The objectives of the meeting were as follows:

1) Make progress toward identifying effective, sustainable models for integrating FP and immunization
   - Reflect on and refine subcommittee structure, prioritize strategic objectives, and identify tasks moving forward
2) Share emerging programmatic experience and research findings from country initiatives
3) Explore how FP & immunization integration aligns with Universal Healthcare Coverage efforts
4) Identify what evidence is needed to advance this from a “promising” to “proven” practice

List includes remote participants:
The meeting included: updates and key considerations for both the FP and immunization fields; presentations on integration efforts in Pakistan and Senegal; an update on the FP & Immunization Integration Toolkit; rapid updates on ongoing initiatives in other countries; an exploration of “missed opportunities for vaccination;“ a discussion on the Universal Health Coverage (UHC) initiative and applications to integration efforts; and reflection on subcommittee structures and small group discussion. The meeting agenda is included in the appendix.

All presentations and handouts are available on the FP/Immunization Integration Community of Practice (CoP) site in the Library section under the “June 8, 2016 Working Group Meeting” folder, here: https://knowledge-gateway.org/fpimmunization/library/afpncn5m?o=lc

Presentation and discussion highlights are described below:

**Introduction: Chelsea Cooper (MCSP) and Katy Mimno (Pathfinder International)**

*See CoP for full presentation*

The meeting began with an introduction by Chelsea Cooper (MCSP) and Katy Mimno (Pathfinder). Pathfinder is joining MCSP as the new Co-Chair of the Working Group. The Working Group was founded in 2010 and was first chaired by MCSP and FHI360. The purpose of the Working Group is to facilitate collaboration between implementers, donors, the public sector, and the private sector. The mission is to share lessons and guidance from field experiences and research initiatives on optimal ways to link or combine family planning & immunization services in facilities and communities, so that the reach and effectiveness of both interventions are enhanced. The vision is to identify and promote effective, sustainable models of family planning and immunization integration.

Working Group accomplishments include:

- Developed a Community of Practice for sharing FP/Immunization integration resources (now approximately 380 members)
- Developed and disseminated an initial advocacy brief on FP/Immunization integration
- Developed FP/Immunization bibliography to highlight key FP/Immunization research and program experiences and updated on ongoing basis
- Provided leadership and technical guidance for development of new online map documenting FP/Immunization field experiences (now on K4Health HIP platform)
- Co-hosted online forum on FP/Immunization integration
- Provided leadership and technical guidance for development of the family planning High Impact Practices (HIP) brief on FP/Immunization integration
- Presented at conferences and meetings (e.g. Global Health Conference, USG-sponsored MNCH-FP-Nutrition Integration Consultation, and Global Health Mini-Universities)
- Launched the FP & Immunization Integration Toolkit in 2013 (including briefs on M&E and SBCC developed by the WG)
- Formulated sub-committees (country engagement, M&E and research, global technical leadership)

What have we learned as a working group?

- Integrate during routine immunization services, as opposed to mass vaccination campaigns
- Collect data on impact of integration on immunization services
- Use of dedicated providers can be effective
- Systematic screening can support integrated delivery
- Political & community support are critical
- Health system issues must be addressed
- Keep referral messages simple
- Ensure clear and effective referral systems

Future priorities for the working group include the following:
- Continuing to identify effective models for sustainable integration
- Improving accessibility to, and dissemination of, key resources and program learning
- Supporting more proactive efforts to link organizations working on FP/immunization activities and connect field staff
- Promoting engagement and learning exchange at national and regional levels
- Identifying and engaging champions at national/regional/global levels
- Advocating for documentation and establishing the evidence base of effect of integration on immunization outcomes
- Helping to shape research agenda
- Advocating for additional funding in this area
- Encouraging active, ongoing involvement of WG members, including additional immunization colleagues

Family Planning General Updates: John Stanback (FHI360)

Presentation highlights include:

- International Conference on Family Planning (ICFP) was held in January, more than 5,000 people from 100 countries attended
- Women Deliver was held in May, more than 5,000 people attended
- Sayana Press, a three month, all-in-one injectable was approved for self-injection in the UK—an important step as it opens up the doors for self-injection elsewhere
- Teva Pharmaceutical Industries Ltd no longer has exclusive rights to the over-the-counter sale of Plan B to women 16 and younger—generic brands can now be sold
- WHO has updated their medical eligibility criteria for contraceptive use
- Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth to include Long Acting Contraceptives has been launched
- FP2020 produced a Call to Action: Task Sharing to Increase Access to Contraception: A Proven Strategy that Makes a Difference

Immunization General Updates: Rebecca Fields (MCSP)
See CoP for full presentation.

Presentation highlights include:

- According to the UNICEF/WHO data, globally, approximately 85% of children under one year of age are reached with at least three doses of diphtheria-pertussis-tetanus containing vaccine (DTP3) – the key indicator for immunization coverage.
- DTP3 coverage has stagnated over the past 5-6 years and there are substantial variations by geography, wealth quintile, maternal education level, and other factors. Major challenges must
be overcome to reach those most in need of immunization.

- We are off track to achieve the Global Vaccine Action Plan target for 2015 of all countries achieving >90% national coverage for DTP3 and all districts in each country achieving >80% DTP3 coverage.
  - To meet targets, need a greater focus on equitable coverage and reaching the underserved.
  - Need to focus on reducing missed opportunities for vaccination
- The Reaching Every District (RED) is management approach for routine immunization at the district level. But because there are still pockets of unreached populations, we are moving towards the implementing a Reaching Every Community (REC) strategy with the specific intent of improving equity.
- The extent to which immunization can serve as a strong platform for FP depends on how well immunization is performing. In places where vaccination coverage is low or highly inequitable, FP/immunization integration may not be very effective.
- We need to establish evidence that FP/immunization integration is beneficial for immunization outcomes. The impact on immunization has been measured in very few cases and where done has shown no effect. A 1994 study “Lost Quality Assurance Sampling” on FP/immunization integration in Khulna, Bangladesh recently came to our attention which shows there was an increase in coverage for DTP3, measles, and fully immunized children following integration, however, there was no clear benefit to family planning in that instance.
- A major change for polio vaccination being introduced in 2016 may affect integration prospects. Children will still receive 3-4 doses of oral polio vaccine but additionally will receive one dose of inactivated polio vaccine by injection. At the vaccination visit at 14 weeks of age, children will now receive three vaccinations by injection and two by mouth, making this a complex visit for vaccinators and for mothers. This may limit the potential for adding referral messages for FP but it should be explored.

**Missed Opportunities for Vaccination (MOV): Ike Ogbuanu (WHO/EPI/Geneva)**

*See CoP for full presentation.*

**Presentation highlights include:**

- A MOV is any visit to a health facility by a child (or adult) who is eligible for vaccination (unvaccinated, partially vaccinated or, not up-to-date, and free of contraindications to vaccination), which does not result in the person receiving all the vaccine doses for which he or she is eligible.
- When a mother comes for an antenatal check-up, need to make an effort to get that child (and its siblings who may also come along) vaccinated
- MOV prevalence rate is 32% among persons age 0-18 in low-income countries worldwide
- Health facility access and equity contributes greatly to MOV
- Reducing MOV can contribute to achieving the goals of the Global Vaccine Action Plan (2011-2020)
- The MOV strategy includes a desk review of program reports and data analysis, an assessment of extent of causes of MOV (field work), and an intervention phase that includes data collection and an evaluation
- Have done trials in Malawi and Chad at the national-scale and in Timor Leste within one district
  - Conducted qualitative research through exit interviews with mothers, health worker
KAP, focus group discussions with health workers, and focus group discussions with mothers
- In Chad and Malawi, about half of children who enter a clinic miss receiving vaccinations
- Reasons for MOVs lie among health services (e.g., stock-outs), caregivers (e.g., forget vaccination card), and health care workers (e.g., failure to screen)
- Successful interventions are focused around health facility staff and resources, strong management/supervision, monitoring plans, and re-evaluations every three months
  - For scale-up of work to reduce MOV, we need more evidence
  - Sustainability is led through MOH in collaboration with WHO, UNICEF, and others
  - Integration has potential to increase efficiency
    - During the assessment phase, there could be FP-specific questions
    - During the intervention phase, could do FP and immunization staff trainings, cross-referrals, and establish norms that promote integrations

Presentation discussion summary:
- MOV reduction is a facility-based approach to optimize the quality and efficiency of services for those who have come for them. It is not a community-based approach to reach marginalized, hard-to-reach populations.
- Can currently only assess MOVs for children who have a vaccination card/health passport. But mothers often bring their children for immunization without their card
  - MCSP/Liberia has experienced a similar challenge but in the other direction: want to refer women coming for FP to immunization if they’ve brought their babies with them. But if they’ve come for FP, they do not bring their child’s vaccination card.
  - The lack of card often drives MOV—how can this be addressed?
    - Copies of cards should be kept at health facilities (e.g., carte double) and strengthening of health registry
- An issue in Timor-Leste is that doctors were sent to Cuba for training, but the training didn’t include how to administer vaccinations
- Management interventions must be part of the solution—management structures and systems that support addressing MOV (and integration) must be implemented
- An issue for health care workers is that each visit with someone is usually 10-15 minutes, so they aren’t inclined to offer vaccinations if the patient came for something else
- Should look into whether the private sector is addressing MOV
- WHO’s top advisory body for immunization, the Strategic Advisory Group of Experts has enthusiastically endorsed the MOV strategy so work on it is moving forward.

Applying a Behavioral Science Lens – Lessons from a collaboration in Senegal: Jennifer Wesson (IntraHealth) and Dana Guichon (ideas42)
See CoP for full presentation.

Presentation highlights include:
- Ideas42 has operationalized behavioral economics into a four stage process: Define the problem, diagnose behavioral-based issues, design an intervention, and test—if it works, scale findings
- IntraHealth is working with Senegal’s MOH to integrate FP into immunization services
- Problem of focus:
  - Post-partum women with unmet need bring their children to receive immunization services and attend FP causeries (health education talks), but do not take up FP
70% of children are fully immunized and 97% have received their first vaccination, but unmet need for family planning is 25% in Senegal, and is higher for post-partum women

Current integration approach in Senegal

While women sit in a waiting room for infants to be vaccinated, a health worker gives the group a talk on FP methods and points them to the FP offices to receive services. There is little confidentiality and many distractions (crying babies, chatting women, etc.)

Idea42 Senegal case

Idea42 visited 14 facilities, spoke with 34 women, 22 service providers, and 13 local and regional health administrators. Also consulted national stakeholders, including representatives from the Reproductive Health and Child Survival Division

Found the following four “behavioral bottlenecks”:

- **Situational Factors Lead to Deferral**: Immunization sessions are chaotic, women wait in line for many hours, leads them to rely on emotion-driven decisions; low levels of privacy during immunization sessions—women feel pressured to follow social norms and this yield low uptake rates; providers are exceptionally busy on days when immunization is offered, resulting in longer wait times
- **Preparation Failure Forces Deferral**: women are not prepared for same-day uptake; FP services cost money in Senegal and women do not always bring money with them; Unexpected long waits: it can take up to 2 hours to receive FP counseling and method provision on immunization day; Using FP is often a family decision. If women haven’t discussed FP with husband, they are unlikely to take-up a method.
- **No Linkage to Future Uptake**: Some defer uptake to later, but don’t follow-through; lack of reminders or channel factors to help women take-up FP on a future day; women fail to plan for future FP uptake, procrastinate returning and even forget to return entirely
- **Failure to Activate Intention to Use FP**: Causeries fail to activate FP intentions; no moment of choice at causeries when women are directly asked if they want to take-up FP; causeries often overwhelm women with information and create choice conflict that causes them to defer the choice or decide to not make a decision

Program implications

- IntraHealth will incorporate Idea42’s findings into their strategies
- **Recommendations**
  - Facilitate same-day take up
  - Strengthen link for future FP uptake
  - Tailor causeries to facilitate decision making

**Presentation discussion summary**

- It’s important for men to also attend causeries so they hear the presentation of information and so men and women have the same language and knowledge to make a decision
  - A challenge is that men rarely come to immunization services—it’s 95% women with their infants
- They’ve been working with the MOH on the difference between counseling and sensitizations
- Does digital health provide an opportunity to remind women who have deferred their uptake decision? What about promoting the return of menses as a reminder?
- Why not try different counseling formats than causeries, since they are not personalized to each individual woman?
Presentation highlights include:

- In Pakistan, only 54% of children are fully immunized and only 14% FP uptake among post-natal women. There is inequity in FP use: women in the lowest wealth quintile have the highest unmet need (79.2%), compared to those in the highest wealth quintile (45.2%).
- Program model background
  - Greenstar Social Marketing Pakistan (Guarantee) Limited, an affiliate of PSI, has partnered with the public sector to implement voucher schemes, which aims to increase access points for the provision of information and uptake of services.
  - An analysis of 68 courtiers showed women are often more likely to access infant immunization services than family planning services.
  - Routine immunization services provide an opportunity to reach mothers with family planning information and services, especially when combined with demand-side financing
- Intervention design
  - Public-private partnership: government sends vaccinator to Greenstar clinics
  - Women who scored a certain mark on a WHO poverty scorecard were provided the option to purchase voucher booklets Rs. 50 ($0.60)—28,000 women were reached
    - Vouchers could be redeemed for 2 postnatal care visits, 6 child immunization visits, and 5 FP counseling visits
- Voucher management (system posed problems with tracking the vouchers)
  - Clients were registered at clinics where they would go to redeem vouchers
  - Clients visit providers according to immunisation schedule
  - Project staff collects provider-retained vouchers, weekly
  - Vouchers are sorted at project office
  - Electronic records of vouchers at central office
  - Redeemed to providers
- The visit at 6 weeks of infant age had the highest level of uptakes (79%)
- In general, high discontinuation rates in Pakistan—many misconceptions about side-effects
- Intervention results: 89% of vouchers were redeemed; 79% family planning uptake; FP discontinuation was negligible; 75% of infants fully immunized; 90% completed PNC visits
- FP methods available: implant, IUCD, injections, pills, condoms
  - Injections were the most popular (around 35%), then IUCD, implants were least popular most likely due to cost, even though they were subsidized
- Lessons learned
  - Public-private partnership was important: government gave access to vaccinators, which supported integration
  - Private clinic allowed for avoidance of long lines.
  - Services were offered once a week so women could plan ahead.
  - Provider motivation for FP counselling appears to improve FP if providers are motivated through incentives (e.g., profit)—when quality FP info/counselling is provided, method uptake increases, as does profit
  - There was no FP update at delivery as no ANC FP counseling done—should consider use of ANC FP counseling in future interventions
  - Subsequent FP counselling paired with immunization reinforces user continuance of FP
  - Demand side financing lens can help achieve FP2020 targets
  - Model is cost-effective and sustainable as clients pay out of pocket

Presentation discussion summary:
- What are the benefits of the voucher scheme?
Rapid Country Updates  
*(See CoP for presentations)*

This session included rapid 5-10 minute updates from ongoing country initiatives. Please see presentations on the CoP for detailed information:

**Integrated Supply Chains in Senegal (Ibnou Khadim Diaw, Digit Medic Afrique R4D)**

- This presentation included an overview of the context of supply chains in Francophone Africa, including the current lack of optimization of resource allocation, limited awareness of the important role played by supply chain in national health strategies, low human capital to organize the supply chain throughout the health pyramid, and lack of vision to optimize or transform the supply chain to cover the last miles, and limited knowledge of existing solutions for improving logistics performance.
- Potential solutions based on the experience in Senegal include: developing a master plan by EPI as a catalyst of support for the transformation of supply chains; providing strategic support services, advocacy, skills development, and sharing of knowledge to ensure the integration of supply chains; involving and integrating all priority health programs around a coordination platform for health product supply chains; conducting a feasibility study to transform the supply chain of health products based on evidence; helping MOH administrators in strategic reflection to help with management and implementation of an integration platform; and conducting advocacy around the need for prioritization and integration’s potential.

**Multi-Country Update: Malawi, Liberia, and Tanzania (Chelsea Cooper, MCSP)**

- MCSP is trying to systematically document learning to assess how integration of FP and immunization services affects service provision, utilization, and quality in a range of settings where MCSP works (currently focusing on Malawi, Liberia, and Tanzania). This study includes formative assessment, analysis of service statistics and health information system data, client exit interviews, review of supportive supervision report, and endline qualitative assessments.
- In Liberia, MCSP is scaling up an adapted version of the MCHIP/MOHSW approach to new sites in 3 counties. In Tanzania, the formative assessment is just now in the process of launching, and the intervention will focus on 6 districts in Kagera region. In Malawi, MCSP is supporting integration of services at outreach and health facilities in two districts, aiming to make integration more systematic and consistent. The study is ongoing across the three countries and findings will be shared with the working group at a future meeting.

**Mozambique Country Update (Kathryn Mimno, Pathfinder)**

- Pathfinder’s Strengthening Communities through Integrated Programming (SCIP) project, which ended this winter, worked with the government to re-vitalize National Health Weeks, supported...
routine mobile brigades that offered immunization and FP services that included using digital tools for referral purposes, and supported integration of FP and immunization services at health facilities. After SCIP’s close-out, the government determined that there was a need to strengthen those activities and to further integrate FP and immunization.

- Since then, Pathfinder has contributed to the government’s new integration strategy, “National Guidelines for the Integration of Family Planning in Other Services at the Health Facility Level,” which focuses on integration of contraceptive services into immunization services, pre-natal care, post-partum services, ART, HTC, male circumcision, maternity wards, gynecology emergency wards, out-patient care (adult & children), child growth consultation. Pathfinder is also training providers in healthy child consultations: CHWs who measure infant height and weight and administer immunizations are also being trained in the provision of IEC materials for individual FP counseling. Condoms are available and referrals are made for other contraceptive services. Pathfinder is currently scaling up its FP counseling in urban areas. Since household visits aren’t done in urban areas, CHWs provide group and private individual FP counseling in immunization areas of two health facilities in Maputo and offer referral services.

- In other news, Implanon is about to be introduced to Mozambique once the USAID procurement process is complete, which will increase opportunities for task-sharing. CHWs (Agente Polivalente Elementar, APE) will be trained in its insertion for use during routine mobile brigades.

**Tanzania Research Initiative (Sara Malakoff, EngenderHealth)**

- EngenderHealth is currently conducting a research initiative to inform integration scale-up in Tanzania. The primary objectives of the 12 month study in 12 facilities in Mtwara and Dar es Salaam are to assess the extent to which different packages of integrated service provision increase the range and uptake of selected RMNCH/HIV services and to assess the efficiency of delivering integrated services in terms of: cost, utilization of existing infrastructure and human resources. There are four research integration packages, and three of the 12 facilities each received one of the packages in order to evaluate the optimal package and the process of integrated health care:
  - Package 1: Package 1: FP+ HIV
  - Package 2: ANC/PMC
  - Package 3: ANC/PNC + Child Immunization + Labor and Delivery
  - Package 4: Outpatient Department

- The implementation process, currently underway, includes stakeholder engagement, clinical/service delivery training on integrated services in all areas, follow-up training/support; minor infrastructure adjustments; and supportive supervision visits (monthly). Deliverables from this work will include planning/budgeting tools for district management officers to support scale-up, a costed guidance document; and efficiency indicators for measuring impact of integration.

**Kenya Integration Challenges (Adrienne Allison, World Vision)**

- This update focused on a project funded by Pfizer in two sub-counties which aims to increase contraceptive prevalence rate and immunization coverage concurrently. The two counties, Isiolo and West Pokot, are pastoral, located in northeast Kenya. Isiolo is 99% Muslim, West Pokot is 45% Roman Catholic Christian, which means that it is important to include LAM and Standard Days Method. The project presents enormous potential to increase opportunities for CHWs and CHEWs who do home-based counseling and provide referral slips. CHWs have been trained to give integrated messages and they track the child’s immunization schedule and the mother’s FP use. They have used men to reach male religious leaders in other areas in Kenya
and plan to implement the same model in these two counties as part of their integration approach.

**Rapid Country Update Discussion Summary:**

- **Comment for Adrienne:** There’s a need to think about supply chain management to support vaccine availability:
  - In facility assessments, it was found that in Isiolo, they always have vaccines and there’s about a 10% stock-out of FP methods (waiting on data from West Pokot).
  - Working with MOH because the government recognizes how low the immunization rates are in West Pokot.
- **Question on MOV presentation:** 67% of MOVs came from the health system side, so what are the methods to address this?
  - Have given feedback to health facilities at the end of data collection, most health facilities have been surprised at the high levels of MOVs, so data-sharing and is the first step to change behavior.
  - At the management level, this need is highlighted and they are aware that the data exist and are discussing potential strategies with us.
  - Have started doing more training for vaccinators and non-vaccinators in the same room to address challenges.
  - Also plan to strengthen supervision and monitoring.
- **Comment on MOV presentation:** There’s an evidence base on screening and triage, but most of this is in the family planning literature. PopCouncil created Systematic Screening with a simple protocol and job aid so when mothers come into the clinic, providers go through a checklist and ask about HIV testing, immunizations, etc. Jhpiego looked at this in India, IntraHealth looked at this in Senegal, and FHI360 looked at this in a number of countries. Most of the projects have looked at the impact on FP uptake, but have also observed impact on other services, such as immunization. Have you looked into this?
  - In our evaluation surveys, there have been suggestions to include this in the intervention
  - Will target those at registration desk and vaccinators to support this
  - We foresee this being very impactful
- **Comment on IntraHealth and Ideas42 presentation:** A solution that really works well is the Special Service Days/Open Doors Day, when services are offered on one day, dedicated providers are there, and prices are reduced or services are free. EngenderHealth would see more FP clients on these days. It links well with the challenges because it galvanizes social norms in favor of FP use because everyone is talking about this day for FP services—it increases demand. There is also a moment of choice, so you won’t procrastinate because today is your opportunity to get the service. This may be something to consider.
  - Will look into this and discuss further
- **Question to everyone:** Does anyone have experience with mobile phone reminders for FP and immunization?
  - There have been many short-term pilot projects in immunization that use cell phone technology for reminders, e.g., MCHIP/Kenya: health workers phoned mothers to remind them to return for immunization and address any concerns they had; published in a USAID compendium on mHealth: rate of immunization completion was high.
  - Pathfinder has experience in Mozambique with FP reminders in Haiti, Mozambique, Nigeria, Tanzania, and maybe Kenya. How it’s operationalized depends on the country and the system. Sometimes it’s direct reminders to woman, but more commonly it’s reminders to a CHW to visit the woman for resupply or check-in on her choice to support up-take. We are about to roll out a pilot for individual women reminders in Mozambique, but we are currently working through issues of privacy/confidentiality
with women’s phone use. Callie Simon from Pathfinder is happy to share more information.

- Comment on issue that arose in all presentations: It’s clear that there is a need to better understand how systems respond to integration needs. There is room for us to understand as a community how management issues and leadership issues affect integration results. We may need to talk about indicators for integration and need to address willingness of the system to move approaches forward. For example, MOVs may be a proxy for organizational management or quality of counseling. UHC gives us a chance to analyze how integration is really happening (incentives, norms, system operations, accountability of integration services).
  - This afternoon we’ll have a session on what UHC has to offer integration and can explore this further at that time.

**Toolkit Update: Sarah Folh (K4Health)**

*See CoP for full presentation.*

Presentation highlights include:

- Moving forward, Sarah Folh will be responsible for FP-immunization newsletter
- On the toolkit, pageviews, users, events, and sessions have increased
- 109 total countries used the toolkit. The top 10 countries visiting the site (in order) are: United States (34% of the total sessions), India (especially for SBCC), Kenya, Uganda, Nigeria, Philippines, Pakistan, Ethiopia, Liberia, and the UK
- The most popular sections of the toolkit in terms of visits (in order): the Home page, SBCC, Implementation Tools, Essential Knowledge, and M&E and Research. The top resources (in order) include the HIP brief, M&E of PPFP Integration Powerpoint, Key Considerations for M&E of FP-Immunization Integration, the FP-Immunization Integration Bibliography, and the Key FP & Immunization Integration Behaviors.
- Looking at the overall analytics for traffic channels, nearly 70% comes as organic search which means a Google search (or another search engine)

**Presentation discussion summary:**

- Please submit documents to be added to the toolkit!
- We should think about how we should solicit calls for documents to be added
- Toolkit has been used to develop an M&E framework for World Vision
- Could use K4Health blog posts to promote toolkit
- Could develop more graphics for FP-Immunization integration
- Should address disconnect between the community of practice site and the K4Health site
- There is a need for more French tools. As a working group, we could make it a goal to invest in French resources.

**What does UHC have to offer for Integration? (Craig Burgess, MCSP)**

*See CoP for full presentation.*

Presentation highlights include:
• Definition of Universal Health Coverage: “Ensuring that all people can use the promotive, preventive, curative and rehabilitative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship” (WHO)

UHC looks at an integrated approach to provide more services for more people at an affordable cost, prioritizes interventions with a strong evidence base demonstrating impact, and emphasizes issues (e.g., family planning, nutrition) and target populations (e.g., adolescents) that have been historically underinvested in

• UHC further focuses on improved service delivery to ensure an efficient national response (e.g., through task-shifting, integration of service delivery, community health workers, private sector service delivery environment)

• SDG3 is the only SDG that is focused on health: “Ensure healthy lives and promoting well-being for all”

• In order to advance UHC, need to help governments decide what services should be provided and determine how and whom should fund, and scale up coverage

• Integrated Primary Health Care: to assure health systems deliver quality, responsive, affordable, acceptable services (prevention, promotion, treatment, rehabilitation and palliative care) people may need across their life times

• Global Vaccine Action Plan (2012-2020)
  o Guiding principle of integration: strong immunization systems, as part of broader health systems and closely coordinated with other primary healthcare delivery programs, are essential for achieving immunization goals

• Global Strategy for Women’s Children’ and Adolescents Health (2016-2030)
  o “A roadmap to achieve the right to the highest attainable standard of health for all women, children and adolescents –to transform the future and ensure every newborn, mother and child not only survives, but thrives” (WHO)

• GFF: Financing partnership supporting EWEC and Country Leadership
  o Eligibility: 62 Low & MIC, IDA/IBRD for RMNCAH
  o Resource allocation: need, population & income, US$10-60 million per country
  o Roll-out $875 million pledged to date

• Countries
  o Frontrunner countries: DRC, Ethiopia, Kenya, and Tanzania
  o Second wave: Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal, Uganda

• Summary:
  o SDGs, UHC & PHC, and EWEC/GVAP/GFF all emphasize need for integration

Presentation discussion summary:

• What is the main barrier to integrating beyond FP/Immunization?
  o Political will is a major issue—most of it starts with WHO and World Bank. When WHO and World Bank is silent, we’re silent
  o What are the main enablers of integration?
    ■ It may be worth stepping back to reflect on enabling factors and how we as a community can promote some of these.

• How can best practices of integrating FP/immunizations be best shared with PHC/UHC agenda?
  o No one group that looks at integration specifically
  o Looking at it from an integration paradigm

• We may want to have a joint meeting with other integration working groups (e.g., FP and nutrition or the WG on UHC and health supplies) to look at a broader integration agenda

• In trying to reach marginalized populations, we have a lot to learn from Ideas42
193 countries are moving towards UHC—it is very complex. We should dialogue with different community of practices who have different perspectives. We need to understand that there are different levels of knowledge sharing and analysis. Traditionally supplies (vaccines) are least integrated, so we need to ask ourselves why should vaccines and contraceptives be part of those packages. We need to share evidence. We should make an effort to advocate for this and understand how countries are doing it. Mexico came up with the concept of diagonal integration. You need to take into account the system in order to think about what to change.

**Subcommittee Reflection / Introduction of Group Work: Leah Breen (Pathfinder)**

*See CoP for full presentation.*

**Presentation highlights include:**

- Leah Breen (Pathfinder) presented feedback from a survey on the Working Group and Subcommittee structure and function which was circulated to the CoP.
- **Survey Q1: What are your thoughts on the current structure of the working group and subcommittees (Global Technical Leadership, M&E and Research, and Country Engagement)?**
  - Need a structure that supports advancement towards and accomplishment of goals
  - Subcommittees should have a more holistic focus
  - Should increase inclusion of all WG members in subcommittees
- **Q2: Are there any new or emerging topics of interest that one or more of the subcommittees should address?**
  - Sustainable Development Goals
  - Universal Health Coverage
  - Essential Health Packages
  - Integration’s positive effects on maternal and child health
  - Documentation of country experiences
  - Mentoring of clinic staff
  - Pfizer integration grants
- **Q3: What has gone well in your subcommittee's work?**
  - Strong team collaboration has led to mutual learning
  - Outputs that inform global strategies
- **Q4: Taking into consideration time and financial constraints, what could be done to improve the subcommittees or make the subcommittees' work more targeted, actionable, and sustainable?**
  - Clarify the subcommittees’ purpose
  - Prioritize 3-4 goals and track progress
  - Discuss integration awards that members are implementing
  - Increase number of meetings
  - Subcommittees need more technical leadership and managerial support
- **Q5: Do you have suggestions for opportunities to better link the working group and subcommittees with other global projects and initiatives?**
  - Link with:
    - Every Woman, Every Child
    - SDGs
    - MNCH services
    - FP2020
    - Rights and Empowerment WG
    - Market Dynamics WG
Performance Monitoring and Evidence WG

- Q6: Do you have any other suggestions for how to improve the function and performance of the working group overall?
  - Revisit purpose
  - Strengthen leadership to ensure active engagement
  - Awareness of political dynamics between partners and within groups

Presentation discussion summary:

- We should clarify the purpose and scope of the subcommittees
- We need more evidence to support our work (M&E subcommittee action item!)
- Should create platforms for three subcommittees to talk outside of meetings
- Need to update listservs
- It’s often more effective/efficient when we have tangible deliverables, and it’s challenging where there are many activities and little clarity about what to address and prioritization
- The “where is the evidence” question is applicable to all subcommittees
  - Should think about evidence needed at the country-level
  - Should think about how to take results to scale
- Women Deliver had a lot of energy around integration—could tap into this

Subcommittee Breakout Session

- Subcommittees met to:
  - Identify subcommittee goal and tasks needed to accomplish this goal
  - Revisit/create subcommittee action plan and discuss whether any new activities related to the discussion topics should be added
  - Discuss the following questions:
    - What is needed to move FP-immunization integration from a promising to a proven practice? What can we, as a working group, do to contribute to advancing the momentum?
    - What are the main barriers to integrating beyond FP / immunization? How can best practices of integrating FP and immunization services be best shared with the PHC / UHC agenda?

Notes from each of the subcommittee discussions are included in the appendix. Subcommittee facilitators will schedule follow-up calls to further discuss and flesh out action plans for these activities.
Appendix I

**Agenda**

8:30-9:00   Breakfast
9:00-9:20   Welcome and Introductions: Chelsea Cooper (MCSP) & Kathryn Mimno (Pathfinder)
9:20-9:30  Family Planning General Updates: John Stanback (FHI 360)
9:30-9:40  Immunization General Updates: Rebecca Fields (MCSP)
9:40-10:10 Missed Opportunities for Vaccination (MOV): Ike Ogbuanu (WHO/EPI/Geneva)
10:10-10:25  
10:25-10:55 Break
10:25-12:05 Country-level Integration Initiatives
10:25-10:55 Applying a Behavioral Science Lens – Lessons from a collaboration in Senegal: Jennifer Wesson (IntraHealth) and Dana Guichon (ideas42)
10:55-11:20 Family Planning & Immunization Integration in Pakistan: Shana Aufenkamp and Marcie Cook (PSI)
11:20-11:50 Other Rapid Country Updates
  - Integrated Supply Chains in Senegal (Ibnou Khadim Diaw, Digit Medic Afrique R4D)
  - Multi-Country Update (Chelsea Cooper, MCSP)
  - Mozambique (Kathryn Mimno, Pathfinder)
  - Tanzania Research Initiative (Sara Malakoff, EngenderHealth)
  - Kenya Integration Challenges (Adrienne Allison, World Vision)
11:50-12:05 Discussion
12:05-12:35 Lunch
12:35-12:55 Toolkit Update: Liz Tully (K4Health)
12:55-1:10 What does UHC have to offer for Integration? Craig Burgess (MCSP)
1:10-1:30 Subcommittee Reflection / Introduction of Group Work: Leah Breen (Pathfinder)
1:30-2:30 Subcommittee Breakouts
2:30-2:55 Subcommittee Report Back & Discussion
2:55-3:00 Closing
Appendix II

Subcommittee Breakout Session

Country Engagement Subcommittee

Goal: The goal of the country engagement group is to: document existing FP-immunization integration experiences; share learning across countries and programs; and identify barriers/facilitators, lessons learned, and tools to facilitate integration and advocacy at country level.

Key activities for semester:

- Creation of a Googledoc to capture FP-immunization integration efforts by country and program including: published and forthcoming research, implementation partners, integration approach, and stage of implementation
- Map advocacy challenges and facilitators

Session participants: Anne Pfitzer, Devina Shah, Iqbal Hossain, Kerry Dobies, Nathaly Spilotros, Chelsea Cooper, Sara Malakoff, Kate Cho, Shana Aufenkamp

Subcommittee Chair: Anne Pfitzer

Global Technical Leadership Subcommittee

Goal: The GTL subcommittee aims to support dissemination of global technical evidence/experience and engage key and new stakeholders in the working group. The group also aims to foster discussion and sharing at all levels.

Key activities for semester:

- Coordinate engagement call with BMGF bringing together representatives from various teams across Gates and key members of the working group to share information about the working group and the current state of evidence; hear the donor perspective on their coordination and interests; and explore opportunities for synergy
- Provide list of names to the FP Voices project highlighting experience on the ground with integrated projects

Session participants: Walter Proper, Ellen Tompsett, Susan Otchere, Kimberly Cole, Leah Elliott, Katy Mimno, Meghan Greely, Sarah Fohl, and John Stanback

Subcommittee Chairs: Leah Elliott and Katy Mimno

Monitoring, Evaluation & Research Subcommittee

Goal: The goal of the M&E and Research group is to: move existing FP-immunization integration from a promising to a proven practice by focusing on the question of how different integration models affect both FP and immunization outcomes.

Key activities for semester:
• Update and organize Bibliography on K4Health, Connect with literature review on Immunization integration by the Burnet Institute currently in progress
• Connect with WHO group on Missed Opportunities for Vaccination research
• Revisit priority questions for the subcommittee

Session participants: Elizabeth Sasser, Adrienne Allison, Allyson Nelson, Naomi Rijo, Rebecca Fields, Lindsay Breithaupt, Heidi Schroffel, Jacqueline Wille, Leah Breen

Subcommittee Chair: Elizabeth Sasser and Devon Mackenzie

Appendix III

Working Group Mission, Vision, and Key Accomplishments
**Mission**
To share lessons and guidance from field experiences and research initiatives on optimal ways to link or combine family planning & immunization services in facilities and communities, so that the reach and effectiveness of both interventions are enhanced.

**Vision**
The working group will identify and promote effective, sustainable models of family planning and immunization integration.

**Key Accomplishments**

- Developed a Community of Practice for sharing FP/Immunization integration resources (now approximately 380 members)
- Developed and disseminated an initial advocacy brief on FP/Immunization integration
- Developed FP/Immunization bibliography to highlight key FP/Immunization research and program experiences
- Provided leadership and technical guidance for development of new online map documenting FP/Immunization field experiences; worked with USAID to transition to new K4H HIP platform
- Co-hosted online forum on FP/Immunization integration
- Provided leadership and technical guidance for development of the family planning High Impact Practices (HIP) brief on FP/Immunization integration. Finalized in 2013.
- Hosted biannual working group meetings
- Formulated sub-groups (M&E and Research, Country Engagement, Global Technical Leadership)
- Presented at conferences and meetings (e.g. Global Health Conference, USG-sponsored MNCH-FP-Nutrition Integration Consultation, and Global Health Mini-Universities)
- Launched the FP & Immunization Integration Toolkit in 2013 (including briefs on M&E and SBCC developed by the WG)