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

#SPcovid19  #COVID19  #SPresponses
Next webinar

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

Impacts of COVID-19 on care politics
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 in 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).
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.
Universal Health Coverage (UHC) and the Coronavirus Crisis – Challenges and Responses: maintaining essential health services while responding to COVID-19

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

- Screening Religious Sect (Shincheonji) Members
- 1st Confirmed Case
- 1st Documented Domestic Transmission
- 1st Fatal Case
- Social Distancing Campaign
- Social Distancing Intensification

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

No. persons

Outpatient Visits
Hospitalization

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

(a)

(b)

NHI

UHC

S. Korea

OECD Health Statistics 2019
Expansion of Covid-19 Testing

Choe, Unpublished
Cost of Covid-19 Testing in Korea

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
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
  o Data collection
  o Supplies tracking
  o Modelling estimates of impact

❖ Further guidance & next steps
Coverage of a third dose of vaccine protecting against diphtheria, tetanus, and pertussis (DTPv-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.
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.
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.

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
Impact monitoring – April 2020 – Pulse survey

Immunization Pulse - COVID-19

COVID-19 is rapidly affecting immunization programs all over the world. We are asking for your help to better understand the magnitude of the current disruptions. All questions refer to the situation during April 2020 thus far. Also, you are most certainly getting many questions on COVID-19. Technical guidance has been developed on how to maintain safe immunization services, advice on campaigns and how to plan for catch-up vaccination after the pandemic, but the situation is evolving. We need your assistance to better understand what you need from WHO, UNICEF, Gavi and the Boost Immunization Professional Community.

Yes, I’ll help
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
Routine Immunization suspended or affected

74 countries so far

- 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

*preliminary data as of 23 April 2020

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

VPD Campaigns and/or Outbreak Response activities postponed

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

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.
"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

<table>
<thead>
<tr>
<th>SIA in 2020</th>
<th>Normal</th>
<th>Reduced by 25%</th>
<th>Reduced by 50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>As normal</td>
<td><img src="image1.png" alt="Logo" /></td>
<td><img src="image2.png" alt="Logo" /></td>
<td><img src="image3.png" alt="Logo" /></td>
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<tr>
<td>Delayed 6m</td>
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<tr>
<td>Delayed 12m</td>
<td></td>
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<tr>
<td>Delayed 24m</td>
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<td><img src="image6.png" alt="Logo" /></td>
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<td>Cancelled</td>
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**Proposed final scenarios**
Modelling Assumptions

<table>
<thead>
<tr>
<th>Time horizon: 2020-2100</th>
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<tbody>
<tr>
<td>MCV1 and MCV2 coverage: Average of 2015 – 2019</td>
</tr>
<tr>
<td>SIA coverage: Coverage of last national SIA</td>
</tr>
<tr>
<td>SIA frequency: Based on current knowledge of SIAs to 2030, then subsequently based on interval between last 2 SIAs</td>
</tr>
</tbody>
</table>
Commercial flight cancellations

April 7, 2020

March 15, 2020
Vaccine shipments by week - 2020

2020 Total Vaccine Shipments Per Week (Arrived)

<table>
<thead>
<tr>
<th>Week</th>
<th>Vaccine Shipments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>47</td>
</tr>
<tr>
<td>3</td>
<td>39</td>
</tr>
<tr>
<td>4</td>
<td>66</td>
</tr>
<tr>
<td>5</td>
<td>57</td>
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<tr>
<td>6</td>
<td>74</td>
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<tr>
<td>7</td>
<td>57</td>
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<td>9</td>
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<td>58</td>
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<td>11</td>
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<td>13</td>
<td>8</td>
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<td>15</td>
<td>18</td>
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<tr>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>17</td>
<td>12</td>
</tr>
</tbody>
</table>
## Shipments monitoring and adjustment

### Receiving Country Region Name

<table>
<thead>
<tr>
<th>Receiving Country</th>
<th>Region Name</th>
<th>Location</th>
<th>Date of stock as of</th>
<th>BCG</th>
<th>DTP-HepB-Hib</th>
<th>PCV13/10</th>
<th>Rota</th>
<th>IPV</th>
<th>bOPV</th>
<th>mOPV2</th>
<th>MCV/TV</th>
<th>VAA</th>
<th>MenA</th>
<th>NPV</th>
<th>T/Td</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td></td>
<td>Central store</td>
<td>25/3/2020</td>
<td>1,057,000</td>
<td>1,057,000</td>
<td>1,411,600</td>
<td>1,096,000</td>
<td>1,149,950</td>
<td>721,150</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>666,900</td>
<td>666,900</td>
<td>126,000</td>
</tr>
</tbody>
</table>

### Triangulation of data to avoid stock-outs and oversupply

By monitoring shipments and adjusting inventory levels, countries can ensure a balanced supply of vaccines, avoiding stock-outs and oversupply.

### WEST AFRICA - VACCINE STOCK LEVELS BY MONTH

#### March 2020

<table>
<thead>
<tr>
<th>Country</th>
<th>BCG</th>
<th>IPV</th>
<th>mOPV2</th>
<th>VAA</th>
<th>MenA</th>
<th>NPV</th>
<th>T/Td</th>
<th>Total # of vials</th>
<th>Actual Stock-in</th>
<th>Incoterms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>12</td>
<td>4</td>
<td>3</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>10</td>
<td>541,000</td>
<td>362,000</td>
<td>CEE/CIS</td>
</tr>
<tr>
<td>Senegal</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>186400</td>
<td>54,000</td>
<td>CEE/CIS</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>5</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>29,000</td>
<td>29,000</td>
<td>CEE/CIS</td>
</tr>
<tr>
<td>Togo</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>17</td>
<td>16</td>
<td>146,600</td>
<td>138,720</td>
<td>CEE/CIS</td>
</tr>
</tbody>
</table>

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The table above provides a clear overview of vaccine stock levels by month, allowing for informed decision-making to manage inventory effectively.
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)

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)
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

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>No.</td>
<td>Percentage</td>
<td>No.</td>
</tr>
<tr>
<td>HepB</td>
<td>3931425</td>
<td>3520721</td>
<td>89.55</td>
<td>2616932</td>
</tr>
<tr>
<td>BCG</td>
<td>1276936</td>
<td>1110023</td>
<td>86.93</td>
<td>733405</td>
</tr>
<tr>
<td>Polio</td>
<td>5042980</td>
<td>3501272</td>
<td>69.43</td>
<td>1030562</td>
</tr>
<tr>
<td>DTaP</td>
<td>5221186</td>
<td>3464498</td>
<td>66.35</td>
<td>1025354</td>
</tr>
<tr>
<td>DT</td>
<td>1252817</td>
<td>818042</td>
<td>65.30</td>
<td>167052</td>
</tr>
<tr>
<td>MR</td>
<td>1361327</td>
<td>938454</td>
<td>68.94</td>
<td>331645</td>
</tr>
<tr>
<td>MMR</td>
<td>1218293</td>
<td>754475</td>
<td>61.93</td>
<td>230771</td>
</tr>
<tr>
<td>JE</td>
<td>2720301</td>
<td>1734167</td>
<td>63.75</td>
<td>426809</td>
</tr>
<tr>
<td>MPSV-A</td>
<td>2339173</td>
<td>1437636</td>
<td>61.46</td>
<td>325426</td>
</tr>
<tr>
<td>MPSV-AC</td>
<td>2868594</td>
<td>1842895</td>
<td>64.24</td>
<td>365570</td>
</tr>
<tr>
<td>HepA</td>
<td>1529021</td>
<td>1051808</td>
<td>68.79</td>
<td>231747</td>
</tr>
<tr>
<td>Total</td>
<td>28762053</td>
<td>20173991</td>
<td>70.14</td>
<td>7485273</td>
</tr>
</tbody>
</table>

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
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

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

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

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

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

* 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**
The COVID-19 epidemic has a huge influence on immunization service in China.
80% clinics suspended vaccination services for 1-2 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.

Brief summary
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
Next webinar

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

Impacts of COVID-19 on care politics
Thank you

Make sure to answer our webinar survey, available after the session!

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