

National strategic and operational planning for immunization

A review of best practices for optimized planning

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1 Introduction

During 2016-2017 a rapid assessment of the comprehensive multi-year planning (cMYP) process for immunization was completed¹. The analysis included 14 country case studies and 12 country desk reviews. Objectives were to understand needs for immunization planning, learn lessons from the past ten years of cMYP experiences, and to identify best practices of developing and using cMYPs. This evaluation found that:

- i. There is great diversity between country experiences. While some countries actively use the cMYP in their planning and budgeting processes, others primarily produce the document to comply with Gavi application requirements
- ii. The large majority of countries believe that the cMYP process has added value. Most countries had, over time, come to better understand the value of multi-year planning
- iii. Annual operational plans (AOPs) are not consistently being linked to cMYPs
- iv. Influence on resource allocation processes is mixed and generally quite limited
- v. There is heavy reliance on technical assistance, both for developing the cMYP document and for completion of the costing tool
- vi. There is limited stakeholders' participation in the cMYP process, particularly from NGOs and civil society as well as other programs/departments involved in primary health care
- vii. Many plans are aspirational with decreasing relevance when funding gaps become apparent

Based on the findings of the rapid assessment, UNICEF and partners developed a roadmap for addressing needed changes. In particular, four components of the cMYP process were identified as needing improvements:

- i. Streamlining the strategic planning process
- ii. Increase usability and impact of annual operational plans
- iii. Changes to the cMYP costing approach and tool
- iv. Building national capacity for immunization planning that is well integrated into national health planning and budgeting processes

AOPs are critical for ensuring that the strategies identified in the cMYP are implemented. The rapid assessment found that AOPs were rarely aligned with the cMYP. However, several countries do develop AOPs for their immunization services and it is unclear why these are not being linked to the cMYP.

Also, from the public financial management (PFM) perspective, one of the most critical issues is the disconnect between the cMYP development process and the budget cycle. The costing (whatever its quality) does often not relate to the budget formulation.

¹ Mott MacDonald, Rapid Stocktaking and Support to Revising the cMYP, July 2017

2 Study objectives

The purpose of this review is to describe and analyse current best practices for strategic and operational planning. Information has been collected from recent literature, including from other health programs. Objectives are:

- a) Undertake a structured literature review of current recommended approaches to strategic and annual operational planning
- b) Define best practices for strategic and annual operational planning for immunization

3 Methodology and literature reviewed

Much has been said and written about strategic and operational planning. The large number of existing guidelines, materials, tools and reports demonstrates that many stakeholders and partners within and beyond the health sector understand the need to guide strategic and operational planning at the country level.

Therefore, during this literature review, the number of documents and publications had to be limited by trying to identify, sample and review the core existing materials in the different areas and environments (global, regional and national strategic and operational plans for the overall health sector and for different health programs). Around 50 documents were included. The literature review was a structured, but not systematic.

The best practices could relatively easily be found and extracted from the identified materials. The document has been built by extracting the core best practices, referring to their source, and summarizing it in one best practice.

Stakeholders and partners already recognize that an important aspect is to go beyond the development of the strategic and operational plans, and to include the “environment requirements” and “enablers” to build the plans. This include how to link to other plans and budget cycles and how to implement them adequately. In the following, all steps in the planning process are included, highlighting best practices at each level.

Many good materials and guidelines exist and should not be duplicated. The purpose of this document is to provide a check-list of core best practices to ensure the highest quality of strategic and operational planning.

Table 2.1: Literature reviewed and used for the elaboration of this document ²

1. cMYP assessments	Include planning on
- cMYP stocktaking, Mott MacDonald (July 2017).pdf	Strategic & Operational
- Rapid assessment of cMYPs for 26 countries, Mott MacDonald (July 2017)	Strategic & Operational
- cMYP roadmap, Gavi Alliance Task Team (Dec 2017).docx	Strategic & Operational
- cMYP translated into AOP, WHO (April 2012).pdf	Strategic & Operational
2. Guidelines on strategic & operational planning (health & immunization)	
- Annual action plan guidelines, PAHO 2014.pdf	Operational

² Full references of all documents are provided in the annex

- Annual action plan costing tool, PAHO 2014.xlsx	Operational
- cMYP guidelines, WHO-UNICEF 2013.pdf	Strategic
- cMYP online course ³ , UNICEF 2014	Strategic
- cMYP tool for costing, WHO-UNICEF 2014.pdf	Strategic
- EPI review guidelines, 2017.pdf	Strategic & Operational
- Health sector reform and immunization: concept paper, EURO 2006.doc	Strategic
- Key steps in preparing HIV/AIDS strategic plan, World Bank 2001.pdf	Strategic
- National health policies, strategies and plans framework, WHO 2010.pdf	Strategic & Operational
- Operational planning for HIV, ASAP 2009.pdf	Operational
- Planning guide for health sector response to HIV, WHO 2011.pdf	Strategic & Operational
- Strategizing national health in 21 st century: a handbook, WHO 2016.pdf	Strategic & Operational
- Toolkit national strategic plan for TB, WHO 2015.pdf	Strategic & Operational
3. Global and regional strategic plans	
- Gavi strategy 2016-2020.pdf	Strategic
- UNICEF strategic plan 2018-2021.pdf	Strategic
- WHO European Vaccine Action Plan 2015-2020.pdf	Strategic
- WHO Global Vaccine Action Plan 2011-2020.pdf	Strategic
- WHO immunization vision and mission 2015-2030.pdf	Strategic
- WHO IVB strategic plan 2010-2015.pdf	Strategic
- WHO IVR strategic plan 2010-2020.pdf	Strategic
4. Country strategic plans (health, non-Gavi countries)	
- Strategic plan health USA 2010-2015.pdf	Strategic
- Stratégie nationale santé France 2018-2022.pdf	Strategic
5. HIV-AIDS strategic and operational plans	
- HIV Global health sector strategy WHO 2016-2021.pdf	Strategic
- HIV Global operational plan WHO 2012-2013.pdf	Operational
- HIV National operational plan Tanzania 2016-2018.pdf	Operational
- HIV National strategic and action plan Lao PDR 2011-2015.pdf	Strategic & Operational
- HIV National strategic plan Myanmar 2011-2015.pdf	Strategic
6. Guidelines on strategic and operational planning (business field)	
- Action planning basics (as part of strategic planning): https://managementhelp.org/strategicplanning/actionplanning.htm	Strategic & Operational
- Developing strategic and action plans: https://ctb.ku.edu/en/developing-strategic-and-action-plans	Strategic & Operational
- Links between strategic and operational plans: https://yourbusiness.azcentral.com/links-between-strategic-operational-plans-25572.h	Strategic & Operational

³ cMYP online course UNICEF 2014: <https://agora.unicef.org/course/info.php?id=7575>

4 Definition of a planning process

The first very important step of planning is to understand the extent of the process. As already mentioned, an important aspect is to go beyond the development of the strategic and operational plans, and to include the “environment requirements” and “enablers” to build the plan. A few examples of a planning process are:

- **1st example of planning process: “Planning guide for health sector response to HIV”**

- Step 1. Health sector planning context
- Step 2. Planning for results
- Step 3. Preparing for planning
- Step 4. Situation analysis
- Step 5. Setting priorities
- Step 6. Monitoring and evaluation
- Step 7. Implementation, Systems and Management
- Step 8. Costing and budgeting
- Step 9. Finalizing a strategic plan
- Step 10. Operational planning

(Planning guide for health sector response to HIV, WHO 2011)

- **2nd example of planning process: “Key steps in preparing national strategic plan”**

I. Setting up the process

- Step 1: Determine who will be involved in developing national strategic plan and how
- Step 2: Establish links with other planning processes
- Step 3: Establish road map and timetable; Plan for validation workshops of key steps

II. Prepare for the strategy

- Step 4: Carry out preparatory work as needed
- Step 5: Strengthen capacity for results-based planning

III. Identify key objectives, results and indicators of strategy

- Step 6: Identify the broad objectives of the strategy
- Step 7: Identify the key results obtained from each of the strategic programs
- Step 8: Identify the strategic programs for attaining the desired results
- Step 9: Define interventions and estimate cost of strategy; Launch preparation of AOP

IV. Plan for analysing and using data

- Step 10: Identify data sources and data collection procedures for each indicator; Prepare revision of M&E Plan
- Step 11: Indicate how results will be used for managing response and revising strategy

IV. Finalize national strategic plan

- Step 12: Carry out validation workshops
- Step 13: Disseminate widely national strategic plan, operational plan and M&E plan

(Key steps in preparing national strategic plan, World Bank 2001)

- **3rd example of planning process: “Guidelines for cMYP for Immunization”**

Step 1. **Situation analysis:** Develops a situation analysis based on a review of health system barriers, successes and promising practices, as well as identifying the strengths and weaknesses of the immunization system and disease control initiatives.

Step 2. **Objectives, milestones and priority-setting:** Provides national goals, objectives and strategies for the period of the strategic plan.

Step 3. **Planning strategies:** Outlines the means (the “how”) by which national immunization objectives will be achieved.

Step 4. **Links to national health plans and global goals and targets:** Links immunization strategy to national health sector strategies, goals and targets, and to regional targets and the Global Vaccine Action Plan.

Step 5. **Setting an activity timeline and monitoring and evaluation framework:** Establishes a timeline for main activities and milestone achievements and develops a national monitoring and evaluation framework for all immunization components.

Step 6. **Costs, financing and financing gaps:** Includes costing and financing assessments to be linked to the relevant planning cycle and to the planning and budgeting cycles of the Ministry of Health (MoH). This step identifies financing gaps and resource mobilization strategies.

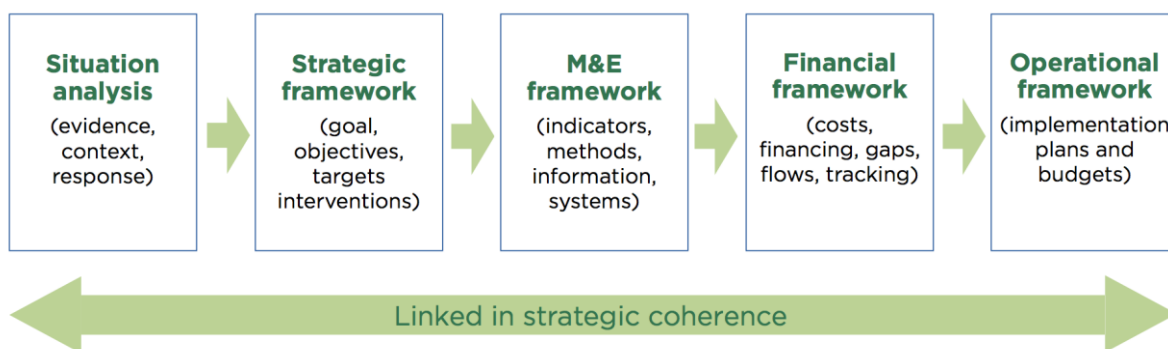
Step 7. **Putting the cMYP into action:** Outlines detailed annual operational plans and the linking of these plans to national planning and budgeting cycles at national and sub- national levels of the health system.

(Guidelines for Comprehensive Multi-Year Planning for Immunization, UNICEF-WHO 2013)

Figure 4.1: Schematic representations of planning processes

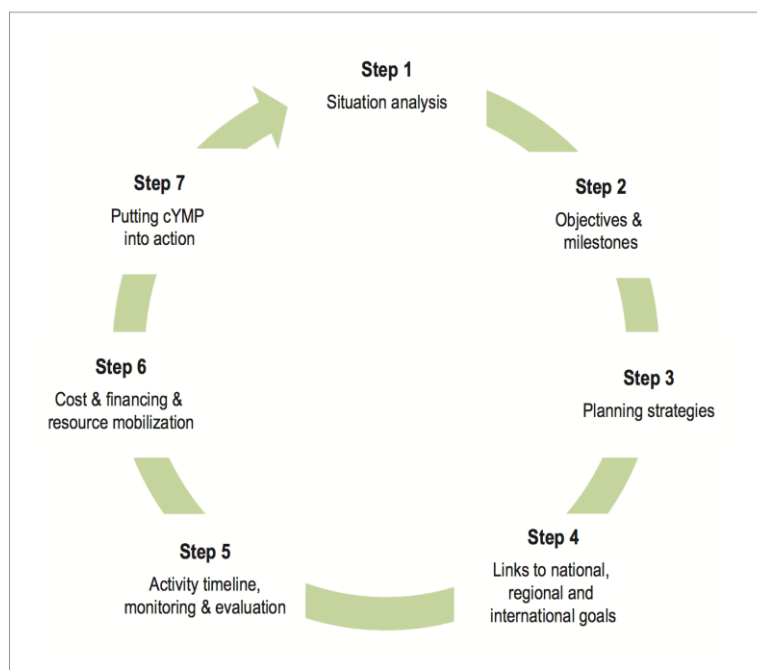


(Annual Operating Plan and Budget, Internet Corporation for Assigned Names and Numbers 2015)



(Planning guide for health sector response to HIV, WHO 2011)

Figure 1: cMYP planning steps



(Guidelines for Comprehensive Multi-Year Planning for Immunization, UNICEF-WHO 2013)

5 Definition of best practices on planning

The objective of the following sections is to extract and formulate the “best practices” on strategic and operational planning from the existing literature. There are generally 2-3 literature references for each best practice. The following are definitions of “best practice”:

Oxford English Dictionary: “Commercial or professional procedures that are accepted or prescribed as being correct or most effective”.

NBCI PubMed (applied to healthcare systems): “A framework for the classification of information on maintaining or improving effectiveness and efficiency in healthcare systems”.

Search in the Web (applied to strategic planning): “The concept of strategic planning best practices usually implies that professional procedures or methods are generally accepted, or even prescribed, as being correct or most effective by the body of professionals using them”.

It was intentionally decided to extract and rephrase each paragraph referring to one best practice from the literature. At the end of each chapter, a summary reformulation of the best practice is in an orange box.

The documents that will regularly be referred to are the main guidelines on strategic and operational planning:

Guidelines for core health planning:

- Strategizing national health in the 21st century: a handbook, WHO 2016
- A Framework for National Health Policies, Strategies and Plans, WHO 2010

Guidelines for specific disease planning:

- Planning guide for health sector response to HIV, WHO 2011
- Key steps in preparing HIV/AIDS strategic plan, World Bank 2001
- Toolkit national strategic plan for TB, WHO 2015
- cMYP for immunization guidelines, WHO-UNICEF 2013

While analysing and comparing these documents, it was apparent that all of them have many common points and common formulations. It is not surprising to find such common ground, as the origins of the documents are inter-related. The analysis demonstrated that the documents contain many of the best practices necessary for a strategic and operational planning exercise.

It is important to emphasize that the existing cMYP guidelines and most other guidelines are of high quality and contain a lot of useful information. A major issue is that they are often not properly and fully used while doing the planning exercise. In that regard, the Mott MacDonald assessment found that the environment and enablers were missing to ensure good strategic and operational planning.

6 Best practices for overall planning process

6.1 Process management

Strategic and operational planning for a national program is a complex process. It involves a wide range of actors, requires various types of skills, uses various types of information and requires significant amount of time and resources. It is important to prepare well for planning. Rushing into a planning process without adequate preparation can result in a number of difficulties, which could ultimately undermine the quality and credibility of the plan: key actors might be left out or inadequately involved; parts of the process might not come together in a coherent manner; and the process could draw out for too long.

Developing a national plan requires intense commitment from a number of people and institutions, a substantial budget, and will for the core group involved constitute substantial work. It is thus essential to make sure that the process has a variety of allies who support the process; both high up in the hierarchy as well as lower. Moreover, partners should recognize the need for the strategic plan, see the benefits, understand the process, and be clear about the scope and scale of the exercise. The following considerations should be made:

- i. How the planning process will be managed
- ii. Involvement of stakeholders

- iii. Methods and approaches to be used
- iv. Identification of information required
- v. Budget

(Planning guide for health sector response to HIV, WHO 2011)

Important preparatory activities to be considered are:

- i. Defining the schedule for national strategic plan development
- ii. Putting together the core team for national strategic plan development
- iii. Determining the budgetary requirements for national strategic plan development and matching them with available funds in the current annual work plan
- iv. Assigning specific tasks and responsibilities to each member of the core team
- v. Securing funds for national strategic plan development
- vi. Informing the health stakeholder community of the methodology and process
- vii. Collecting reference documentation for review

(Health sector reform and immunization programs: concept paper, EURO 2006)

Best practice – Overall planning process (1)

Prepare well for planning and ensure sufficient commitment, time and resources; Use existing guidelines and methodologies on strategic and operational immunization planning

6.2 Stakeholders' broad involvement and leadership

Strategic planning for health will be more effective if a wide range of stakeholders are involved, and both the process and the product are truly owned by stakeholders. To make the process effective, health sector stakeholders will need to come to a common understanding of the key issues and share institutional goals and expectations. Such an inclusive approach is likely to be more potent, not only in terms of deciding the vision and activities, but also in ensuring that implementation of the strategic plan is jointly undertaken by all concerned partners.

The key is to ensure that the national strategic plan is truly a living, breathing document, which is used dynamically to achieve buy-in from all stakeholders and keeping it realistic and feasible, while still expressing ambition for the future. Ensuring buy-in from all stakeholders is only possible when all stakeholders are adequately represented in the national health planning process and are able to meaningfully participate. This requires a skilled MoH to convene all relevant actors and broker a decision among potentially divergent views.

(Strategizing national health in the 21st century: a handbook, WHO 2016)

As a national strategic and operational plan provides a common framework to ensure all efforts in the health sector response to HIV are aligned with national priorities, all key stakeholders should be involved in the planning process. It is therefore necessary to define from the outset mechanisms for consulting and involving various partners. Areas which are most critical for perspectives of a wider range of partners include: Early buy-in to the planning process; determining program priorities; and consensus on the draft plan. *(Planning guide for health sector response to HIV WHO 2011)*

There is ample experience that national strategic plans are more robust and more likely to get implemented effectively if their development and negotiation is inclusive of all relevant stakeholders (social, technical, political), in and beyond the health sector. (*A Framework for National Health Policies, Strategies and Plans, WHO 2010*)

Best practice – Overall planning process (2)

Ensure strong leadership and coordination as well as broad stakeholder involvement as early as possible in the strategic planning process

6.3 Program review and situation analysis

The strategic directions and the principal orientation of a national strategic plan need to be grounded in a sound understanding of the status of the health sector. A program review, a situation and/or SWOT analysis is important because:

- i. It is a crucial step in the planning cycle
- ii. It gives a voice and a platform to all health sector stakeholders, including the population
- iii. It increases accountability and transparency
- iv. It supports and strengthens monitoring and evaluation
- v. It contributes to concretizing roles and responsibilities
- vi. It helps to establish consensus on the status of health in the country

(*Strategizing national health in the 21st century: a handbook, WHO 2016*)

A situation analysis is essentially about identifying the problem: what and where the HIV epidemic is, and what is being done, not being done, or could be done better to respond to it. An accurate situation analysis is a strong foundation on which the plan is constructed. It is synonymous with the dictum to “Know Your Epidemic and Know Your Response”.

A gap analysis is the process of identifying gaps between the current state and the future or desired state. It helps understand ‘where you are’, ‘where you want to be’ and ‘how you’re going to get there’. Gap analysis serves as a bridge between the situation analysis and priority setting. From the situation analysis, it identifies critical gaps in the current response thereby highlighting potential priority areas of consideration in the new planning cycle. (*Planning guide for health sector response to HIV WHO 2011*)

Best practice – Overall planning process (3)

Prior to the national immunization strategic planning process, undertake a program review or a situation analysis for understanding the immunization program status and challenges

6.4 Priority setting

Priority setting determines the strategic directions of the national strategic plan. Priority-setting is a shared responsibility between the Ministry of Health (MoH) and the entire health stakeholder community.

Priority-setting is necessary everywhere, as resources are never unlimited. Choices must be made that reflect a society’s values and vision for the health system and integrate

reflections on explicitly chosen criteria. In addition, a priority-setting exercise is where the principal decisions are made after the situation analysis discussions; these decisions feed directly into national health plan development. *(Strategizing national health in the 21st century: a handbook, WHO 2016)*

A common weakness in many national programs is that they try to implement all known interventions for prevention, treatment and care of HIV. As a consequence, their capacities become overstretched and they do not get the required results in any particular area. Sometimes programs invest significant resources and time in interventions whose effectiveness is not proven or is minimal. Other programs take on approaches that have been successful elsewhere, without sufficient consideration of relevance to the local epidemiological and social context.

Setting priorities is the cornerstone of any planning exercise. It entails clear decisions on what are the most important things to do in the program and what is not as important. A program that sets the right priorities is more likely to achieve good results and make the best use of available resources. Setting priorities entails identifying results to be achieved and the best strategies or interventions to achieve those results. *(Planning guide for health sector response to HIV WHO 2011)*

Best practice – Overall planning process (4)

Conduct a priority setting exercise after the program review or situation analysis

7 Best practices for developing a strategic plan

7.1 Structured planning – Vision, goal(s), objectives, strategies

- **The national strategic plan has to be a real *strategic* document**

In health, strategic planning aims at identifying and sequencing medium-term interventions for the health sector in a comprehensive way. The end product is the national strategic plan, which guides activities and investments necessary for achieving medium-term outcomes and impact. In line with this definition, the purpose of strategic planning in health is to define a medium-term orientation and focus on the development of the health system. *(Strategizing national health in the 21st century: a handbook, WHO 2016)*

Best practice – Developing a strategic plan (1)

Ensure the strategic plan is a real “strategic” document, building on analysis of constraints and responding with medium-term strategic directions and interventions

- **Identifying and formulating goal(s)**

A goal is a broad statement of the overall outcome(s) which the health system is expected to achieve. Usually only a few goals, or perhaps only one, are mentioned in strategy documents, as they are general and all-encompassing in nature. Setting a goal will be the result of policy dialogue, situation analysis and priority-setting phases of the policy and planning cycle. *(Strategizing national health in the 21st century: a handbook, WHO 2016)*

A national strategic plan must have one or more specific goals. This goal usually has a broad perspective and is defined within the national vision. It should be established in such a way that its achievement will significantly contribute to reaching and maintaining the overall vision. *(Toolkit to develop a national strategic plan for TB WHO 2015, WHO 2010)*

Formulation of an immunization goal could for instance be: “To reduce vaccine preventable disease morbidity and mortality, and enhance immunization throughout the lifespan of the population”.

Best practice – Developing a strategic plan (2)

Identify and formulate carefully the goal(s) of the national immunization strategic plan, as a broad statement and defined within the national vision

- **Identifying and formulating objectives**

According to the WHO Health Systems Strengthening Glossary, an objective is a statement of a desired future state, condition or purpose, which an institution, a project, a service or a program seeks to achieve. It is thus a broad approach to be followed to achieve a health system goal. Taking “improve maternal health” as an example of goal, an objective could be to “reduce the maternal mortality ratio by two thirds within the next 20 years”. *(Strategizing national health in the 21st century: a handbook, WHO 2016)*

The identification of gaps and constraints will help define the objectives of the national strategic plan. Each objective must be a clear statement, logically related to the goal(s) and rationally linked to one or more gaps that are to be addressed through the implementation of the strategic interventions specified. Objectives need to be ambitious in order to contribute to achieving the goal(s). Each objective should be established using SMART criteria (specific, measurable, achievable, relevant and time bound).

The prioritization of the gaps and the process of identifying and defining goal(s) and objectives need careful thinking and thorough discussion. They constitute one of the most important steps in the development of the national strategic plan. This step requires the participation of all the partners involved in disease prevention, care and control in the country, as well as the stakeholders contributing to the development of the national strategic plan. *(Toolkit to develop a national strategic plan for TB WHO 2015, WHO 2010)*

Best practice – Developing a strategic plan (3)

In line with the agreed priorities and using SMART criteria, identify and formulate carefully the objectives of the national immunization strategic plan

- **Identifying and formulating strategies**

Important note: Depending on the document, “strategies” are sometimes called “broad activity areas” *(in Strategizing national health in the 21st century: a handbook, WHO 2016)*, or “strategic interventions” *(in Toolkit to develop a national strategic plan for TB WHO 2015, WHO 2010)*, or simply “strategies” *(in Strategic plan health USA 2010-2015)*. They are all

reflecting the “how” to reach the objectives, and will be reflected in the operational plan with the necessary activities.

After setting goal(s) and objectives, health planning stakeholders must address the means of reaching these, at least in a general way. The operational plans will address it in a more specific and concrete way; however, as the operational plan will take guidance from the strategic plan, broad activity areas should be explicitly mentioned. These broad activities can address expansion, testing, reform or strengthening of sector areas. The broad activities should be feasible, given the strengths and weaknesses of health sector stakeholders. *(Strategizing national health in the 21st century: a handbook, WHO 2016)*

Each objective will be reached through the implementation of a set of strategic interventions whose identification must be discussed carefully and carried out appropriately. The strategic interventions that are selected should be in line with the international recommendations for disease prevention, care and control and need to be adapted to the local context in order to ensure sustainability and equity. The consistency between the situation and/or SWOT analysis, the objectives and the strategic interventions is paramount and constitutes one of the key parameters to assess the soundness of a national strategic plan. The implementation of a strategic intervention is assessed through an output indicator. *(Toolkit to develop a national strategic plan for TB WHO 2015, WHO 2010)*

Best practice – Developing a strategic plan (4)

Identify and formulate carefully the strategies of the national immunization strategic plan, ensuring consistency with the situation analysis and with the defined objectives

7.2 Comprehensive planning – Components covered

Comprehensive strategic health planning includes all aspects impacting the health sector, including:

- i. Delivery of comprehensive health services, including personal and non-personal, clinical and non-clinical services
- ii. Support functions for health service delivery
- iii. Health systems governance
- iv. Health research
- v. Overall health systems development
- vi. Reforms (institutional, organizational, administrative, including for decentralization)
- vii. Collaboration/coordination with other sectors

(Strategizing national health in the 21st century: a handbook, WHO 2016)

In the same way, immunization strategic planning has to be comprehensive and include all key components and subcomponents that constitute immunization services. The components should be in line with the 7 components recommended in the immunization program review guidelines⁴. The subcomponents, under each of the 7 components, could be as follows.

⁴ <http://apps.who.int/iris/bitstream/handle/10665/259960/WHO-IVB-17.17-eng.pdf;jsessionid=74EF77F951722B9062CBDAE23217CEDF?sequence=1>

- I. Leadership, management and coordination**
 - NIP within the health system
 - Immunization policy and guidance
 - Governance, accountability & coordination
 - Immunization program planning
- II. Human resources**
 - HR planning
 - Capacity building
 - Supervision and performance monitoring
- III. Vaccine supply, quality and logistics**
 - Vaccine regulation
 - Procurement and supply management
 - Cold chain and logistics
 - Waste management
- IV. Service delivery and new vaccine introduction**
 - Access strategies and equity
 - Service implementation and session quality
 - MCH services integration
 - New vaccines introduction
- V. Immunization coverage and AEFI monitoring**
 - Data recording and reporting
 - Data quality
 - Coverage monitoring and use
 - AEFI surveillance and monitoring
- VI. Disease surveillance and outbreak response**
 - Surveillance system
 - Detection, recording and reporting
 - Outbreak response
 - Disease control initiatives
- VII. Advocacy, communication and demand generation**
 - Advocacy and communication
 - Demand Generation
 - Behaviors and practices
 - Community engagement

(A guide for conducting an Expanded Program on Immunization Review, WHO 2017)

Best practice – Developing a strategic plan (5)

While drafting the immunization national immunization strategic plan, use the key components and subcomponents recommended by EPI review guidelines

7.3 Coherent planning – Aligned

- **Aligned with global plan and regional frameworks**

The Global Vaccine Action Plan⁵ is a roadmap to prevent millions of deaths through more equitable access to existing vaccines for people in all communities. It sets a framework within which WHO and UNICEF and the global immunization community envisage immunization programs development. In preparing national strategic plans, countries can refer to this global framework.

The aim of “aligning” the planning exercise is to compare and check national immunization objectives against those outlined in the global and regional targets and national health-sector strategy. There may also be objectives that have been overlooked in the initial stages of developing the national strategic plan, so this exercise is a way to check on the quality and alignment of the plan before proceeding to further steps.

In the same way as for the global level, regional goal(s) and targets, particularly for disease elimination and control, should be checked to see if there is close alignment with the national

⁵ The new GVAP for the period 2020-2030 is currently under development

strategic plan. *(Guidelines for Comprehensive Multi-Year Planning for Immunization, UNICEF-WHO 2013)*

Best practice – Developing a strategic plan (6)

Ensure strong alignment between the immunization national immunization strategic plan, regional frameworks and the Global Vaccine Action Plan on immunization

- **Aligned with national health sector plan**

All efforts should be made to position the immunization program within the broader national health sector strategies and identifying clear synergies and opportunities for integration to support achievement of the overall objectives of reducing the nation's morbidity and mortality rates.

The health sector plan identifies health priorities within this context and describes programs and strategies to achieve measurable health outcomes. Government health programs, such as immunization, should be part of the national health sector plan. As the national health sector plan is the basis for formulating the national health budget, it will be a key document to consider while preparing the national strategic plan on immunization. *(Guidelines for Comprehensive Multi-Year Planning for Immunization, UNICEF-WHO 2013)*

Best practice – Developing a strategic plan (7)

Ensure strong alignment between the immunization national immunization strategic plan and the national health sector plan

- **Aligned with other national strategic plans**

In developing the national strategic plan, it is useful to consider where links can be made to other health interventions as a more effective way of achieving the goal(s). For example, there are real benefits to combining immunization with interventions, such as vitamin A supplementation, distribution of insecticide-treated bed nets for malaria prevention, and anti-helminths against soil-transmitted helminths. Some vaccines (such as pneumococcal, rotavirus or human papillomavirus (HPV) vaccines) need to be supplemented with other approaches to achieve more comprehensive control of pneumonia, diarrhoea and cervical cancer. Planning for such links may involve a review of other program health plans, for integrated management of neonatal and childhood illnesses, malaria and nutrition to identify areas of synergy. This can be followed by regular discussions to determine the best strategies to adopt, and to plan activities for training, service delivery and monitoring. *(Guidelines for Comprehensive Multi-Year Planning for Immunization, UNICEF-WHO 2013)*

Best practice – Developing a strategic plan (8)

While drafting the national immunization strategic plan, consider the existence and specificities of national strategic plans of other health programs

- **Partner organization strategic plans**

Partner organizations have their own strategic plans. For countries financially supported by partner organizations, Governments may consider the objectives and priority areas embedded in partner organizations' strategic plans.

Transition from partner organizations' financial support (e.g. Gavi or Global Fund) is an important aspect to consider while drafting national strategic plans.

<https://www.gavi.org/support/sustainability/transition-process>

Best practice – Developing a strategic plan (9)

Consider partner organizations' strategic plans while drafting the national immunization strategic plan and ensure strong alignment

7.4 Realistic and streamlined planning

- **National strategic plan has to be realistic**

The national strategic plan has to be a realistic document, underlying programmatic and budget constraints, and never falling into the trap of a wish-list, thus avoiding raising unrealistic expectations. In that regard, the program review, situation and/or SWOT analysis are important.

The national strategic plan should be written in a SMART way (specific, measurable, achievable, relevant and time bound).

Best practice – Developing a strategic plan (10)

Ensure the national immunization strategic plan is a realistic document, underlying programmatic and budget constraints, and avoiding raising unrealistic expectations

- **Strategic planning process streamlined**

A real hindrance for national strategic planning is the time required, including the writing and approval of the plan. In some countries, it could easily last many months, which creates a burden on MOH managers and delays the release of the strategic plan.

The national strategic planning process has to be streamlined and reduced in time with the aim of producing a concise document. If well prepared, the process including the plan writing should not go beyond a few months. The final document should also be limited in term of number of pages.

Best practice – Developing a strategic plan (11)

Ensure streamlining of the national immunization strategic plan, limiting the overall work in time and the document in size, keeping it to the "essential" work

- **Executive summary well shaped and useful for advocacy**

The 2017 cMYPs rapid review concluded that national strategic documents were not fully used for advocacy and resource mobilization. In fact, the influence of cMYPs on resource allocation was generally limited, except for Gavi applications.

A possible reason could be that the national strategic plan is not being shaped in a ready-to-use document for advocacy. Executive summaries are generally not written strategically and cannot easily be extracted to undertake advocacy for immunization. Another reason is the lack of dissemination plan inside and outside of MOH, which would help raise awareness of the existence of the immunization strategic plan and increase its use.

Best practice – Developing a strategic plan (12)

Ensure national immunization strategic plan has a good executive summary, which is a ready-to-use material for advocacy

8 Best practices for developing an operational plan

8.1 Definition of operational planning

Operational planning is the link between the objectives and strategies of the national strategic plan and the implementation of activities. It is about transforming the strategic plan into actionable tasks. Operational planning will identify the activities to be carried out to achieve the objectives of the strategic plan.

Planning is often made into something complicated, a mystery wrapped in jargon, process and politics. Planning is sometimes left to the professional planners or the managers to control and design. That is a mistake. The best operational plans, and certainly the ones most likely to be implemented, are those that are developed with the people who will carry them out.

Everyone in the health sector is an operational planner and everyone has a plan, even if they don't recognize it as such. The simplest operational plan is a "to-do" list, which may be written down or carried in a health worker's head. A calendar of activities that defines the what, when and who is also a plan. The operational plan often determines the month-by-month or quarter-by-quarter activities for which it is written.

Operational planning is typically based on a national strategic plan that defines the vision, goal(s) and objectives for the health sector. Operational planning is managerial and shorter term, as opposed to strategic planning. Operational planning deals with month-by-month or quarter-by-quarter activities implementation and often has a one-year time horizon (annual operational plan).

Operational plans are necessary to concretize national strategic plans. They provide a framework for action based on the strategic vision given by the national strategic plan. The operational planning process has the potential to greatly assist stakeholders in gaining a better understanding of the national strategic plan target population and its needs, as well as stakeholders' own capabilities and limitations in implementation. An operational plan is critical for the clarity it offers as to what needs to be done, by whom, how, and with what funding. (*Strategizing national health in the 21st century: a handbook, WHO 2016*)

Best practice – Developing an operational plan (1)

Ensure the immunization operational plan is an “action-oriented” document, transforming the strategic plan into annual activities to be carried out to achieve the objectives

8.2 Development of an operational plan

Operational planning typically includes:

- A description of activities as to which objective of the strategic plan it falls under
- Timing and sequencing of those activities
- Person(s) and/or institution(s) responsible for the activity
- Resources required and the origin of resources
- A method of measuring progress (monitoring)

Operational planning needs to consider the following issues:

- Operational plan is still needed even if there is no strategic plan
- Flexibility remains important when developing an operational plan
- Operational planning could be a bottom-up or top-down process
- Consider aggregating regional operational plans when a country is decentralized

(Strategizing national health in the 21st century: a handbook, WHO 2016)

The activity and sub-activities must be identified in the operational plan under the strategic interventions and objectives to which they are linked. A good operational plan should show how the activities and sub-activities will be implemented in a precise manner. It should provide for each of them substantial information to make their implementation successful. The plan should specify detailed information, by quarter, on the activities and sub-activities that need to be implemented.

The national operational plan should ideally be in line with the national health authority planning cycle, as well as with subnational operational plans developed at intermediate health levels. In addition, it should be consistent with the operational plans of other communicable disease programs, maternal and child health programs or non-communicable disease programs. *(Toolkit to develop a national strategic plan for TB WHO 2015, WHO 2010)*

Best practice – Developing an operational plan (2)

Ensure that immunization operational plan answers the questions: Which activities? linked to which strategic interventions? When to be implemented? Who will be responsible? How much will it cost? How to monitor the activities?

8.3 Actors involved in operational planning

An operational plan is best done by those who will be responsible for the plan. Ideally, all of those who are responsible for an activity in the health sector will be involved in operational planning, either directly or through having their interests represented by someone involved in the formal planning process.

Operational planning involves many stakeholders, and thus negotiating between the various government departments, programs, donors, and non-state actors is important. Key stakeholders are the national and local health authorities and health service providers. *(Strategizing national health in the 21st century: a handbook, WHO 2016)*

Best practice – Developing an operational plan (3)

Ensure immunization operational planning involves all those who will be responsible for implementation of the plan

8.4 Alignment of the operational plan

- **Aligned with the strategic plan**

As earlier mentioned, the annual operational plan should follow and come from the strategic plan, as it will operationalize the strategic interventions. It is essential that all activities of the operational plan are aligned with strategic interventions of the strategic plan.

Best practice – Developing an operational plan (4)

Ensure all activities of the immunization operational plan are aligned with the strategic interventions of the strategic plan

- **Aligned with budgeting process**

The operational planning process should be synchronized with the budgeting process of the financing entity. This typically means a complete operational plan with budget done on a yearly basis. Operational planning can be done even more frequently, for example every six months in situations where insecurity and instability force decision-makers to adapt activities to a rapidly-evolving context.

Ideally, the sector budget ceiling as well as the exact allocations to the budget centres should be clear before developing an operational plan. If the public budget negotiation process is still not completely concluded at the time of operational planning, the approximate sector budget allocation as well as the national strategic plan disaggregated costing can be used as an approximate ceiling within which to plan. *(Strategizing national health in the 21st century: a handbook, WHO 2016)*

Best practice – Developing an operational plan (5)

Ensure strong alignment between the immunization operational plan and the budgeting process

- **Aligned with subnational plans and microplans**

Annual operational plans are usually developed at the national level, but when required (e.g. decentralized health system), subnational operational plans should be developed too. The harmonization of the subnational plans will depend on the country structure and the health system settings.

To be effective, the national operational plan must be linked to subnational operational plans at the regional or district levels. The degree of linkage depends on the level of autonomy that different levels have to define their own strategies. (*A Framework for National Health Policies, Strategies and Plans, WHO 2010*)

At the lower levels of the health system, i.e. health facilities, microplans are the operational plan. Here also, strong alignment should be respected between national operational plan, subnational operational plans and microplans.

Best practice – Developing an operational plan (6)

Ensure strong alignment of all activities between national operational plan, subnational operational plans and microplans for immunization

- **Operational planning process streamlined**

The operational planning process needs to be streamlined, limited in time and presented in a concise document. The process including the plan writing should not go beyond a few weeks. The final document size should also be limited to a few pages.

It should be a well-presented document, using a numbering system, with columns containing key information. Apart from the financial tracking section, which might require the use of Excel, the use of a Word template will ensure a good presentation of the document.

Best practice – Developing an operational plan (7)

Ensure the streamlining of the immunization operational plan, limiting the overall work in time and the document in size and make formatting in an easily readable document

9 Best practices for costing and budgeting

9.1 Costing – what, who and how?

- **Why is costing crucial?**

A good plan requires a complete and accurate view of how much money will be required, for what, when, and by whom. It also requires a good estimate of how much money will be available to ensure that expenditures are adequately financed.

There are several compelling reasons to develop a clear and accurate picture of how much money is required and how much is available to implement a plan:

- To give guidance to the relevant ministries and political decision-makers on the financial consequences of approving the plan and allocating funds.
- For strategic planners to know whether sufficient financial resources are available to implement the plan. A shortfall may indicate that the plan needs to be revised within the financial limitations that exist.
- To highlight areas where additional investments need to be made in order to ensure the effective implementation of the plan - e.g. to scale up the health workforce, build additional capacity or improve physical infrastructure.

- To secure funding for the national strategy, e.g. from Ministries of Finance, International Organizations, bi- and multilateral donors and international NGOs. Donors and Ministries of Finance may be extremely reluctant to allocate funds without detailed and accurate financial estimates. (*Planning guide for the health sector response to HIV/AIDS, WHO, 2011*)

Best practice – Costing (1)

Ensure costing is an essential part of the overall planning process and not something to be undertaken after the strategic and operational immunization plans have been completed

- **What is the costing process?**

The process of estimating the cost of a plan is referred to as “costing” the plan; when the costs have been estimated we can say that we have a “costed” plan. Costing a plan requires planners to estimate the financial expenditures that will be required to achieve the results set out in the plan.

Cost estimations provide valuable input into the planning process. Cost estimates reinforce priority-setting by highlighting resource constraints. They provide guidance to decision-makers on the feasibility of a plan and the most cost-effective means to achieve results. Perhaps most importantly, cost estimates can be matched to available funds to identify funding gaps and mobilize additional resources from the national budget or international sources.

(Planning guide for the health sector response to HIV/AIDS, WHO, 2011)

The cost estimates should not be interpreted as fixed resource needs, but rather as an initial projection of resources needed, acknowledging that the environment is dynamic with a certain level of uncertainty, and where best practice strategies and prices of goods and services constantly evolve.

(Strategizing national health in the 21st century: a handbook, WHO 2016)

Best practice – Costing (2)

Ensure cost estimates are not interpreted as fixed resource needs but rather as initial projection, and that cost estimates are compared with the projected available financial resources, to assess affordability and potential resource gaps

- **How should costing be carried out?**

A strategic plan may be costed at the level of goals, objectives or interventions, depending on what data is available and the preferences of the countries. However, costing at the level of goals and objectives will tend to be difficult, as it may not be possible to get accurate unit costs at that level. As a general rule, it is recommended to cost strategic plans at the level of interventions. This is where differentiation occurs between the various inputs needed to reach an objective, and should result in the most accurate costing.

(Planning guide for the health sector response to HIV/AIDS, WHO, 2011)

To help undertake the costing and financing elements of an annual operational plan on immunization, a Microsoft Excel-based tool has been developed by PAHO. *(Annual action plan tool, PAHO 2014)*

Best practice – Costing (3)

Ensure cost inputs are gathered from a range of technical units regarding their planned strategies and activities

9.2 Budgeting – what, who and how?

- **What is budgeting?**

For those who seek to influence resource allocation, a good understanding of the guiding principles of budgeting as well as the political dynamics that enable the budget elaboration and approval process is essential. In many countries, a lack of understanding of budgeting issues results in delinked processes, such that health policy-making, planning, costing and budgeting take place independently of each other. This leads to a misalignment between the health sector priorities outlined in overall strategic plans and policies and the funds that are ultimately allocated to the health sector through the budgeting process. This misalignment has negative consequences: resources are not used as intended, and accountability is weakened. On the other hand, a good understanding of the budget process and engagement by MoH and other health sector stakeholders at the right time during the budget cycle will increase the chances that the final resource allocation matches planned health sector needs. *(Strategizing national health in the 21st century: a handbook, WHO 2016)*

Best practice – Budgeting (1)

Engage in budget preparation to avoid misalignment between defined priorities and allocation and use of resources

Best practice – Budgeting (2)

To influence resource allocation, understand the guiding principles of budgeting as well as the political dynamics that enable the budget elaboration and approval process

- **Who should contribute to the budgeting process?**

Ministry of Finance and related entities are the leading agents for budget development. Ministries of Health play a critical role to prepare, present and negotiate credible, priority-oriented budget proposals for the sector. The budgeting process ends up with parliamentary review and approval. Civil society and the general public can seek to influence health budget definition by engaging with the executive or the legislature. *(Strategizing national health in the 21st century: a handbook, WHO 2016)*

Best practice – Budgeting (3)

Ensure all key stakeholders play their role in the budget development, i.e. preparation, presentation and negotiation of the budget

- **How does the budgeting process work and when does it take place?**

The budget cycle starts with the government planning for the use of the coming year's resources. To allow this to be done in accordance with health priorities, health planning stakeholders have to engage strategically in this process and be prepared to support it.

The budget process is mainly organized in four phases: the budget formulation; the budget approval or enactment; the budget execution; the budget evaluation.

In reality, a lot of budgeting processes make use of historical budgeting, i.e. the budget is based on last year's allocations.

An important point is to insist on the fact that the strategic plan should be accompanied by a sound expenditure framework with a costed plan linked to the budget.

In term of timing, in many countries, the fiscal year follows the 12-month calendar year, beginning on 1 January; in some countries, the fiscal year may start at a different date. In a given year, there are three cycles potentially taking place at the same time: the implementation of the current budget, which essentially takes place throughout the year, at any given time; budget preparation for the next year; and audit or review of the previous year. *(Strategizing national health in the 21st century: a handbook, WHO 2016)*

Best practice – Budgeting (4)

Ensure the timing of the budgeting process cycles are well understood to guarantee the best allocation and use of resources

10 Best practices for endorsement and implementation

Much has been said on the limited usefulness of strategic plan – the problem here is often not the strategic plan itself; rather a lack of coherence in the way it is developed, endorsed, disseminated and implemented.

10.1 Approval and endorsement

A broad range of health sector stakeholders must reach consensus on the final content of the national strategic plan. The approach is by circulating a draft of the national strategic plan as widely as possible to all stakeholders and interested parties, allowing sufficient time for review and feedback. This provides an opportunity to assess the big picture, raise any additional concerns, and correct factual errors. A consensus meeting could provide a forum to openly express views and for making compromises.

Once broad consensus on the national strategic plan has been reached and it has perhaps been assessed for quality, the national strategic plan must be formally endorsed by the relevant national authorities. The national strategic plan final draft will usually be submitted for approval to the minister of health or an interdepartmental committee. Sometimes an

official validation workshop or ceremony might be planned. A national strategic plan without formal endorsement will be perceived as lacking legitimacy. *(Strategizing national health in the 21st century: a handbook, WHO 2016)*

Best practice – Endorsing and implementing (1)

Ensure wide approval by all key stakeholders and endorsement by high-level authorities of the national immunization strategic plan

10.2 Promotion and dissemination

Once the plan has received official endorsement, the document must be promoted and distributed widely to guide the contributions of all stakeholders. Dissemination includes not only distribution of a hard copy document; instead, it implies explaining the document to relevant communities and stakeholders, holding special meetings and presentations, making it available online, etc. In effect, it involves a whole communication strategy around the national strategic plan that might require additional resources to be budgeted. This issue is pivotal to ensuring that the document is used and becomes the point of reference for all activities, tasks and initiatives within the health sector in the medium term. *(Strategizing national health in the 21st century: a handbook, WHO 2016)*

Best practice – Endorsing and implementing (2)

Ensure promotion and wide dissemination of the national immunization strategic plan, not only by simply sharing the plan, but also by explaining and advocating it

10.3 Law and regulation related to planning

Law and other forms of regulation are key tools for implementing health policy and plans. Specifically, law and regulation can support work on:

- i. Achieving desired policy outcomes;
- ii. Management of specific inputs and processes which impact health system performance.

(Strategizing national health in the 21st century: a handbook, WHO 2016)

Best practice – Endorsing and implementing (3)

Ensure laws and regulations are used as key mechanisms and tools for implementing the national immunization strategic plan

11 Best practices for monitoring and evaluation

11.1 Monitoring and evaluation functions

- **What is monitoring, evaluation and review?**

Monitoring, evaluation (M&E) and review are essential functions to ensure that priority strategies and activities outlined in the strategic and operational plans are implemented as planned against stated objectives and desired results.

- i. Monitoring means bringing all data together to analyse the progress of the implementation of strategies and activities;
- ii. Evaluation builds upon monitoring and assesses whether the desired results have been achieved. It is often a formal study using standard evaluation methodologies and clear evaluation objectives;
- iii. Based on the evidence gathered through M&E processes, reviews are used to assess overall progress and performance, to identify problems and take corrective actions.

A single country-led platform brings together all the elements related to monitoring, evaluation and review of the health sector plan, including national policy and plans relating to M&E and country health information systems (HIS), well-functioning data sources, institutional capacity for data collection, management analyses and use, as well as the country review processes for planning and decision-making. (*Strategizing national health in the 21st century: a handbook, WHO 2016*)

- **Why is it crucial to develop a M&E framework and strategy/plan?**

A M&E framework and strategy/plan are crucial to ensure:

- i. Progress and performance of the national health strategy are tracked;
- ii. Country monitoring as basis for regional and global monitoring of priority health issues;
- iii. Reporting progress on health-related Sustainable Development Goals (SDGs)
- iv. Monitoring of health inequities;
- v. Functional surveillance mechanisms;
- vi. Accountability is used for policy dialogue.

(*Strategizing national health in the 21st century: a handbook, WHO 2016*)

Best practice – Monitoring and evaluation (1)

Remember that monitoring, evaluation and review are essential functions and mechanisms to guarantee the implementation of priority strategies and activities outlined in the strategic and operational immunization plans

11.2 Monitoring and evaluation framework

A national monitoring and evaluation framework enable tracking of progress towards the goal(s) and objectives initially defined in the strategic plan.

A national monitoring and evaluation framework should demonstrate clear linkages in a results chain that extends from main inputs and activities to system outputs, to coverage outcomes and, finally, to health impacts. The logical framework for health systems

strengthening from WHO demonstrates these logical linkages in the results chain, and can be adapted for any program, including immunization. As well as promoting links in the results chain, taking such a logical framework perspective also enables closer matching of immunization M&E frameworks with broader health sector and development frameworks.

The main points to consider in the construction of a national monitoring and evaluation framework are the following:

- i. **SMART indicators.** Ensure indicators are SMART (specific, measurable, achievable, relevant and time bound).
- ii. **Alignment.** Ensure, where possible, that indicators correspond to indicators described in the national M&E framework for the health sector, as well as to global and regional targets for immunization.
- iii. **Reliable data sources.** Specify in the M&E framework and plan the data sources and the means by which the data will be verified.
- iv. **Accurate baselines.** Describe accurate baselines that enable tracking of progress.
- v. **Achievable targets.** Describe targets that are realistic and achievable in relation to the baseline result.

(Guidelines for Comprehensive Multi-Year Planning for Immunization, UNICEF-WHO 2013)

Best practice – Monitoring and evaluation (2)

Ensure the M&E framework demonstrates clear linkages in a results chain from main inputs and activities to system outputs, to coverage outcomes and to health impacts, and that the framework construction respects SMART indicators, alignment, reliable data sources, accurate baselines, and achievable targets

11.3 Monitoring and evaluation strategy/plan

Not all information necessary to track progress of the strategic and operational plans can be monitored through national health information systems. Information may need to be generated through supportive supervision field assessments or through research studies. Mid-term and end-term evaluation should be considered in order to develop corrections to the plan, and to inform the development of the subsequent strategic and operational plans.

The main elements of a national monitoring and evaluation strategy/plan include:

- i. A monitoring and evaluation framework which identifies main impact (disease burden), outcome (program coverage) and output (system or program developments) and process (indicators of achievement) over the next plan period. The framework should also outline baseline measures and sources of data for the plan.
- ii. Systems of planning review at national and subnational level (sector review or immunization program review) that tracks progress of the plan against the agreed monitoring and evaluation framework at national, district and community levels. This process should enable regular updating of the plan.

(Guidelines for Comprehensive Multi-Year Planning for Immunization, UNICEF-WHO 2013)

Best practice – Monitoring and evaluation (3)

Elaborate a M&E strategy/plan by which the national immunization program monitor progress towards achievement of immunization objectives; It includes M&E framework, systems of planning review, immunization surveys, and national and global strategic linkages

12 Best practices for advocacy and capacity building

The previous chapters highlighted the best practices in all areas of strategic and operational planning. All these best practices will need to be advocated, shared and well known by all stakeholders. The following final best practices should therefore be added:

- **Advocacy at different levels for high-quality strategic and operational planning**

Best practice – Advocacy and capacity building (1)

Conduct advocacy among key decision-makers at national and subnational levels for developing and implementing high-quality strategic and operational immunization plans, using all best practices listed and highlighted

- **Sharing best practices and country experiences**

Best practice – Advocacy and capacity building (2)

Share all best practices listed and highlighted with all stakeholders, including country experiences in developing and implementing high-quality strategic and operational immunization plans

- **Capacity building for stakeholders on strategic and operational planning**

Best practice – Advocacy and capacity building (3)

Strengthen the capacity of stakeholders for developing and implementing high-quality strategic and operational immunization plans, using all best practices listed and highlighted, through various training methods (e.g. on-line training)

Annex 1: List of acronyms

AEFI	Adverse Events Following Immunization	MCH	Mother and Child Health
AFP	Acute Flaccid Paralysis	MCV	Measles Containing Vaccine
AFR	Acute Fever and Rash	MICS	Multiple Indicator Coverage Survey
BCG	Bacillus Calmette Guerin (TB vaccine)	MLM	Mid-Level Management
bOPV	Bivalent Oral Polio Vaccine	MR	Measles and Rubella Vaccine
CDC	US Centers for Disease Control and Prevention	MoE	Ministry of Education
CHAI	Clinton Health Access Initiative	MoH	Ministry of Health
cMYP	Comprehensive Multi-Year Plan	MoF	Ministry of Finance
CIF	Case Investigation Form	NCC	National Certification Committee
CRS	Congenital Rubella Syndrome	NGO	Non-Governmental Organization
cVDPV	Circulating Vaccine Derived Poliovirus	NHI	National Health Insurance
DHIS	District Health Information System	NVC	National Verification Committee
DQA	Data Quality Assessment	NIP	National Immunization Program
DQIP	Data Quality Improvement Plan	NITAG	National Technical Advisory Committee
DT/Td	Diphtheria-Tetanus Vaccine	NRA	National Regulatory Authority
eIR	Electronic Immunization Registry	OOP	Out of Pocket Payment
EPI	Expanded Program on Immunization	OPV	Oral Polio Vaccine
EVM	Effective Vaccine Management	PATH	Program for Appropriate Technology in Health
EWARN	Early Warning Alert and Response Network	PCV	Pneumococcal Conjugate Vaccine
FETP	Field Epidemiologist Training Program	Penta	Pentavalent Vaccine (DPT-HepB-Hib)
Gavi	Gavi, The Vaccine Alliance	PIE	Post Introduction Evaluation
GDP	Gross Domestic Product	PHC	Primary Health Care
GPEI	Global Polio Eradication Initiative	RRL	Regional Reference Laboratory
GVAP	Global Vaccine Action Plan	RV	Rotavirus Vaccine
HepB	Hepatitis B Vaccine	SDG	Sustainable Development Goals
HF	Health Facility	SES	Sanitary and Epidemiological Service
HIMS	Healthcare Information Management System	SIA	Supplementary Immunization Activities
HIS	Health Information System	SOP	Standard Operating Procedures
HIV	Human Immunodeficiency Virus	TB	Tuberculosis
HPV	Human Papillomavirus Vaccine	TOR	Terms of Reference
HSS	Health System Strengthening	TWG	Technical Working Group
HCW	Health Care Worker	UNICEF	United Nations International Children's Emergency Fund
ICC	Inter-agency Coordination Committee	VAR	Vaccine Arrival Report
IEC	Information Education Communication	VPD	Vaccine Preventable Disease
IIP	Immunization in Practice	VSSM	Vaccine Supplies Stock Management
IMCI	Integrated Management of Childhood Illness	VVM	Vaccine Vial Monitor
IMF	International Monetary Fund	WHO	World Health Organization
IPV	Inactivated Polio Vaccine	WBG	World Bank Group
JRF	Joint Reporting Form		
KABP	Knowledge Attitude Behaviour Practice		

Annex 2: Literature review references

1. Comprehensive multi-year plans (cMYP) assessments and roadmaps
- Roadmap for the next phase of comprehensive multi-year plans for immunization – BMGF; GAVI Secretariat; UNICEF; WHO; World Bank – 1 st December 2017
- Rapid Stocktaking and Support to Revising the cMYP – Mott MacDonald – 31 July 2017
- Report on cMYP translated into 2011 Annual Immunization Plans in GAVI eligible countries – WHO – 20 April 2012
- Rapid assessment of cMYPs (26 countries): Burkina Faso; Cameroon; Democratic Republic of Congo; El Salvador; Georgia; Guyana; Honduras; India; Indonesia; Kenya; Malawi; Moldova; Mozambique; Myanmar; Pakistan; Papua New Guinea; Rwanda; Senegal; Seychelles; Somalia; South Africa; Sri Lanka; Swaziland; Tanzania; Uganda; Yemen
- Summary discussion and agreed outputs from cMYP stocktaking review meeting – Mott MacDonald – 17 July 2017
2. Guidelines on strategic and operational planning (health and immunization)
- Instructions for Developing the Annual Plan of Action of the Expanded Program on Immunization – PAHO – 2014
- Instructions for Costing the Annual Plan of Action of the Expanded Program on Immunization (Excel tool) – PAHO – 2014
- Guidelines for Comprehensive Multi-Year Planning for Immunization – WHO-UNICEF – September 2013
- Planning for Immunization (online course) – UNICEF – 2014 – https://agora.unicef.org/course/info.php?id=7575
- A Tool and User Guide for cMYP Costing and Financing (Excel tool) – WHO – 2014
- A guide for conducting an Expanded Program on Immunization (EPI) Review – WHO – 2017
- Health sector reform and immunization programs: concept paper – WHO Region for Europe – 2006
- Key steps in preparing national strategic plan – World Bank 2001
- A framework for National Health Policies, Strategies and Plans – WHO – June 2010
- Operational Planning for HIV/AIDS: A Guidance Note – ASAP UNAIDS – May 2009
- Planning guide for the health sector response to HIV/AIDS – WHO – 2011
- Strategizing national health in the 21st century: a handbook – WHO – 2016
- Toolkit to develop a national strategic plan for TB prevention, care and control – WHO – 2015
3. Global and regional strategic plans
- Gavi, the Vaccine Alliance Strategy 2016-2020
- UNICEF Strategic Plan 2018-2021
- WHO European Vaccine Action Plan 2015-2020
- WHO Global Vaccine Action Plan 2011-2020
- WHO Vision and Mission in Immunization and Vaccines 2015-2030
- WHO IVB Strategic Plan 2010-2015
- WHO IVR Strategic Plan 2010-2020
4. Country cMYP and AOP (immunization, Gavi countries)
- <i>Under collection</i>
5. Country strategic plans (health, non-Gavi countries)
- U.S. Department of Health & Human Services Strategic Plan 2010-2015
- Stratégie nationale de santé France 2018-2022
6. HIV-AIDS strategic and operational plans
- WHO global health sector strategy on HIV towards ending AIDS 2016-2021
- WHO HIV operational plan 2012-2013 – Support to implement the Global Health Sector Strategy on HIV/AIDS
- Tanzania national HIV prevention operational plan 2016-2018
- Lao PDR National Strategic and Action Plan on HIV/AIDS/STI Control and Prevention 2011-2015
- Myanmar National Strategic Plan on HIV and AIDS
7. Guidelines on strategic and operational planning (business field)
- Basics of Action Planning (as part of strategic planning) – Free Management Library – https://managementhelp.org/strategicplanning/actionplanning.htm
- Developing Strategic and Action Plans – Center for Community Health and Development at the University of Kansas – https://ctb.ku.edu/en/developing-strategic-and-action-plans
- Links Between Strategic & Operational Plans – AZ Central – https://yourbusiness.azcentral.com/links-between-strategic-operational-plans-25572.html

Annex 3: Summary list of best practices

Components of planning	Best practices	Institutions involved (*)
<i>Overall planning process</i>	1. Prepare well for planning and ensure sufficient commitment, time and resources; Use existing guidelines and methodologies on strategic and operational immunization planning	NIP; MOH; Partners
	2. Ensure strong leadership and coordination as well as broad stakeholder involvement as early as possible in the strategic planning process	NIP; MOH; MOF; MOE; Partners
	3. Prior to the national immunization strategic planning process, undertake a program review or a situation analysis for understanding the immunization program status and challenges	NIP; MOH; MOF; MOE; Partners
	4. Conduct a priority setting exercise after the program review or situation analysis	NIP; MOH; Partners
<i>Developing a strategic plan</i>	1. Ensure the strategic plan is a real “strategic” document, building on analysis of constraints and responding with medium-term strategic directions and interventions	NIP; MOH
	2. Identify and formulate carefully the goal(s) of the national immunization strategic plan, as a broad statement and defined within the national vision	NIP; MOH
	3. In line with the agreed priorities and using SMART criteria, identify and formulate carefully the objectives of the national immunization strategic plan	NIP; MOH
	4. Identify and formulate carefully the strategies of the national immunization strategic plan, ensuring consistency with the situation and/or SWOT analysis and with the defined objectives	NIP; MOH
	5. While drafting the immunization national immunization strategic plan, use the key components and subcomponents recommended by EPI review guidelines	NIP; MOH
	6. Ensure strong alignment between the immunization national immunization strategic plan, regional frameworks and the Global Vaccine Action Plan on immunization	NIP; MOH; Partners
	7. Ensure strong alignment between the immunization national immunization strategic plan and the national health sector plan	NIP; MOH
	8. While drafting the national immunization strategic plan, consider the existence and specificities of national strategic plans of other health programs	NIP; MOH

Components of planning	Best practices	Institutions involved (*)
	9. Consider partner organizations' strategic plans while drafting the national immunization strategic plan and ensure strong alignment	NIP; MOH; Partners
	10. Ensure the national immunization strategic plan is a realistic document, underlying programmatic and budget constraints, and avoiding raising unrealistic expectations	NIP
	11. Ensure streamlining of the national immunization strategic plan, limiting the overall work in time and the document in size, keeping it to the "essential" work	NIP
	12. Ensure national immunization strategic plan has a good executive summary, which is a ready-to-use material for advocacy	NIP
<i>Developing an operational plan</i>	1. Ensure the immunization operational plan is an "action-oriented" document, transforming the strategic plan into annual activities to be carried out to achieve the objectives	NIP
	2. Ensure that immunization operational plan answers the questions: Which activities? linked to which strategic interventions? When to be implemented? Who will be responsible? How much will it cost? How to monitor the activities?	NIP
	3. Ensure immunization operational planning involves all those who will be responsible for implementation of the plan	NIP; MOH; Subnational Authorities
	4. Ensure all activities of the immunization operational plan are aligned with the strategic interventions of the strategic plan	NIP; MOH
	5. Ensure strong alignment between the immunization operational plan and the budgeting process	NIP; MOH; MOF
	6. Ensure strong alignment of all activities between national operational plan, subnational operational plans and microplans for immunization	NIP; MOH; Subnational Authorities
	7. Ensure the streamlining of the immunization operational plan, limiting the overall work in time and the document in size and make formatting in an easily readable document	NIP
<i>Costing</i>	1. Ensure costing is an essential part of the overall planning process and not something to be undertaken after the strategic and operational immunization plans have been completed	NIP; MOH; MOF
	2. Ensure cost estimates are not interpreted as fixed resource needs but rather as initial projection, and that cost estimates are compared with the projected available financial resources, to assess affordability and potential resource gaps	NIP; MOH; MOF
	3. Ensure cost inputs are gathered from a range of technical units regarding their planned strategies and activities, and are processed using costing tools (Excel-based) for consolidating all costs breakdowns	NIP; MOH; MOF

Components of planning	Best practices	Institutions involved (*)
<i>Budgeting</i>	1. Engage in budget preparation to avoid misalignment between defined priorities and allocation and use of resources	NIP; MOH; MOF
	2. To influence resource allocation, understand the guiding principles of budgeting as well as the political dynamics that enable the budget elaboration and approval process	NIP; MOH; MOF
	3. Ensure all key stakeholders play their role in the budget development, i.e. preparation, presentation and negotiation of the budget	NIP; MOH; MOF
	4. Ensure the timing of the budgeting process cycles are well understood to guarantee the best allocation and use of resources	NIP; MOH; MOF
<i>Endorsing and implementing</i>	1. Ensure wide approval by all key stakeholders and endorsement by high-level authorities of the national immunization strategic plan	ICC; Government; NIP; MOH; MOF; MOE; Partners
	2. Ensure promotion and wide dissemination of the national immunization strategic plan, not only by simply sharing the plan, but also by explaining and advocating it	NIP; MOH; Subnational Authorities
	3. Ensure laws and regulations are used as key mechanisms and tools for implementing the national immunization strategic plan	ICC; Government; NIP; MOH; MOF; MOE
<i>Monitoring and evaluation</i>	1. Remember that monitoring, evaluation and review are essential functions and mechanisms to guarantee the implementation of priority strategies and activities outlined in the strategic and operational immunization plans	NIP; MOH
	2. Ensure the M&E framework demonstrates clear linkages in a results chain from main inputs and activities to system outputs, to coverage outcomes and to health impacts, and that the framework construction respects SMART indicators, alignment, reliable data sources, accurate baselines, and achievable targets	NIP; MOH
	3. Elaborate a M&E strategy/plan by which the national immunization program monitor progress towards achievement of immunization objectives; It includes M&E framework, systems of planning review, immunization surveys, and national and global strategic linkages	NIP; MOH
<i>Advocacy and capacity building</i>	1. Conduct advocacy among key decision-makers at national and subnational levels for developing and implementing high-quality strategic and operational immunization plans, using all best practices listed and highlighted	NIP; MOH; MOF; MOE; Partners; Subnational Authorities
	2. Share all best practices listed and highlighted with all stakeholders, including country experiences in developing and implementing high-quality strategic and operational immunization plans	NIP; MOH; MOF; MOE; Partners Subnational Authorities

Components of planning	Best practices	Institutions involved (*)
	3. Strengthen the capacity of stakeholders for developing and implementing high-quality strategic and operational immunization plans, using all best practices listed and highlighted, through various training methods (e.g. on-line training)	NIP; MOH; MOF; MOE; Partners Subnational Authorities

* Institutions involved: The **National Immunization Program** (NIP) remains the institution in the centre of the planning process, however won't be able to cover alone all components and activities; The **Ministry of Health** (MOH) and its different departments (Planning, Budget, Human Resources, Health Care, Health Promotion; Communicable Diseases, MCH), and also the National Regulatory Authorities (NRA) will participate in dedicated phases of the planning; Other Ministries like **Ministry of Finance** (MOF) and **Ministry of Education** (MOE) will also be involved; Subnational Authorities are mainly the provincial and districts Health Departments.