

Breaking down silos to reach zero-dose children

Integrating immunisation with other health services, such as nutrition screening and water, sanitation and hygiene (WASH) for reaching zero-dose children, represents a critical strategy for achieving vaccination equity. Successful integration requires strong leadership, multi-sectoral partnerships, community engagement, shared service delivery platforms, linked data systems and adaptive implementation approaches. Country examples demonstrate that

well-designed integration strategies can significantly improve outcomes for the most vulnerable populations despite existing challenges such as siloed budgets. Expanded Programme on Immunization (EPI) managers have both the opportunity and responsibility to implement sustainable integration approaches that strengthen health systems whilst ensuring every child receives life-saving vaccines.

Key integration approaches

Zero-dose children experience multiple overlapping deprivations that increase their risk of missing routine vaccinations. Integration systematically links vaccination delivery with other health and social services to reach missed populations.

Health service integration

Linking immunisation with existing health programmes to maximise reach and efficiency.

- **Combining** with primary healthcare service delivery
- **Linking** with maternal, child health and nutrition services
- **Integration** with birth registration and livestock vaccination services
- **Coordination** with malaria, HIV, and tuberculosis programmes

Community-based integration

Engaging communities and leveraging local networks to build trust and access.

- **Partnering** with community health workers
- **Integrating** with education and social protection programmes
- **Coordination** with religious and traditional leaders
- **Delivering** services through mobile and outreach teams

System-level integration

Harmonising systems and processes to enable coordinated, efficient service delivery.

- **Data** system harmonisation
- **Joint** planning and resource allocation
- **Coordinated** training and capacity building
- **Integrated** monitoring and evaluation

Integration benefits

For health systems

- Reduce duplication and share programme costs
- Build robust platforms serving multiple interventions
- Create comprehensive population health understanding
- Develop resilient systems less dependent on single-programme funding

For communities and families

- Multiple entry points expand vaccination opportunities
- Address multiple needs simultaneously, reducing time and transport costs
- Build community confidence through comprehensive care
- Address health determinants alongside immunisation

For zero-dose children specifically

- Apply systematic approaches to accessing missed children
- Address multiple vulnerabilities simultaneously
- Create ongoing relationships with families
- Prioritise most missed populations

Integration challenges

Systemic challenges

- Multiple stakeholders pursue different priorities and timelines
- Limited funding restricts integrated approaches
- Heavy and siloed staff workloads hinder effective delivery of multiple services
- Lack of interoperability across programme information systems

Operational challenges

- Remote and conflict-affected populations prove difficult to reach
- Vaccine hesitancy and cultural practices create barriers
- Insufficient infrastructure and human resources
- Cold chain maintenance and vaccine availability present challenges

Policy and governance challenges

- Vertical programme structures limit integration
- Complex approval processes delay integrated interventions
- Overlapping programme responsibilities create role confusion
- Attributing outcomes to integrated approaches proves challenging

Country spotlights

Nigeria

Community-based integration model

Nigeria faces significant challenges with zero-dose children remaining vulnerable across diverse geographic and cultural contexts.

Implementation approach

- Ward-level microplanning and community mapping
- Traditional ruler engagement and endorsement
- Multi-antigen campaigns
- Social mobilisation and communication integration

Integration strategy

- Integration with vitamin A supplementation campaigns
- Coordination with polio eradication efforts
- Community health worker platforms
- School-based delivery systems

Results

- Across 313 hard-to-reach settlements in Lagos, Gombe and Ogun states, health workers reached 39,659 children with polio vaccine, 49,633 with measles vaccine and 91,699 with yellow fever vaccine between June 17 and July 6, 2022.¹

Key success factors

- Multi-level stakeholder engagement
- Community ownership and participation
- Integrated communication strategies
- Robust monitoring and evaluation systems

Ethiopia

Big catch-up programme with integrated approach

Ethiopia ranks among the top ten countries globally with the highest number of zero-dose children with an estimated 3.9 million unvaccinated children.

Implementation approach

- Door-to-door microplanning to identify zero-dose children
- Mobile vaccination teams reaching pastoralist communities
- Integration with existing community health programmes
- Real-time data collection and monitoring

Integration strategy

- Combined vaccination campaigns with nutrition screening and vitamin A supplementation
- Integrated with COVID-19 vaccine delivery to remote villages
- Partnership with community health extension workers
- Coordination with maternal and child health platforms

Results

- As of April 2025, Ethiopia reached 958,725 children, representing 24.6% of the estimated 3.9 million zero-dose children nationwide.²
- Nearly 100,000 children vaccinated in the first two months of 2025 alone.³

Key success factors

- Strong government commitment and leadership
- Community health worker engagement
- Flexible service delivery modalities
- Real-time monitoring and adaptive management

Integrated microplanning

- ✓ **Map settlements** and identify zero-dose children using administrative data and community reports
- ✓ **Engage community partners** including traditional leaders, religious leaders and community health workers
- ✓ **Design flexible service delivery** approaches (outreach, mobile clinics) that align with community routines
- ✓ **Bundle health services** by integrating immunization with nutrition, maternal health and other services
- ✓ **Allocate sufficient resources** including staff, vaccines and transport for hard-to-reach areas

- ✓ **Track individual children** through completion of vaccination series and other relevant health services
- ✓ **Leverage shared resources** and bulk procurement to reduce costs across programmes
- ✓ **Plan for fragile contexts** with risk mitigation strategies (e.g., alternative outreach sites, pre-positioned stock)
- ✓ **Embed within district planning** to ensure integrated microplanning is sustained long-term

Endnotes

¹<https://www.afro.who.int/countries/nigeria/news/states-adopt-integrated-vaccination-strategy-reach-unimmunized-children>

²<https://www.afro.who.int/countries/ethiopia/news/ethiopia-reignites-its-big-catch-program-close-1million-zero-dose-children-vaccinated>

³ibid

This product was produced by the Zero-Dose Story Generation Consortium, led by Sabin Vaccine Institute. Sabin is a leading advocate for expanding vaccine access and uptake globally, advancing vaccine research and development, and amplifying vaccine knowledge and innovation.

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