



# Strategies and best practices to strengthen coordination of immunization stakeholders



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**Всемирная организация здравоохранения**

**Европейское региональное бюро**

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Vaccines save millions of lives every year by protecting against serious, preventable diseases.

*Immunization - social and economic value to 14 of the 17 United Nations Sustainable Development Goals*



1. Healthy children + families = **Increased Prosperity**
2. Immunization + nutrition = **Healthier Families**
3. Immunization = **Healthy lives + well-being**
4. Vaccines support cognitive development through better health = **Improved Learning**
5. Immunization = **Empowered Women & Girls**
6. Clean water, sanitation & hygiene (wash) + vaccines = **Less Disease**
7. Efficient supply chain equipment = **Cleaner Environment**
8. Healthy population = **More Productive Workforce**
9. Healthy vaccine market = **Innovation**
10. Better health = **Increased Equality**
11. Protected urban public health = **Healthier Cities**
13. Vaccines = **Mitigation of Climate Change Impact**
16. Strong health systems = **Long-term Stability**
17. Innovative partnership = **Unprecedented Progress**



# Immunization as a core function of health systems and central to achieving UHC and SDGs

## Key pillars



Equity in immunization

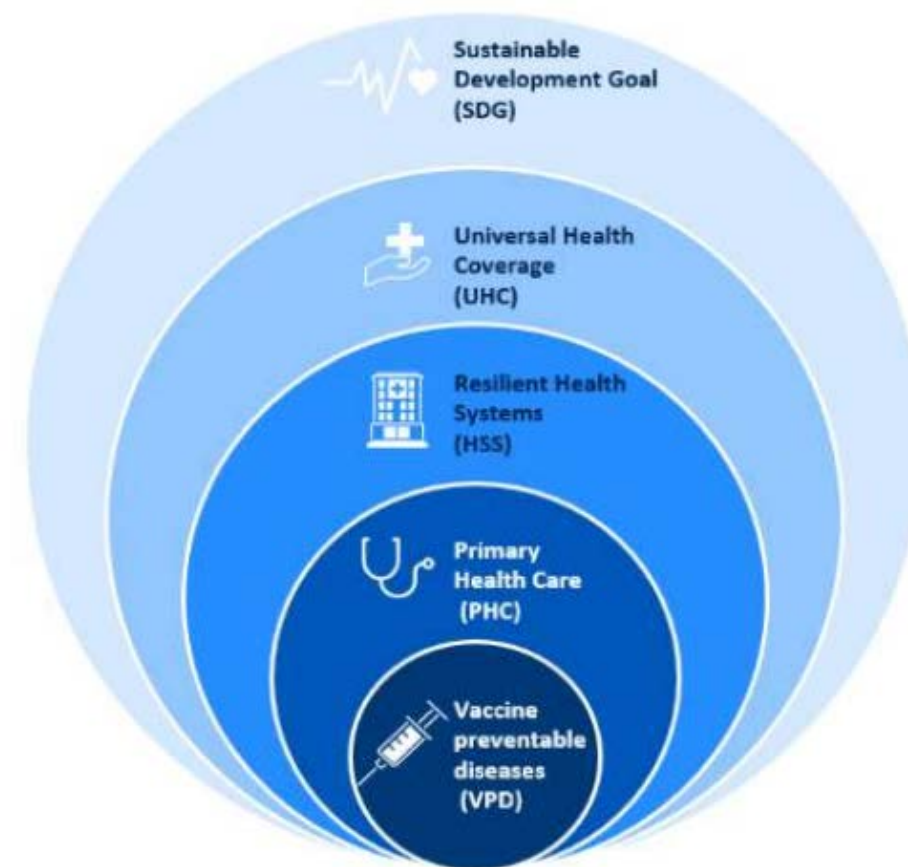


Immunization across life-course



Local solutions to local challenges

*Contributes to a world where everyone, everywhere, at every age fully benefits from vaccines for good health and well-being*



\* Immunization Ecosystem in the WHO European Region and European Immunization Agenda 2030



# Public health issues: complex problems in need of complex solutions

- **Various determinants** that affect public health, such as individual lifestyle factors, socioeconomic, cultural and environmental factors, living and working conditions, and community networks (Dahlgren and Whitehead 1991; Kickbusch 2010).
- Many of these factors are situated **outside the sphere of influence of the public health** sector itself (Rittel and Webber 1973; Kickbusch 2010), meaning that other sectors possess the resources vital to influence the various determinants of health (Kickbusch and Gleicher 2011).
- So, a crucial **part of the complex solutions** needed is the **involvement of actors from other policy sectors** in the development and implementation of public policies that effectively address public health issues
- Examples: **governance for health** (Kickbusch and Gleicher 2012), **health in all policies** (e.g. Ståhl 2006) and **public policies for better health** (Kickbusch 2013)



# Policy Integration & Coordination

**Policy integration** - involves the ***interrelation of the content*** (e.g. policy goals, policy instruments) of policies of several sectors (Shannon and Schmidt 2002; Thomas 2003), *as well as the **removal of contradictions*** between policies of several policy sectors.

**Policy coordination** - refers to the ***process to realize integration***, e.g. by joint information systems, processes of planning and making decisions (6 et al. 2002). As a result, ***better performance in terms of public health gain*** should be realized (Sihto et al. 2006; Kickbusch 2010; Kickbusch and Gleicher 2012).



# Degrees of collaboration, benefits & risks

## Benefits:

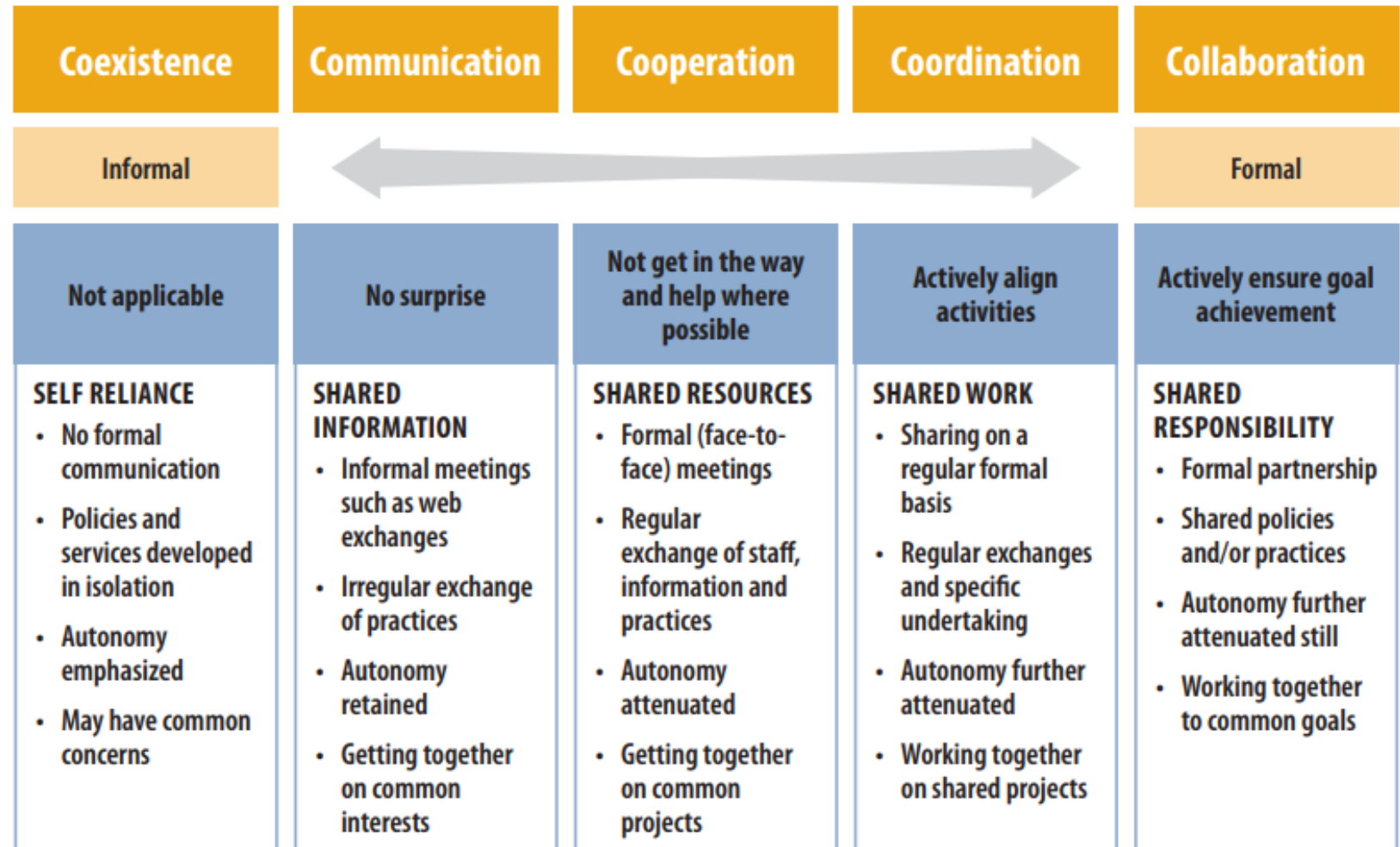
- Giving visibility and legitimacy;
- Empowering the marginalized;
- More efficient use of resources; and
- Ensuring the sustainability of interventions.

### Challenges or risks:

- Prolonging policy-making
- Increasing complexity;
- Different perceptions of the problem & solutions
- Creating unmanageable expectations.

### Some principles for effective engagement:

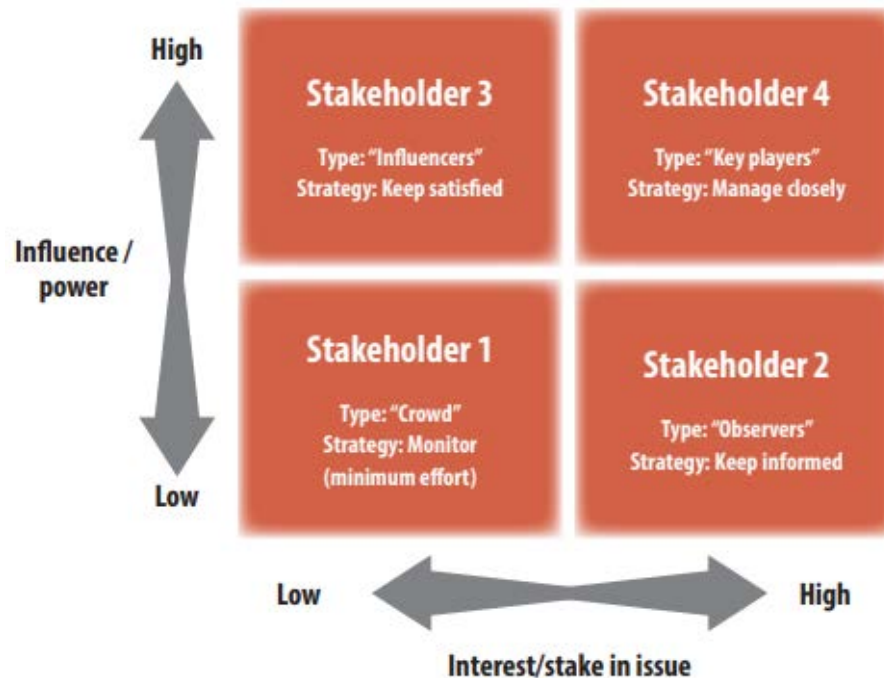
- Empowerment;
- Accountability;
- Transparency;







# Identifying and categorizing stakeholders



**A stakeholder** - is a person, or group of persons, who have an interest or concern in a particular process or issue due to direct or indirect involvement.

**Governmental:** ministries, politicians, local authorities, research institutes,

**Non-Governmental:** non-government organizations, religious organizations, labour unions, professional associations and businesses.

Name of stakeholder	Influence/power (high or low)	Interest/stake in issue (high or low)	Likely position in relation to immunization programme	Engagement priority (high, medium or low)
Ministry of Health	High	High	Positive	High
Other ministries (eg Education, Agriculture, Finance)	High	High	Positive, but possible conflicts of interest	High
Other levels of government (regional, local)	High	High	Positive	High
UN agencies	High	High	Positive	High
Major donors	High	Low	Positive	Medium
NGOs	Low	High	Positive	Medium
Civil society	Low	High	Positive	Medium
Media	Low	High	Positive	High



# Structures and mechanisms for intersectoral collaboration

	Agenda setting			Policy formation			Policy implementation		Policy review		
	Identify problem	Research	Set agenda	Develop options and strategies	Negotiate	Formulate policy/guidance	Implement policy	Enforce policy	Monitor	Evaluate	Report
1. Cabinet committees and secretariats											
2. Parliamentary committees											
3. Interdepartmental committees and units											
4. Mega-ministries and merges											
5. Joint budgeting											
6. Intersectoral policy-making procedures											
7. Non-government stakeholder engagement											

Other technical & operational mechanisms.....



# The IA2030 & Partnership model at global level



## 1 Consultative/technical Engagement

A process to strengthen the **“movement”** of **IA2030** –bringing in regions, countries, CSOs, donor voices to advise global partners on priorities and needed action.



## 2 Operational Coordination

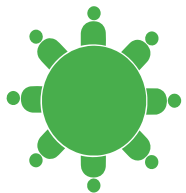
**IA2030 Coordination Group** of core partners (Director level) meet monthly with timely follow-up, supported by small **Secretariat**



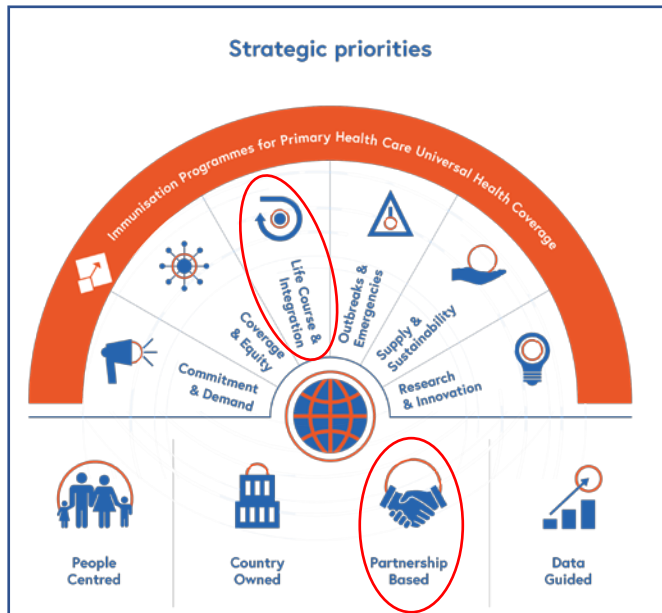
The **operational driver** for global alignment and coordinated action.

## 3 Political Leadership

**IA2030 Partnership Council** of 10-12 Senior leaders meet 2/year (members include representation from country, regional and CSOs) and reporting to the **World Health Assembly**



The **political leadership** of **IA2030**, providing the ownership and accountability at global levels





# Coordination of the National Immunization Strategy

- **As part of the government endorsement process, ensure that:**
  - NIS becomes fully integrated and embedded into the Health Sector Strategic Plan (HSSP) and Primary Health Care operating plans (including essential services package).
  - NIS Steering Committee can formally request a meeting on NIS with the national health strategy planning committee or equivalent to discuss how, specifically, to ensure that immunization is appropriately included in the national planning and budgeting processes.
- **When to initiate?**
  - The process is typically triggered by a new national strategy development cycle
  - Check the timing for the development of the national HSSP and align the development of the NIS to facilitate its integration into the HSSP.
- **Who should initiate?**
  - A formal request is typically mandated by the Minister of Health.
  - Planning occurs with Ministry of Health (MoH) planning and budgeting departments and the relevant country coordination forum, such as the ICC, HSCC, or immunization technical working group (TWG).
- **Whom and How to involve?**
  - Consider how best to reach key stakeholders and build buy-in (i.e. through workshops or meetings at subnational level) with representatives from different levels of the immunization programme (including the NITAG);
  - MoH planning and budgeting teams; MoF; Ministry of Women or Gender; development partners; immunization and health sector representatives; humanitarian agencies; civil society, including women's groups and primary health care (PHC) agents; academia and research institutions.

**NIS guidelines available at:**









<https://www.who.int/teams/immunization-vaccines-and-biologicals/vaccine-access/planning-and-financing/nis>



## GUIDELINES FOR DEVELOPING A NATIONAL IMMUNIZATION STRATEGY (NIS)



# Coordination at all stages of NIS development and implementation

	1. Preparation	<ul style="list-style-type: none"> <li>• Check the and align the development of the NIS with the National Health Sector Strategic Plan (HSSP).</li> <li>• Invite planning officers who oversee the HSSP strategy development to serve on the NIS development team.</li> <li>• Ensure that the immunization programme is appropriately represented in development of the HSSP.</li> </ul>
	2. Situation analysis	<ul style="list-style-type: none"> <li>• Understand the main health system and delivery issues when reviewing immunization performance.</li> <li>• Analyse the overall strengths, weaknesses, opportunities and threats of the health system</li> </ul>
	3. Strategy development	<ul style="list-style-type: none"> <li>• Use the HSSP as the key reference with which to align. Ensure that health sector planning focal points participate in the development of the NIS so that knowledge of the wider health sector is incorporated.</li> <li>• Review jointly with the national health strategy planning committee or equivalent objectives, strategies, activities and stakeholders requiring alignment or engagement.</li> </ul>
	4. M&E Framework	<ul style="list-style-type: none"> <li>• Use national health sector M&amp;E frameworks to identify key performance indicators for the NIS M&amp;E framework.</li> <li>• Contact the Bureau of Statistics or the Planning Department of the Ministry of Health or other stakeholders to understand roles and responsibilities, and timelines, to shape and leverage the approach and process.</li> </ul>
	5. Resource estimates	<ul style="list-style-type: none"> <li>• Work with the Planning and Budgeting departments of the MoH and other relevant ministries.</li> <li>• Solicit and follow guidance from the MoH planning and budgeting officials on how to estimate costs.</li> <li>• Discuss with HSS and financing experts from partner organizations and other stakeholders how to strengthen PHC as the platform for the immunization system</li> </ul>
	6. Budget dialogue	<ul style="list-style-type: none"> <li>• Check how the MoH conducts budget negotiations with the MoF and the Parliament Health Committee.</li> <li>• It is essential to understand the timing of, and process for, budget negotiations in order to be able to find an entry point.</li> </ul>
	7. Approval and endorsement	<ul style="list-style-type: none"> <li>• As part of the government endorsement process, ensure that all relevant stakeholders and structures have been consulted and have contributed to reviewing the NIS.</li> </ul>
	8. Implementation	<ul style="list-style-type: none"> <li>• Conduct regular planning and performance monitoring interactions with stakeholders to ensure immunization becomes fully integrated into the HSSP and PHC operating plans (including essential services package).</li> <li>• Stimulate the development of a common perspective on programme objectives and achievements, work together, maintain communication and build trust.</li> </ul>



# Coordination across programme pillars, functions and system levels

## Get prepared:

- Programme Review - as the foundation of strategic planning process
- Setting up an effective NIS development team: develop a stakeholder engagement plan and ToRs for Steering Committee and key teams/ working groups
- Assess the Health Sector strategy (annual health sector performance review) to understand the main health system and delivery issues when reviewing immunization performance.
- Analyze the overall strengths, weaknesses, opportunities and threats of the health system and incorporate the findings.

## Considerations:

- Explore integration as a strategic means to deliver immunization across the life course, working with other health services to be delivered together – e.g. through the second year of life platform (reproductive health, nutrition, deworming, etc.).
- Continued integration into the health-sector planning through joint activities
- Integration into the PHC package and essential package of services.
- Alignment with provincial/state PHC strategies
- An annual operational plan

## NIS guidelines available at:

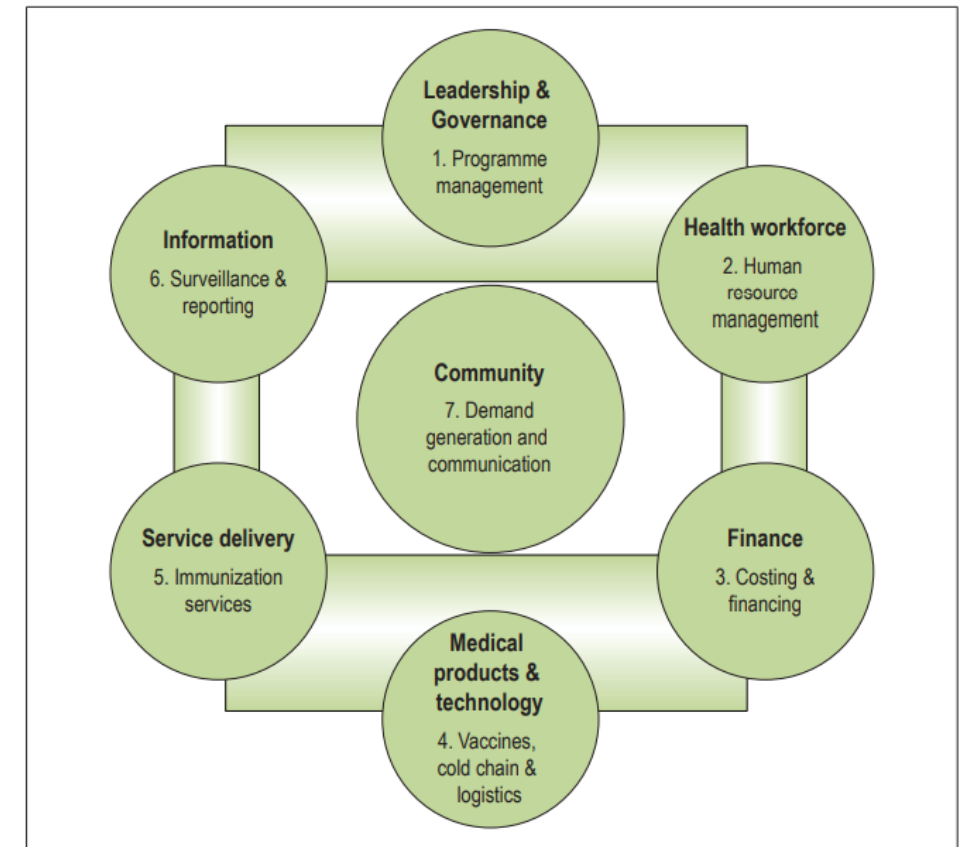
<https://www.who.int/teams/immunization-vaccines-and-biologicals/vaccine-access/planning-and-financing/nis>





# For a system to function well, all parts must be balanced, connected and coordinated

- **Common vision** of national programme priorities and strategic direction.
- **A formal coordination mechanism** must be implemented to agree on objectives and manage the division of tasks, powers and responsibilities;
  - Convene the interagency coordinating committee (ICC) or health sector steering committee (HSSC) or such as SWAp health partners
- Involving a **wider group** of stakeholders is important to:
  - advocate for the immunization programme as a means to achieve the SDGs and Health Sector Strategic Plan;
  - ensure all activities, roles and responsibilities, are articulated from the outset;
  - facilitate the linkage between the annual plans and budgets to sector and national budgets and plans;
  - capture all external and government financial flows to the NIP;
  - mobilize the resources needed to reduce or eliminate financing gaps. .
- **Both vertical and horizontal** forms of coordination are needed among different levels of government and among different sectors;



**Immunization system components linked to health systems building blocks**



# Considerations....

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**Consult and involve** elected leaders, health sector and Ministry of Finance officials and civil society, private sector and academic representatives.



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Elected leaders engender **political commitment to the goals** of the programme. Their engagement is not only essential for resource mobilization, but also for the enactment of laws and regulations to assure sustainable public financing.

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**Academic institutions** should also be engaged in order to strengthen the research and evaluation components of the programme.

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The **engagement of civil society** will add value, particularly by giving voice to non-state actors, including the socially and economically disadvantaged such as ethnic minorities or the urban poor, and in collaborating with other agencies to extend health-care services to populations in conflict or post-conflict settings.

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In addition, civil society can play a role in advocating for increased national funding for immunization and **working with communities on vaccine acceptance**.



# Considerations....

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Engagement of the **private medical, supply chain and equipment maintenance sector** will be important to ensure high-quality services are provided.



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**Engagement of the private medical sector** will be important to ensure that high-quality services are universally provided in both sectors

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**Provincial, regional or state-level immunization plans** should follow the process and structure of the annual national planning process. Linking to regional/provincial and district health plans, immunization plans should link effectively to the health- sector planning processes.

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**Health facility micro-plans** should also contain detailed mapping of stakeholders and activities

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There should be adequate **documentation of high risk or unreached communities**, in order to prioritize activities, resource allocation and stakeholder engagement for reaching every community



# What is your country experience on coordinating immunization program stakeholders?

- Are your immunization programme objectives & goals aligned with a broader health sector strategy?
- Do you have immunization programme coordination mechanisms?
  - At what level?
  - For what purpose?
  - What worked well?
  - What were the issues/challenges experienced?