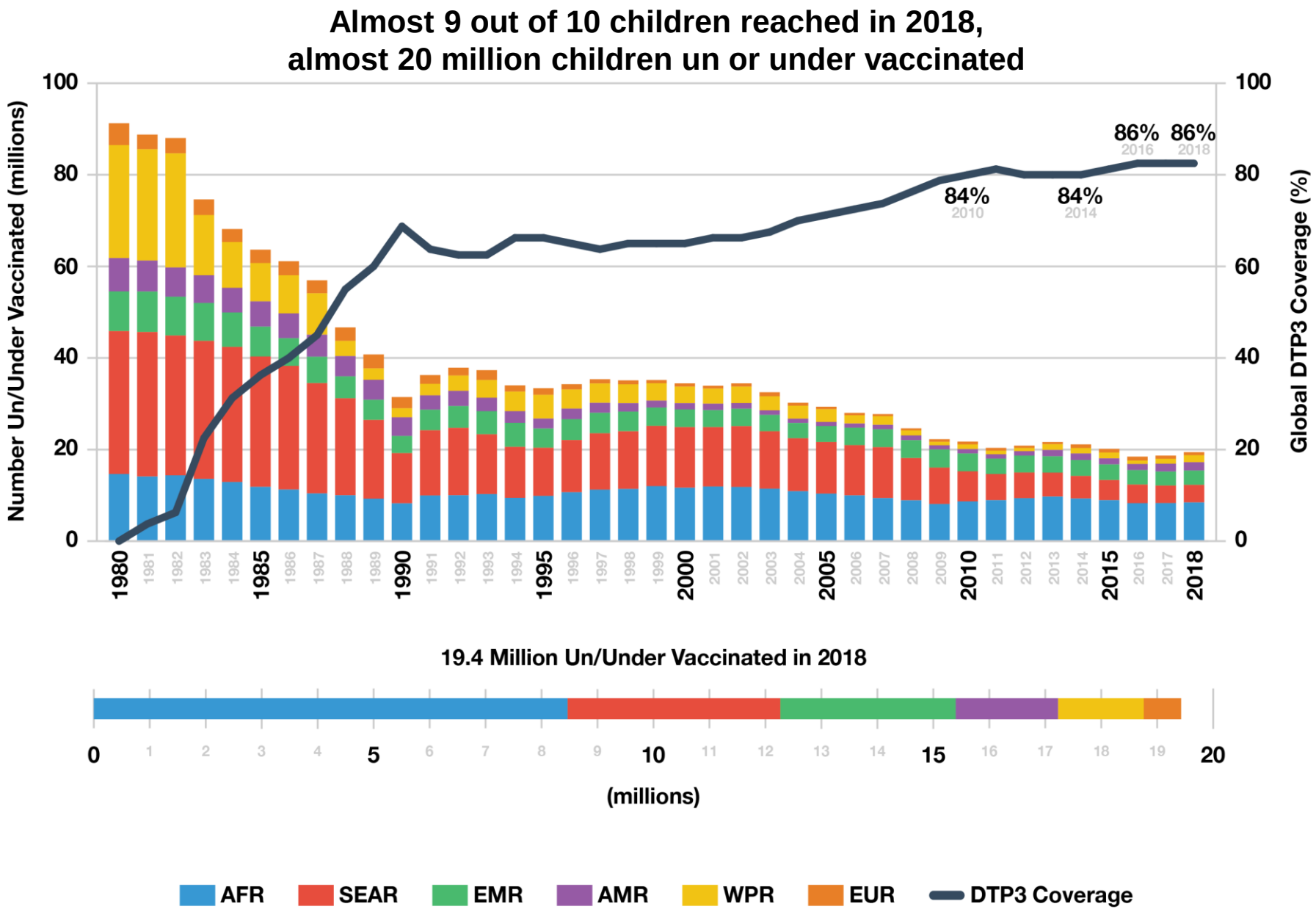
Health, Education, Equality, Protection
ADVANCE HUMANITY

Global Immunizations in the context of the Covid-19 Pandemic

Dr. Robin Nandy, Principal Advisor & Chief of Immunizations, UNICEF
May 12, 2020

Overview

- Immunization services in the context of Covid – Status & interim global guidance
- Coordination and tracking impact
  - Data collection
  - Supplies tracking
  - Modelling estimates of impact
- Further guidance & next steps



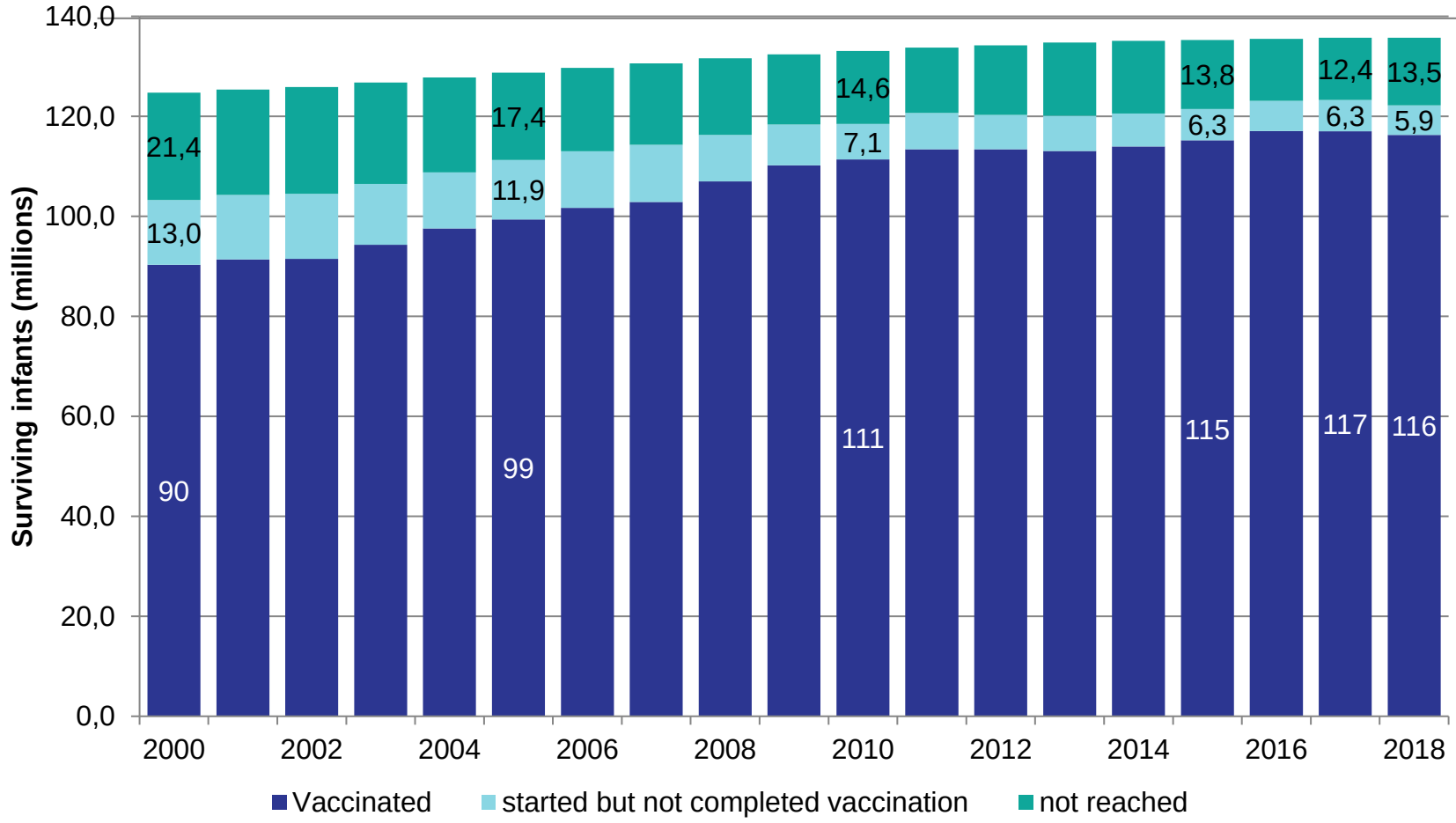
Coverage of a third dose of vaccine protecting against diphtheria, tetanus, and pertussis (DTPcv-3) remains at 86% in 2018, leaving 19.4 million children vulnerable to vaccine preventable diseases

The key goal of the Immunization Agenda 2030 is to make vaccination available to everyone, everywhere, by 2030.

While immunization is probably the most successful public health intervention, reaching 86% of infants is not enough. The upward trend in coverage has increased by only 5% in the past decade and has plateaued.

unicef World Health Organization

13.5 million children lack access to any vaccination services



Of the 19.4 million infants who are not fully vaccinated with DTP3, 13.5 didn't even receive an initial dose, pointing to a lack of access to immunization services.

A further 5.9 million are partially vaccinated, without completing the required 3 dose schedule in the first year of life.

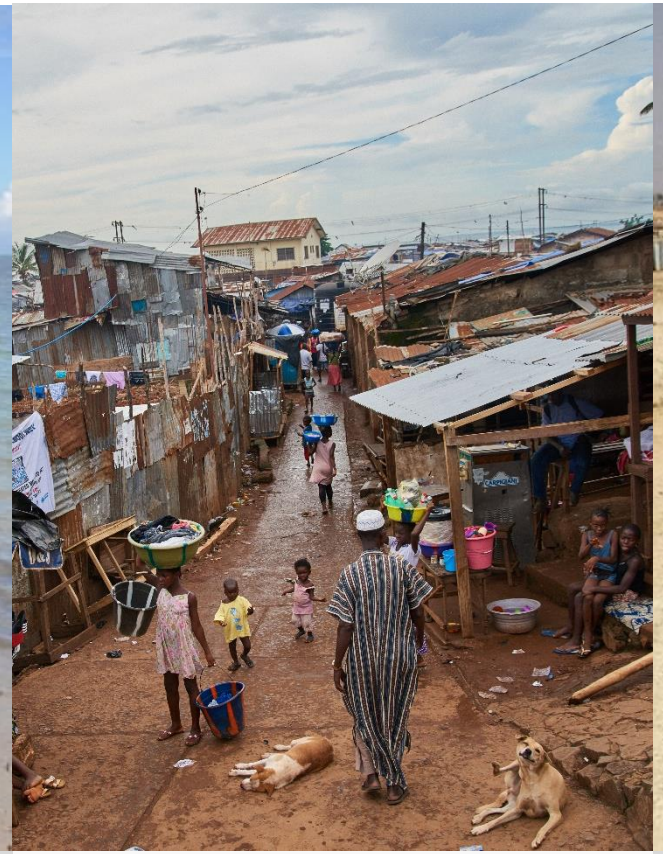
In 2018, 116 million children completed vaccination with a basic set of vaccines, up from 90 million in 2000, representing nearly a 30% increase.

unicef World Health Organization

The Equity Reference Group identified four priority areas to address immunization inequities

https://sites.google.com/view/erg4immunisation/home

REMOTE RURAL



URBAN

AFFECTED BY CONFLICT

GENDER

WHO-SAGE Immunization guidance in the context of Covid-19 pandemic (26 March)

- Reiterate **immunization** as an **integral part of PHC**
- **Continue services**, as feasible, **but adjust delivery modalities** to ensure it does not contribute to the Covid-19 outbreak – ***"Do no harm"***
  - ➢Continue routine services in line with physical distancing, hygiene practices and protection of health workers
  - ➢Temporarily suspend campaigns (SIAs), outreach services, etc
- **Maintain VPD surveillance** & contribute to Covid-19 surveillance where possible
- **Monitor & track vaccine supplies** & related products
- **Monitor disruption of services** and plan for intensification of immunization services immediately after Covid-19 social restrictions are lifted – **All Covid-19 affected countries will require varying degrees of intensification, including implementation of suspended SIA's.**


Guiding principles for immunization activities during the COVID-19 pandemic

Interim guidance
26 March 2020

World Health Organization

World Health Organization

https://apps.who.int/iris/bitstream/handle/10665/331590/WHO-2019-nCoV-immunization_services-2020.1-eng.pdf?ua=1

Purpose of A COVID-19 Pandemic Immunization Partner Coordination Group (Covid-IPCG)

- **Information sharing and coordination**
  - Coordination in response activities
  - Programmatic challenges
  - Resource mobilization efforts
- **Data monitoring, interpretation and action**
  - Covid impact on immunization and risks
  - VPD modeling on impact
  - Supply monitoring
  - Planning for post-COVID intensification
- **Vaccine programme opportunities in post-COVID era (including with polio programme)**
- **Preparing for COVID vaccine**

World Health Organization

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Impact monitoring – April 2020 – Pulse survey

World Health Organization

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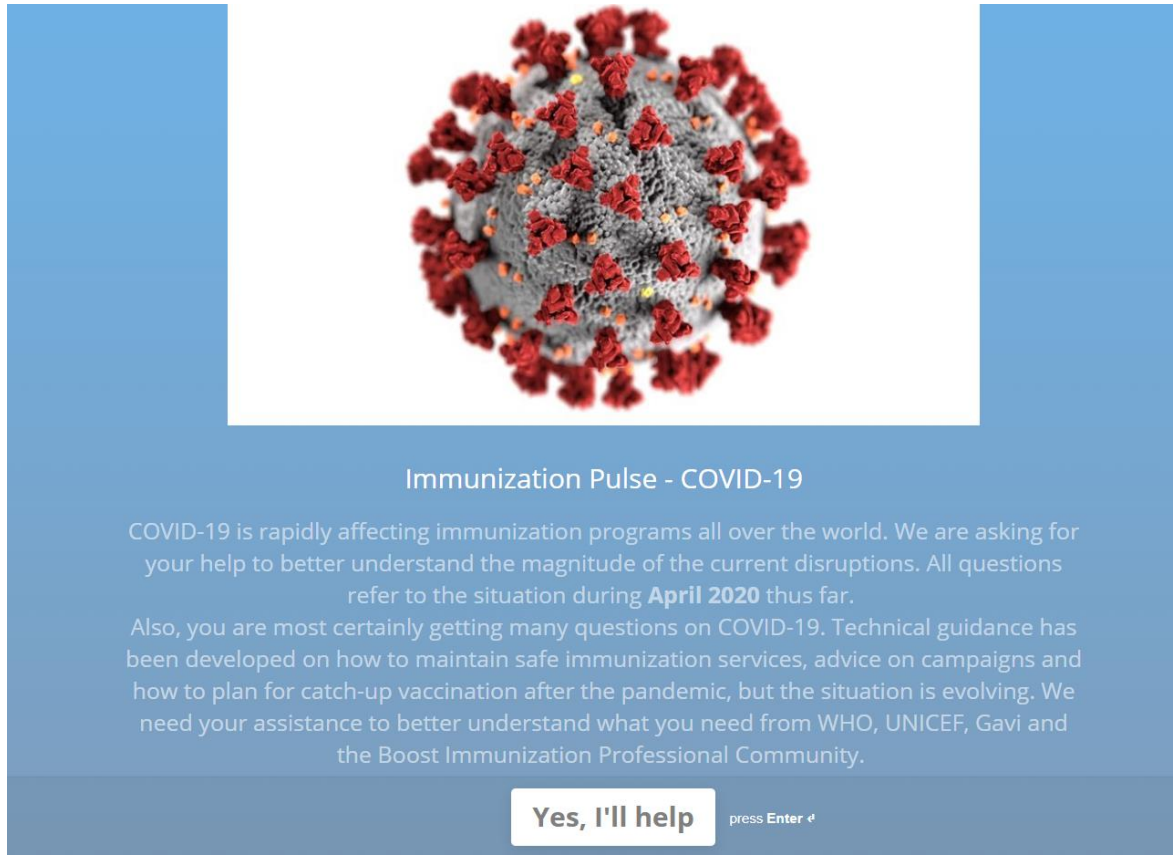
Gavi
The Vaccine Alliance

boost
connect, learn and lead | SABIN VACCINE INSTITUTE



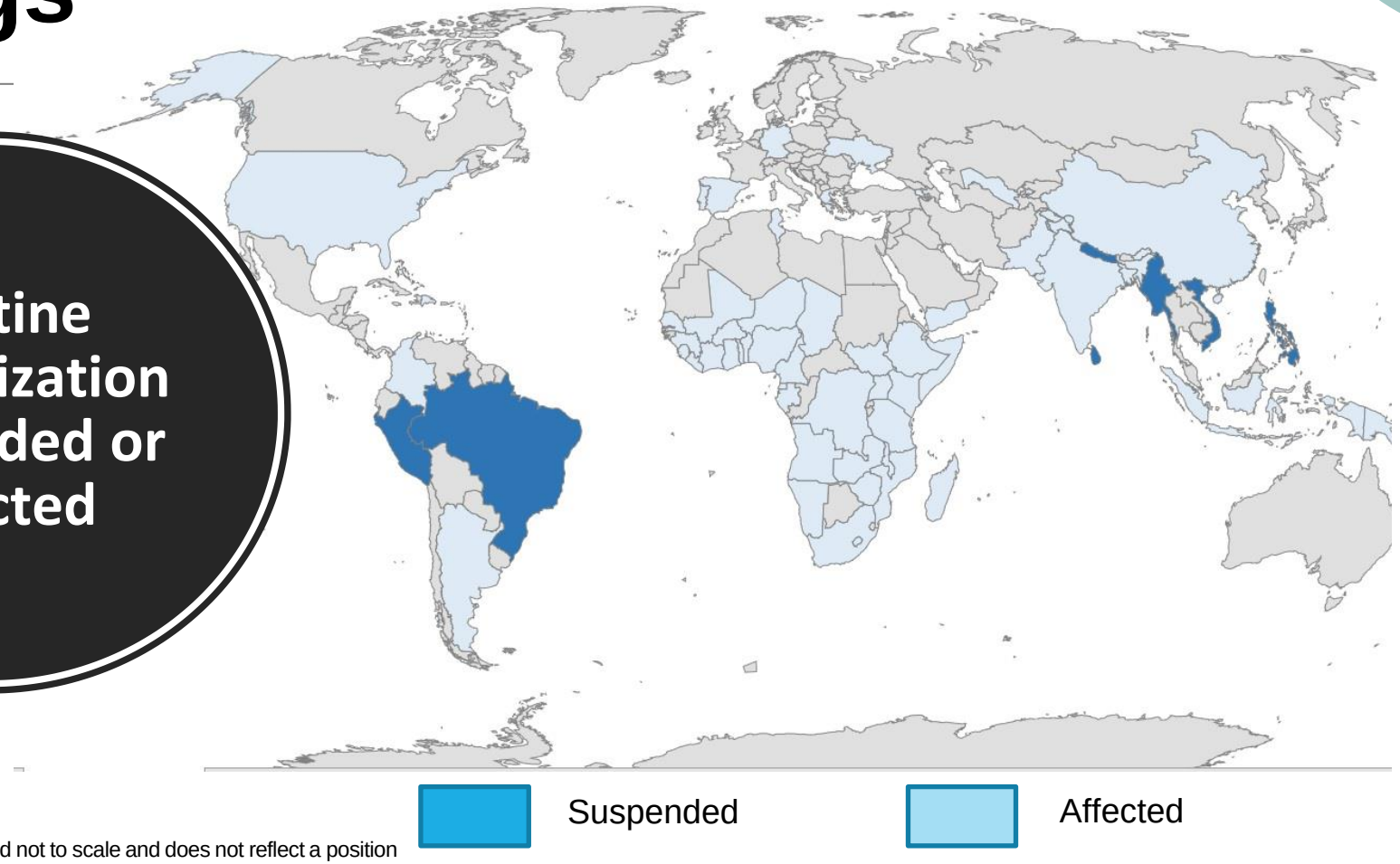
Respondents

- **N respondents: 801**
- **N countries (total): 107**
- **N gavi 68 countries: 53** (78% of gavi68)
- **Countries represented by WHO region**
  - **AFR** – 36 countries (604 respondents)
  - **PAHO** - 22 countries
  - **EMR** – 14 countries
  - **EURO** – 17 countries
  - **SEAR** – 8 countries
  - **WPRO** – 10 countries

Pulse survey preliminary findings

74 countries so far

Routine Immunization suspended or affected



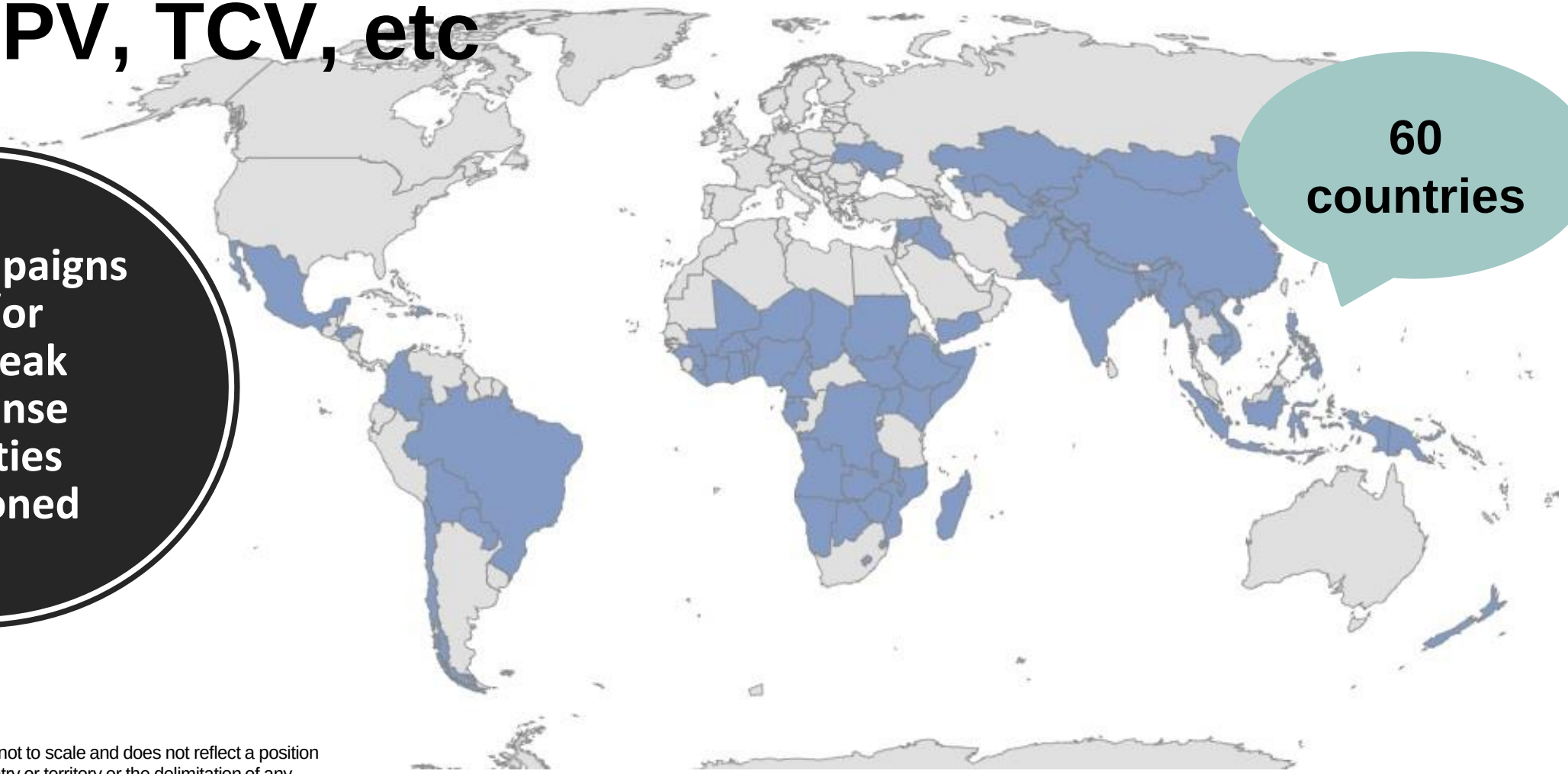
- Some countries have not yet have reported interruptions
- Others, even though reported that services are ongoing, the actual impact is yet unknown (demand)
- Next round of data collection mid-May

Map disclaimer: This map is stylized and not to scale and does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

*preliminary data as of 23 April 2020

Measles, Measles/Rubella, Meningitis, Yellow Fever, OPV, TCV, etc

VPD Campaigns and/or Outbreak Response activities postponed



60 countries

Map disclaimer: This map is stylized and not to scale and does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

More than 173 million children at-risk of missing out on measles vaccines in 40 countries

*UNICEF slide - preliminary data as of 27th April 2020

Top 3 critical challenges

"With the lock-down, **residents do not believe that health facilities would be opened for services**."

"Some health facilities were identified as **isolation centers**. Even those that are not isolation centers, there are **rumors** around suspects coming to these facilities."

"People are refusing to bring their children for vaccination because of the **myths that the BCG, Measles and other vaccines are products of the COVID-19**

"The community **did not trust our vaccine** due to the fear of COVID-19 vaccine trial that have rumor in the country."

"The health workers are scared to participate in immunization and other medical services because they **don't have PPEs.**"

Source: Immunization training needs assessment. GLF week of 20 April 2019. About 78% of respondents working at sub-national levels

Modelling scenarios

	Routine immunisation coverage in 2020		
SIA in 2020	Normal	Reduced by 25%	Reduced by 50%
As normal	LSHTM, PennState, IDM	IDM	
Delayed 6m		IDM	
Delayed 12m		IDM	
Delayed 24m			
Cancelled	IDM	LSHTM, PennState, IDM	

Proposed final scenarios

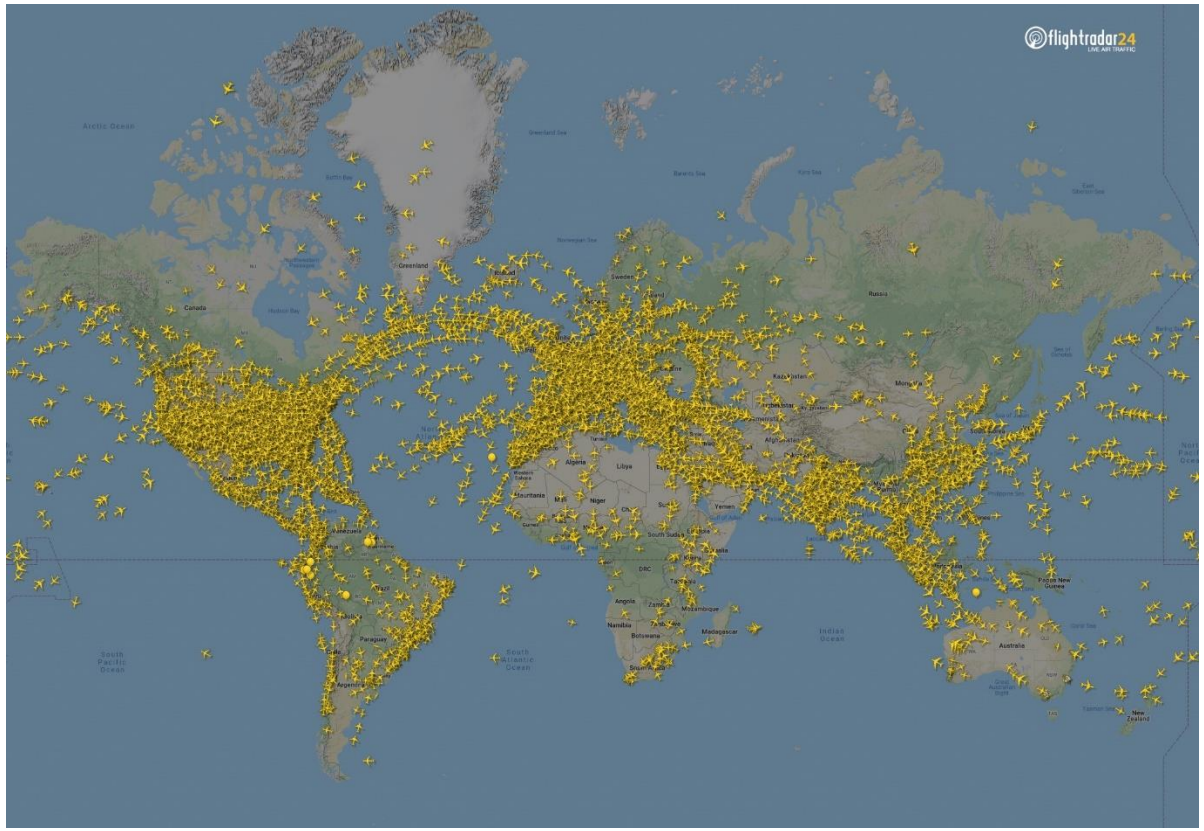
Modelling Assumptions

Time horizon: 2020-2100
MCV1 and MCV2 coverage: Average of 2015 – 2019
SIA coverage: Coverage of last national SIA
SIA frequency: Based on current knowledge of SIAs to 2030, then subsequently based on interval between last 2 SIAs

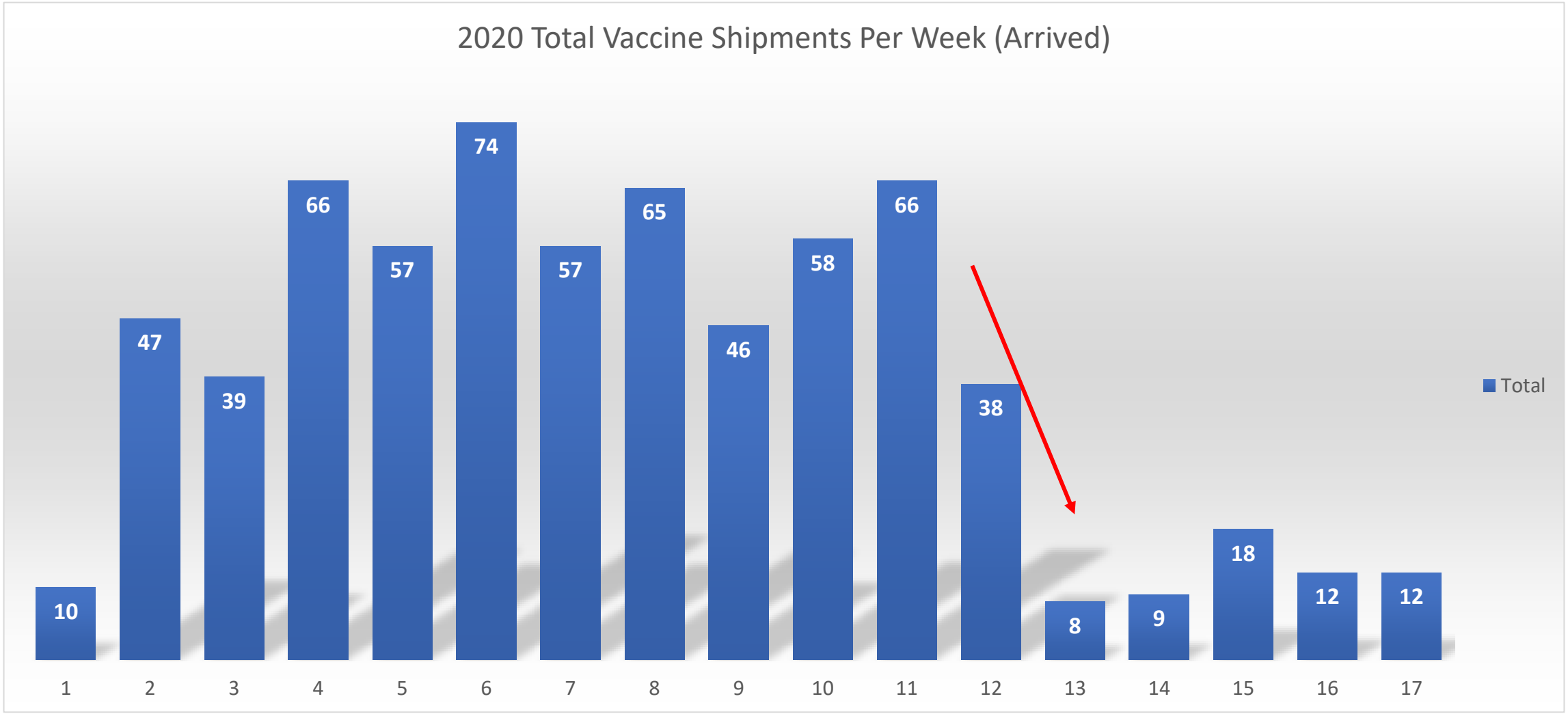
Commercial flight cancellations

April 7, 2020

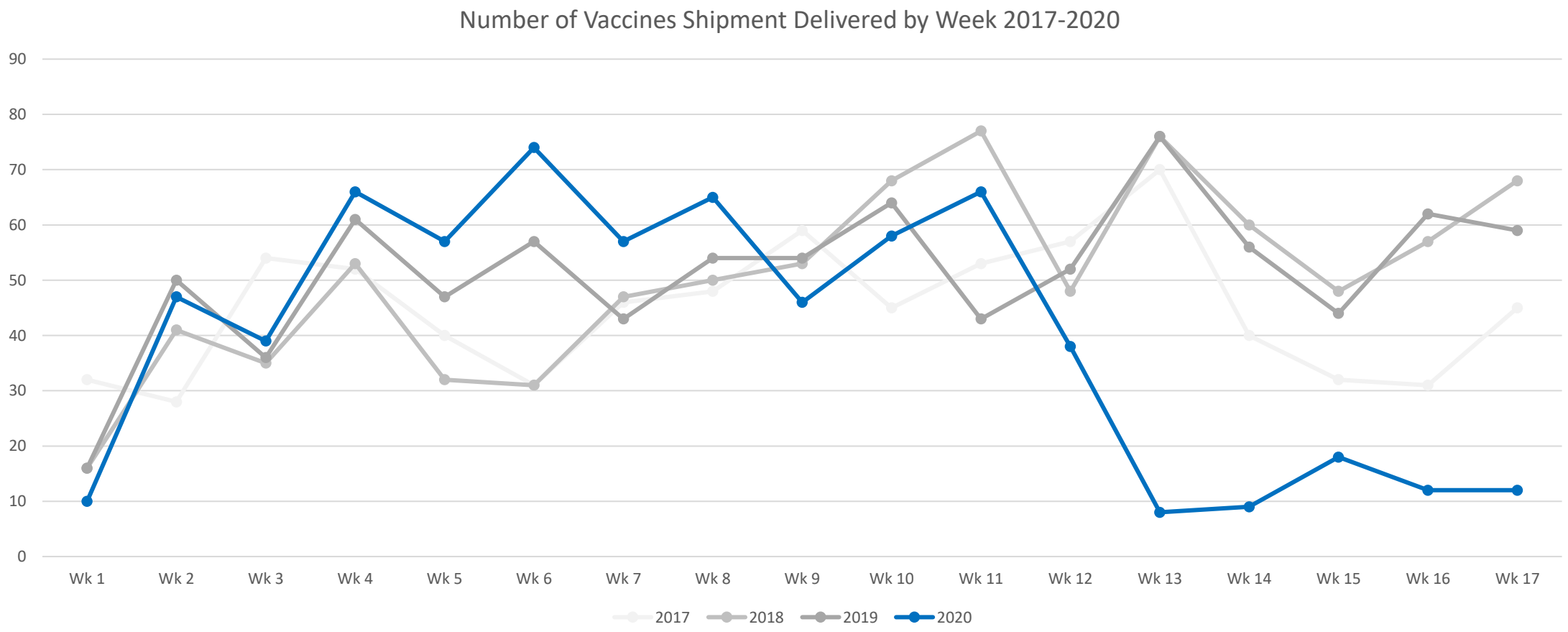
March 15, 2020



Vaccine shipments by week - 2020



UNICEF Vaccine Shipments: 2017-2020



Country / Pays	Niger	
	Pop < 1yr	Pop < 5yr
	1,046,342	6,444,384

Location	Date of stock as of	BCG		DTP-HepB-Hib	PCV13/10	Rota	Polio vaccine				MCV/MR		VAA		MenA	HPV	TT/Td	At EPI store		Outside EPI store	
							IPV	bOPV		mOPV2								Gross Storage capacity (Lt)		Gross storage capacity (Lt)	
		Vaccine	Diluent					(Routine)	(Campaign)	(Campaign)	Vaccine	Diluent	Vaccine	Diluent				+4 C	-15 C	+4 C	-15 C
Central store																					
Dépôt central de la Di	25/Mar/20	1,057,000	1,057,000	1,411,600	1,096,000	1,214,950	721,150	0	7,081,000	7,600	666,900	666,900	126,000	126,000	777,900		699,100	87,815	15,920	0	0
Regional store																					
Agadez	11/Mar/20	4,320	4,320	14,990	20,896	9,602	4,960	34,100	0	0	13,810	13,810	7,090	7,090	6,640		14,480	7,945	528	0	0
Diffa	29/Feb/20	7,000	7,000	17,570	25,400	12,990	5,170	32,000	0	0	29,530	29,530	3,990	3,990	8,400		12,660	7,908	937	0	0
Dosso	01/Mar/20	33,660	33,660	88,020	85,776	55,439	5,490	118,740	0	49,880	77,520	77,520	31,900	31,900	24,510		72,220	10,172	1,056	0	0
Maradi	29/Feb/20	53,780	53,780	167,300	165,600	107,200	73,100	225,380	0	0	139,610	139,610	9,100	9,100	27,500		120,000	7,819	673	0	0
Tahoua	29/Feb/20	58,980	58,980	125,960	140,856	95,181	50,960	226,120	0	0	114,220	114,220	0	0	11,690		109,420	9,524	528	0	0
Tillabéri	29/Feb/20	59,180	59,180	115,940	117,800	77,000	38,700	162,200	0	0	103,020	103,020	7,950	7,950	44,970		103,890	7,908	1,201	0	0
Zinder	29/Feb/20	64,220	64,220	172,780	201,148	92,424	68,520	225,330	0	0	152,820	152,820	8,850	8,850	34,990		108,380	13,638	5,814	0	
Niamey	29/Feb/20	23,000	23,000	19,600	20,000	11,550	6,500	23,000	0	0	25,900	25,900	8,800	8,800	6,500		19,500	512	528	0	0

WEST AFRICA - VACCINE STOCK LEVELS BY MONTH

Feb/20

Stock-Out | Between 3-15 mths | Less than 3 mths | Above 15 mths

Pays	BCG	bVPO	Penta	PCV13	Rota	VPI	MCV/MR	TT/Td	YF
Bénin	3	28	4	4	0	2	7	6	0
Burkina Faso	1	2	12	5	#DIV/0!	1	8	6	0
Côte d'Ivoire	6	0	0	0	0	0	0	0 X11	0
Cape Verde									
Gambia	2	0	11	16	2	6	6	1	4
Guinea-Bissau	0	81	48	56	35	79	70	46	7
Ghana	0	0	0	1	0	0	0	0	0
Guinée	11	4	6	0	0	5	23	9	4
Liberia									
Mali	3	5	6	8	4	3	6	13	2
Mauritanie	12	7	4	9	3	4	4	8	0
Niger	1	21	7	4	1	8	4	4	0
Nigeria									
Sénégal	3	2	8	8	4	7	8	3	1
Sierra Leone	8	#DIV/0!	#DIV/0!	6	5	#DIV/0!	#DIV/0!	6	#DIV/0!
Togo	4	5	6	4	10	7	6	16	1

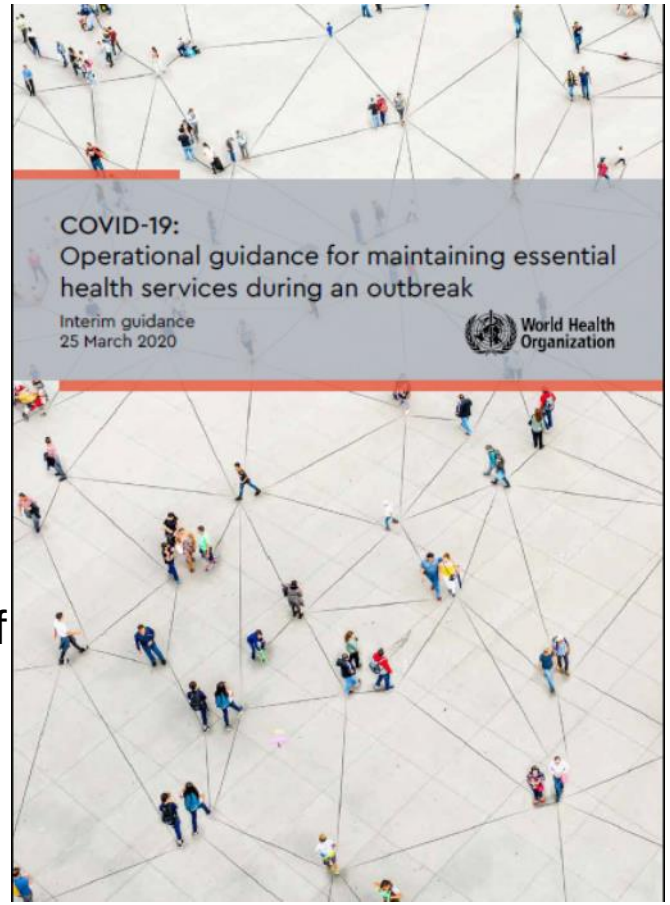
Triangulation of data to avoid stock-outs and oversupply

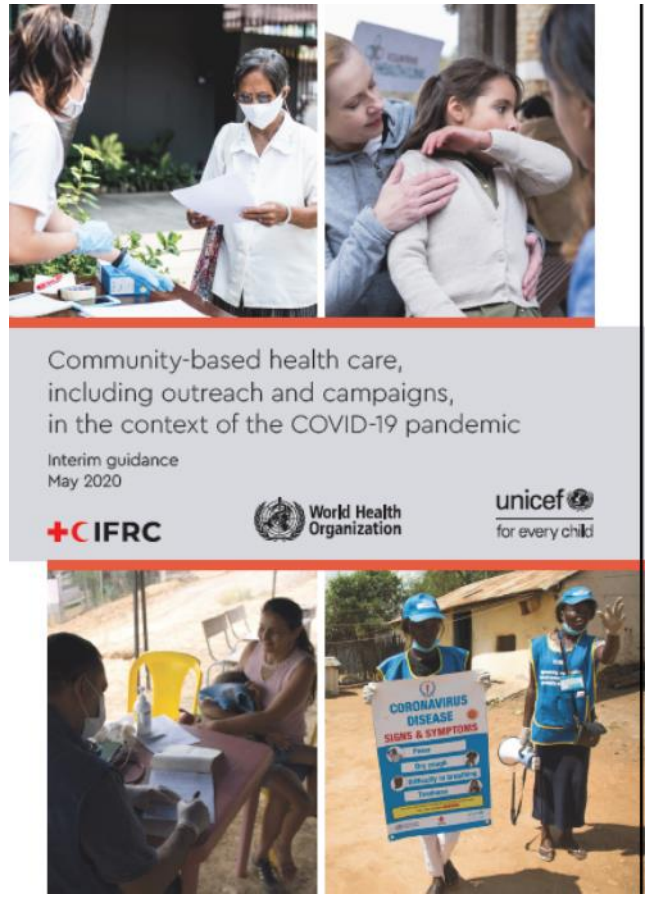
Shipments monitoring and adjustment

Receiving Co	Receiving C	PODeldate	PurchDoc	PO	PurchaseOrderMaterialText	Total # vi	Actual Sh	Incoterm C
(CEE/CIS) CENTRA	Kyrgyzstan	15 Mar 2020	45168537	10	DTP-HepB-Hib vaccine,vial of 1 dos	32000	17/03/2020	South Korea,Re
	Ukraine	8 Apr 2020	45169235	10	bOPV,bivalent type 1+3,vial of 10	928000	31/03/2020	Belgium
(EAPRO)EAST ASI	Cambodia	16 Mar 2020	45169557	10	DTP-HepB-Hib vaccine,vial of 1 dos	250000	18/03/2020	South Korea,Re
	Lao,Peo.Dem.R	23 Mar 2020	45169932	10	MR vaccine,vial of 10 doses	102000	19/03/2020	India
	Myanmar	13 Jan 2020	45168229	10	PCV, 13-val., 4 dose vial	1000000	18/03/2020	Belgium
		16 Mar 2020	45169928	10	BCG vaccine,vial of 20 doses	1280000	08/04/2020	Japan
	Philippines	23 Mar 2020	45170028	10	bOPV,bivalent type 1+3,vial of 20	8340160	25/03/2020	France
				20	bOPV,bivalent type 1+3,vial of 20	2859840	25/03/2020	France
(ESARO)EASTERN	Ethiopia	31 Mar 2020	45170162	10	bOPV,bivalent type 1+3,vial of 10	2000000	02/04/2020	Belgium
		13 Jan 2020	45168795	10	Measles vaccine,vial of 10 doses	5421700	17/03/2020	India
		12 Mar 2020	45169798	10	Inactivated polio vaccine,vial of 10	601500	17/03/2020	France
			45170175	10	mOPV2, monovalent type 2 vial, 2	2986400	14/03/2020	France
		23 Mar 2020	45169959	10	Rotavirus vac.,mono,tube of 1 dos	1864500	02/04/2020	Belgium
			45169959	10	Rotavirus vac.,mono,tube of 1 dos	1864500	09/04/2020	Belgium
			45169959	10	Rotavirus vac.,mono,tube of 1 dos	1864500	09/04/2020	Belgium
	Kenya	28 Feb 2020	45168250	10	HPV vaccine 4-valent, 1 dose	146600	18/03/2020	Netherlands
	Madagascar	24 Feb 2020	45168953	10	bOPV,bivalent type 1+3,vial of 20	1387240	17/03/2020	India
			45168953	10	bOPV,bivalent type 1+3,vial of 20	1387240	17/03/2020	India

Recent guidance issued

- FAQ on immunization during Covid 19
- Guidance on maintaining essential health services
- Community based health care including outreach and campaigns in the context of Covid 19
- Potential impact of BCG and OPV on Covid19
- Guidance on assessing implementation of mass vaccination campaigns in the context of the COVID-19 pandemic (to be published soon)





LINK TO GUIDANCE: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/maintaining-essential-health-services-and-systems

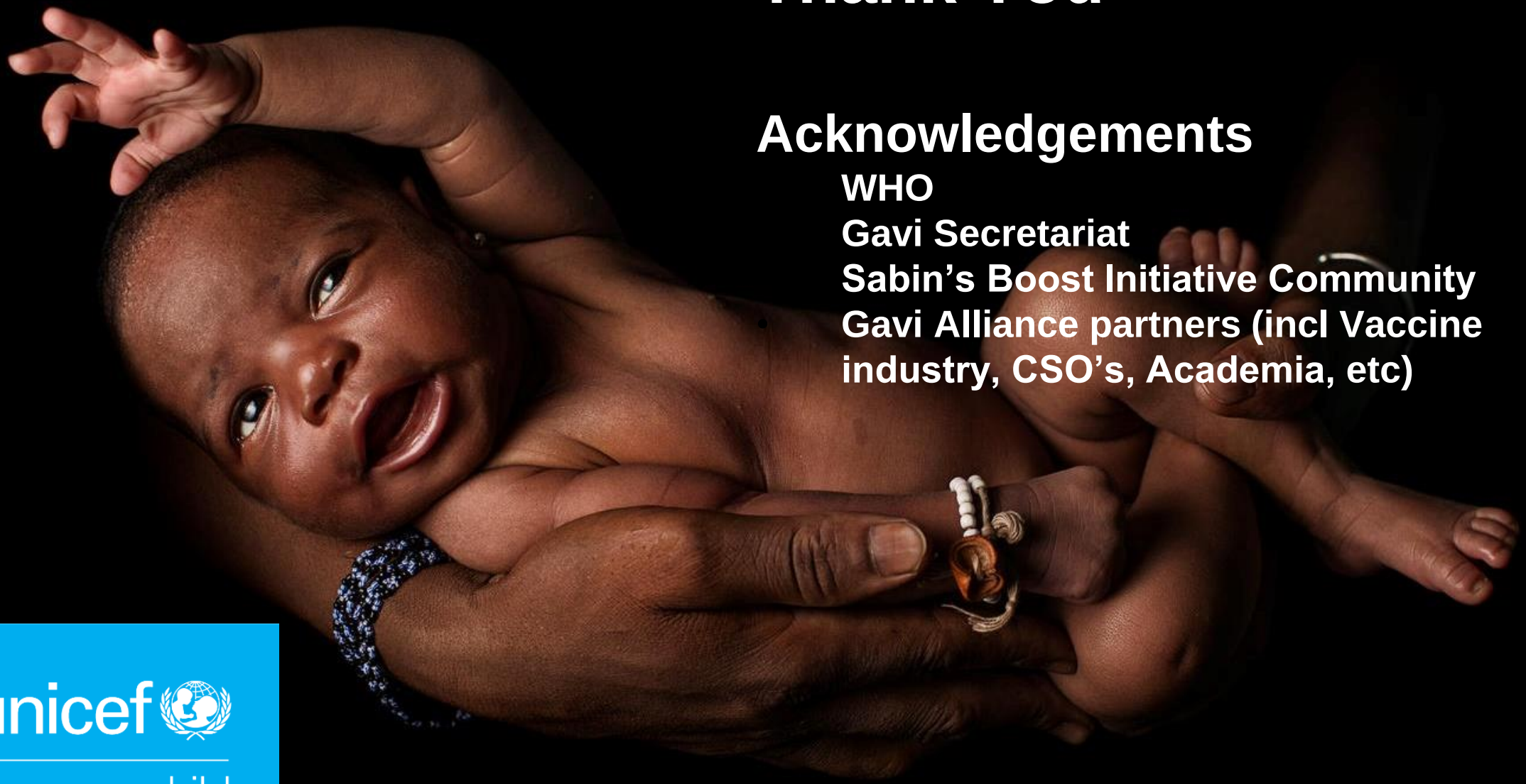
Next Steps

- Continue tracking the secondary impact of Covid-19 on immunization programmes
- Support countries in implementing guidance and guide case-by-case adaptions when needed
- Identify good (and bad) practices from the field
- Support planning, supply availability and resource mobilization for early resumption of services and catch up activities
- Continue discussions towards ‘reimagining’ immunization post Covid-19
  - Greater integration within PHC
  - Incorporation of physical distancing in service delivery
  - Attempts in ensuring efficiencies

Thank You

Acknowledgements

WHO
Gavi Secretariat
Sabin's Boost Initiative Community
Gavi Alliance partners (incl Vaccine industry, CSO's, Academia, etc)



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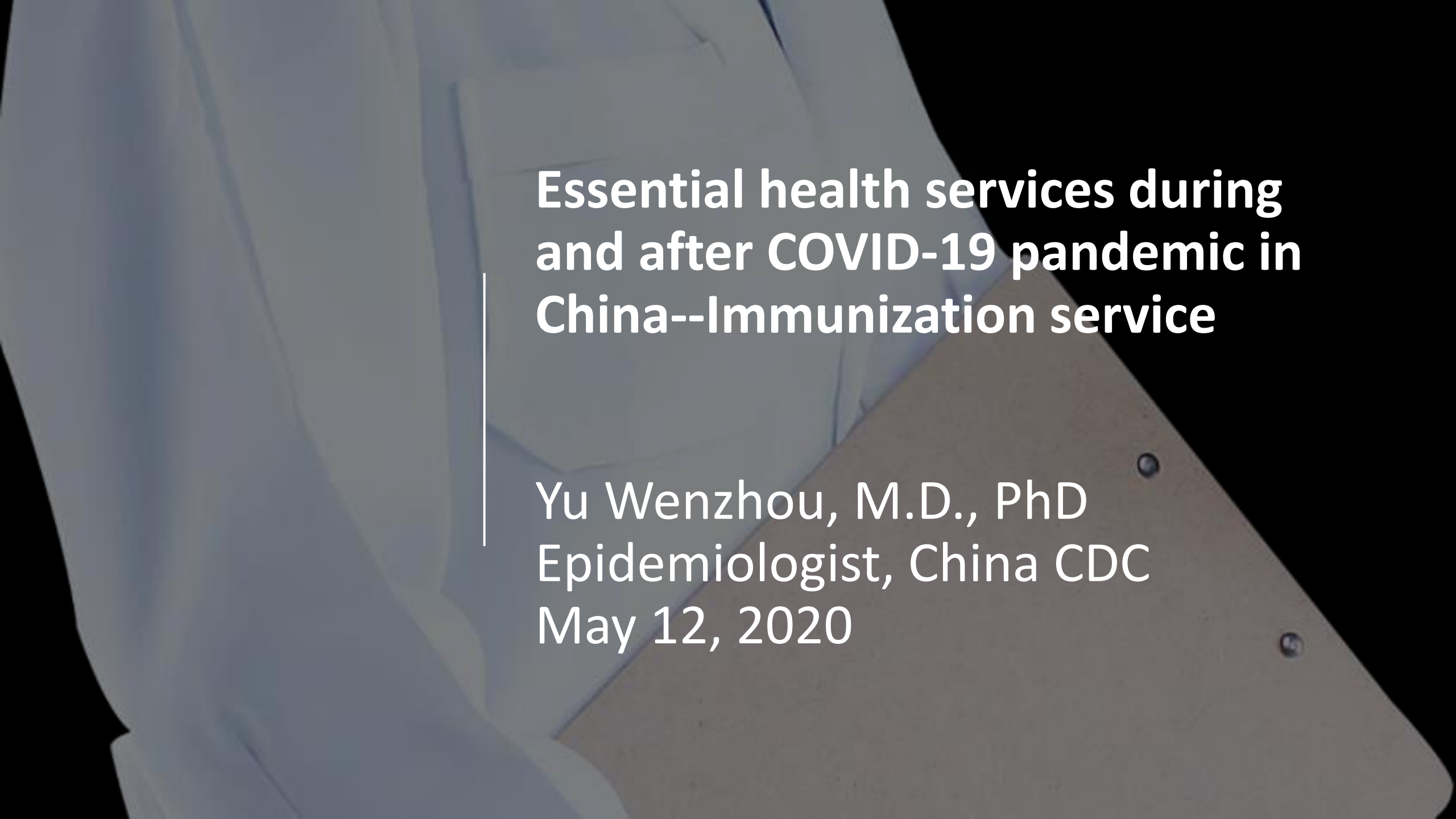
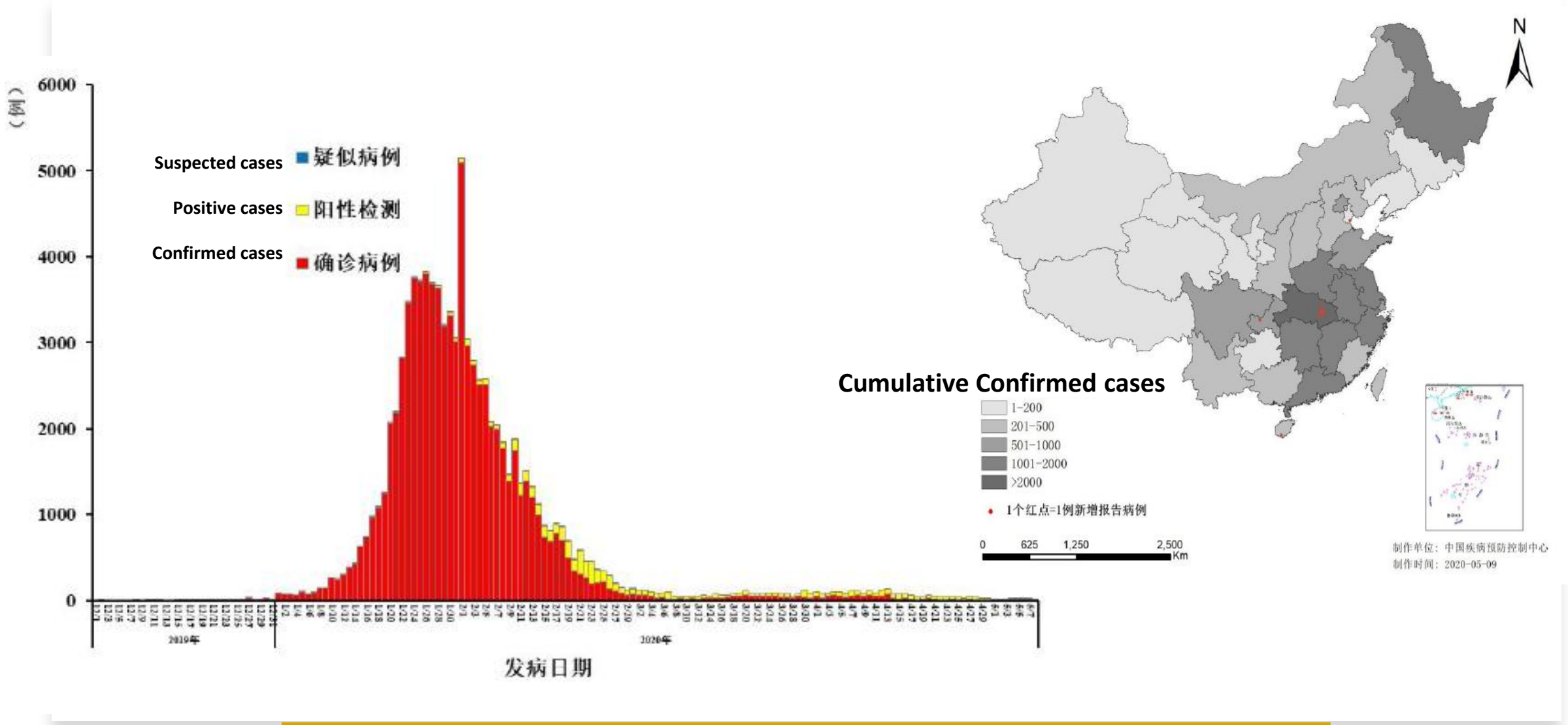


Essential health services during and after COVID-19 pandemic in China--Immunization service

Yu Wenzhou, M.D., PhD
Epidemiologist, China CDC
May 12, 2020

Main contents

- Impacts on immunization service due to COVID-19 pandemic
- Strategies for immunization service during COVID-19 epidemic
- Technical guideline of catch-up vaccination at recovering stage



COVID-19 epidemic in China

Vaccination dose change before, during and after the epidemic

Vaccines	Dec. 2019	Jan. 2020		Feb. 2020		Mar. 2020	
	No.	No.	Percentage	No.	Percentage	No.	Percentage
HepB	3931425	3520721	89.55	2616932	66.56	4536505	115.39
BCG	1276936	1110023	86.93	733405	57.43	1430082	111.99
Polio	5042980	3501272	69.43	1030562	20.44	5312939	105.35
DTaP	5221186	3464498	66.35	1025354	19.64	5266553	100.87
DT	1252817	818042	65.30	167052	13.33	1250294	99.80
MR	1361327	938454	68.94	331645	24.36	1791616	131.61
MMR	1218293	754475	61.93	230771	18.94	1609571	132.12
JE	2720301	1734167	63.75	426809	15.69	2791071	102.60
MPSV-A	2339173	1437636	61.46	325426	13.91	1780021	76.10
MPSV-AC	2868594	1842895	64.24	365570	12.74	2780117	96.92
HepA	1529021	1051808	68.79	231747	15.16	1588705	103.90
Total	28762053	20173991	70.14	7485273	26.02	30137474	104.78

By January 29, 2020, China launched the highest public health emergency responses across country (Level 1 responses), 80% of EPI clinics suspended the vaccination services

Four vaccines required during the epidemic

01

- **Hepatitis B vaccine**
- The first dose of hepatitis B vaccine should be administered to the newborn within 24h
- If the mother of hepatitis B surface antigen (HBsAg) positive, vaccination clinics should as soon as possible to its infant vaccination second dose, third dose of hepatitis B vaccine

02

- **BCG**
- BCG should be administered on time after birth in hospital

03

- **Rabies vaccine**
- Vaccination after exposure to rabies.
- Those bitten by rodents

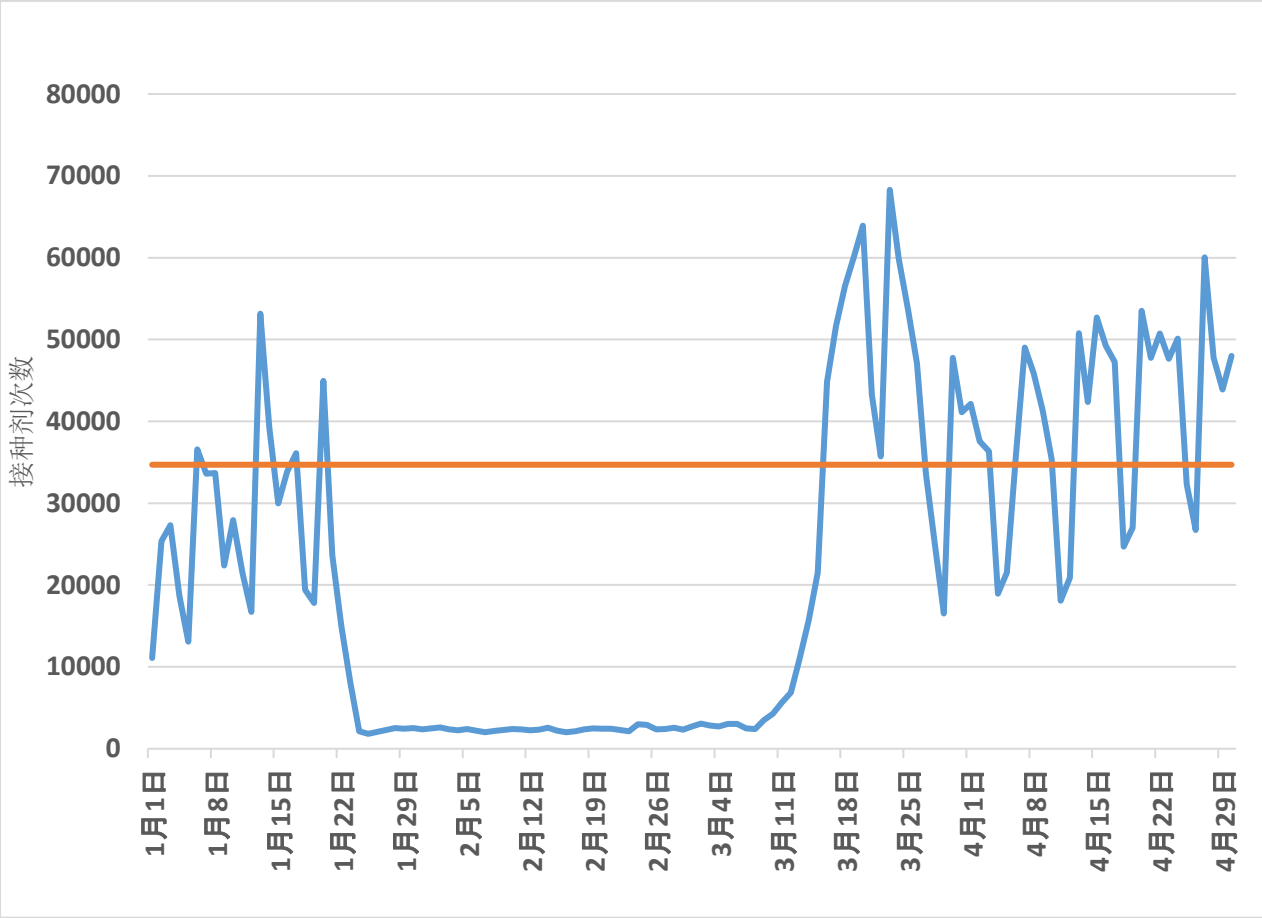
04

- **Tetanus toxoid**
- Vaccination after injury

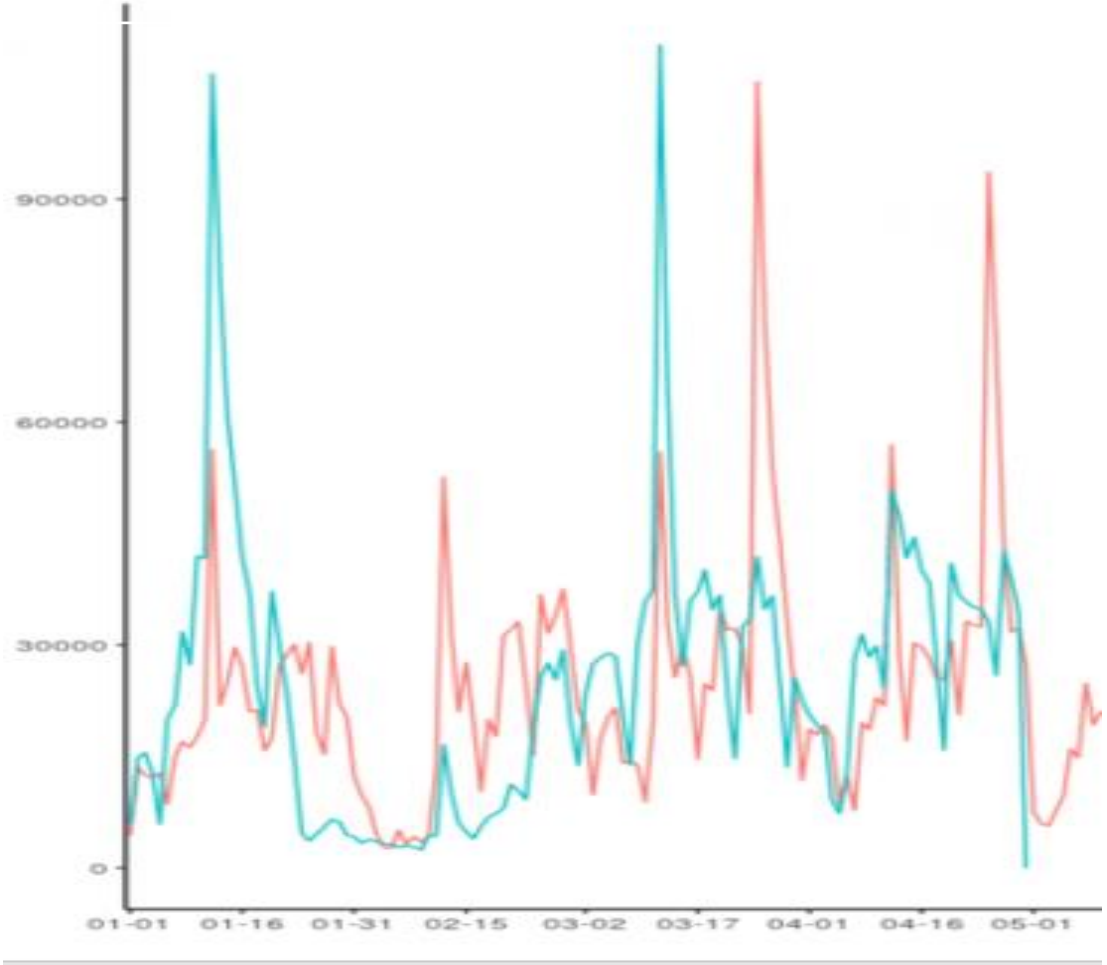
Reference Guidelines for Vaccination during the COVID-19 epidemic, released by China CDC

Vaccination dose change from two example provinces

- Green line 2020 vaccination dose
- Red line 2019 vaccination dose



Hubei Province



Gansu Province

Different immunization service in different areas

- **Low risk areas**
  - Key indicators: No epidemic or there is an imported outbreak and it has been completely controlled. That is, imported cases have been isolated, close contacts have been placed under medical observation, and the risk of COVID-19 outbreaks is minimal
  - Routine immunization service should be provided by the vaccination clinic
- **Middle risk areas**
  - Key indicators: If there is an imported outbreak but it is not clear whether it has been completely controlled. Cases have been isolated, but close contacts are not all found or medical observation is not in place, there is a greater risk of COVID-19 transmission
  - Vaccination service may be provided carefully
- **High risk areas**
  - Key indicators: The outbreak has spread locally. There has been a second generation of cases
  - The EPI clinics shall stop the vaccination service

Objectives of catch-up vaccination

- Complete the catch-up within 2 months
- At least **90%** **of delay or missing doses** completed
- The vaccination coverage rate should reach at least **90%**

59.8 million vaccination doses delayed or missed due to the epidemic

How to find the unvaccinated children and children delayed vaccination

- By sorting out vaccination status through Immunization Information System (IIS) with children accurately located.
- By mobilizing community staff and vaccination doctors to find unvaccinated children through house visit
- By telephoning parents or Wechat to check vaccination status

Make a precise appointment with target population and vaccination time

- Conduct appointment service via IIS or APP for pre-confirming the date and time period for scheduled vaccination.
- Reasonable scheduled vaccination arrangements are made for parents in such ways as telephone, short message, and WeChat so as to pre-confirm the vaccination time, guide avoiding rush hours of vaccination and reduce the number of children daily serviced.

Vaccination doctors should check health condition when they make appointment with children' parents

Precautions for vaccination doctors and parents

- **For vaccination doctors**
  - Make vaccination appointments with parents to avoid crowd gathering
  - Take self-protection measures: use wear surgical masks, work clothes, caps, and gloves, use hands-washing-free disinfectants to disinfect their hands to avoid cross-contamination
  - Take temperature for the children and parents at entrance of clinic
- **For parents**
  - Make vaccination appointments with clinics
  - Know the arrangement of EPI clinic and procedures of vaccination for children
  - Wear mask and take temperature before entering the clinic
  - Need to learn how to handle with adverse event following immunization for children simply

Implementation of catch-up vaccination

How to improve quality of catch-up vaccination

Double burden for current vaccination service

- Catch-up vaccination and normal immunization service
- Make an appointment for vaccination so as to control the number of vaccine recipients in the vaccination clinics

Measures to speedup the catch-up vaccination

- The times and days for immunization service shall be prolonged and the vaccination service shall be provided in weekends
- Add vaccination clinics and vaccinators
- Simultaneous vaccination with various kinds of vaccines, and the combination vaccines are recommended

Progress of catch-up vaccination in China

Province	No. of EPI Clinics	No. of clinics suspended	Days of suspension	Starting date of catch-up	No. of clinics recovering service	Recovering rates (%)	Target of doses for catch-up	No. of doses completed	Completion rates* (%)
Beijing	726	4	30 (Mar. 1-30)	1-Apr-20	726	100	8319	8319	100.00
Tianjin	480	226	25 (Feb.2-27)	28-Feb-20	480	100	39400	22318	56.64
Shanhai	405	17	35(Jan.24-Mar.1)	25-Mar-20	405	100.00	881634	767071	87.01
Hubei	2195	2195	65(Jan.22-Apr.8)	9-Apr-20	2168	98.77	6189957	2795665	45.16
Gansu	5861	5861	23(Jan 24-Feb16)	17-Feb-20	5861	100.00	1850969	1850969	100.00
Others	73943	61408	35-47	March 5-16, 2020	73361	99.21	50823525	35937114	70.71
Total	83610	69711			83001	99.27	59793804	41381456	69.21

* The data is as of 7 May 2020

Evaluation of catch-up vaccination

- **On-site evaluation**
  - Select 3 communities per county, at least 3 counties each province to evaluate the catch-up vaccination
- **Evaluation based on immunization information system**
  - According to the sampling proportion of 4‰, 200 vaccination clinics will be selected for the evaluation
    - To understand the impact of the epidemic on the vaccination service through comparing the number of vaccination doses changes during the epidemic period
    - To evaluate the progress of catch-up vaccination work in the late stage of COVID-19 epidemic, and to understand the completion of catch-up vaccination
- **Evaluation date: June 15-25**

Brief summary

- **The COVID-19 epidemic has a huge influence on immunization service in China.**
- **80% clinics suspended vaccination services for a1-2 months during the epidemic**
- **All clinics were asked to provide service for the first dose of hepatitis B vaccine, BCG, rabies vaccine and tetanus toxoid during the epidemic**
- **All counties were asked to conduct risk assessment before providing immunization service**
- **All clinics had to balance catch-up vaccination and routine immunization service**
- **In China, strong immunization system helped to ensure that despite pandemic, catch-up vaccination campaign and routine immunization service could be managed**

Thank You!

Universal Health Coverage (UHC) and the Coronavirus Crisis – Challenges and Responses: maintaining essential health services while responding to COVID-19

Q&A Session

socialprotection.org

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Next webinar

Tuesday, 19 May, at 9 am EDT/GMT-4

Impacts of COVID-19 on care politics

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