Annual operational plan for immunization services

Guidelines for development or optimization

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Table of content [1]

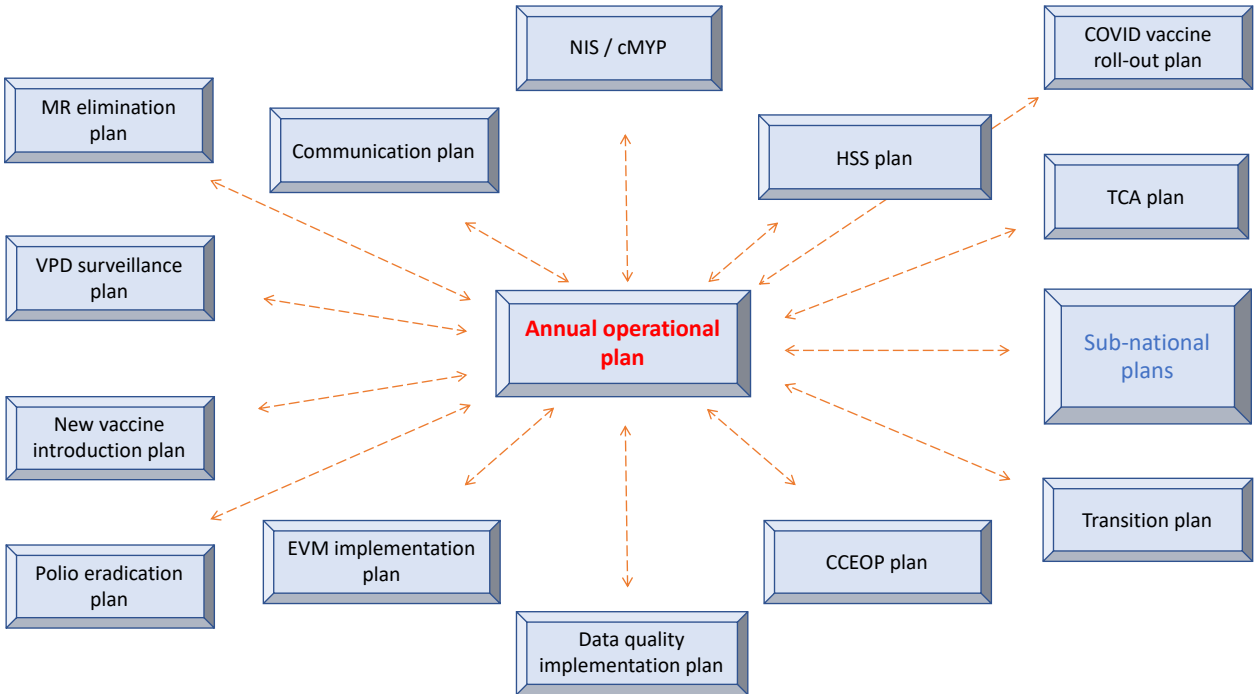
[1] The "*Guidelines for development or optimization of annual operational plan for immunization services*" comprise the following materials:

- A planning narrative (this document)
- A planning template (an Excel template, but could be Access-based, Google Sheet, DHIS2)

I. Rationale for new annual operational plan guidance

- Global partners highlighted the needs for upgrading guidelines and tools for immunization strategic and operational planning in several reports: *Rapid stocktaking and support to revising the cMYP (Mott MacDonald 2017); Strategic and operational planning, a review of best practices (UNICEF 2018); Landscape analysis in 30 Gavi eligible countries (UNICEF 2019); Immunization Agenda 2030 (WHO 2020)*
- Assessments and reports demonstrated the current fragmentation in operational planning, with a multiplicity of plans developed in recent years, as shown in figure 1. Immunization services are sometimes "lost in planning"
- There is no effective alignment between immunization AOP and National Health Plan (NHP) and a lack of integration of immunization planning within MCH and PHC services planning
- Immunization AOP budget and national health budget cycle are often not linked nor interconnected
- The current multiplicity and diversity of plan formats make it impossible to recover simple information (what, how, who, when, at what cost)
- There are multiple reasons for all above listed problems, but the main one is the lack of standard AOP process and format for "driving" all immunization operational planning, budgeting, implementation, monitoring, making it the "reference operational plan" for all stakeholders, including partners

Figure 1: Example of fragmented planning for immunization



II. Definitions and concepts

Objectives, strategies, activities definitions

To make sure strategic and operational planning are properly positioned, we need to recall some key definitions:

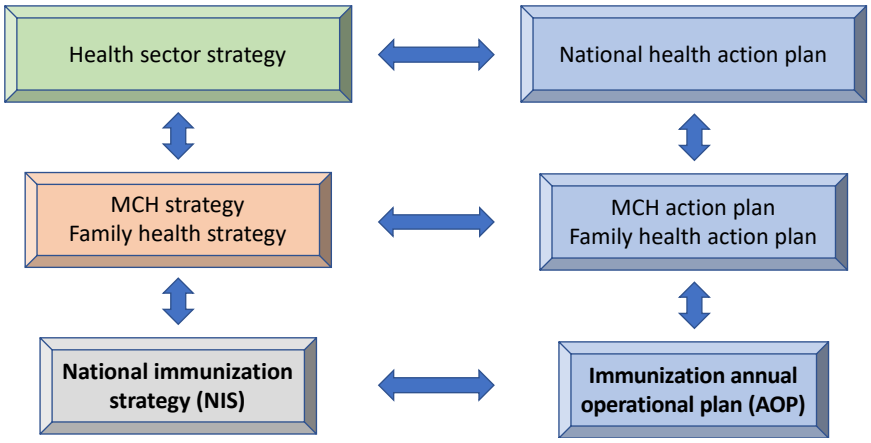
- **Objective** is defined as *"**where** to go", as "what to achieve"*
- **Strategy** is defined as *"**how** to go, to achieve, to reach objective", as a "series of broad lines of action intended to achieve program goal and target"*[2]
- **Activity** is defined as *"**what** to concretely do to achieve objective", as a "series of detailed actions to enable the strategy"*
- The range of activities could be broad. Often, we find that operational plans use "group/set of activities", "core/key activities", "activities", "tasks", "sub-tasks". All should be referring to concrete and detailed activity

Operational planning definition [3]

- Operational planning is the link between the objectives and strategies of the national strategic plan and the implementation of the program. 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
- An operational plan should specify "what" needs to be done, by "whom", at "which cost" and "when"
- Operational planning is managerial and short term, as opposed to strategic planning, and deals with month-by-month or quarter-by-quarter activities, and often has a one-year time horizon (annual operational plan)

Operational planning environment

Figure 2: Example of a national planning environment



[2] https://www.who.int/healthsystems/hss_glossary/en/
[3] Strategizing national health in the 21st century: A handbook, WHO 2016

- Annual operational plan (AOP) environment:
  - ⇨ Not a stand-alone document
  - ⇨ Part of a planning "environment": NHP, MCH, program plans, etc.
  - ⇨ AOP connected and aligned with strategic plan

III. Principles for operational planning

Which kind of planning "instrument" do countries need?

- An instrument which is:
  - ⇨ "Essential" for planning, budgeting, implementing, coordinating and monitoring activities
  - ⇨ "Central" to the immunization program and wider MCH program
  - ⇨ "Active and lively" working instrument, not to "put on the shelves"
- An instrument which is in line with the national authority planning cycle, as well as subnational operational plans developed at intermediate health levels
- An instrument which is consistent with operational plans of other communicable disease, family, maternal and child health programs
- An instrument whose format is:
  - ⇨ Simple, easy to use, saving program officers precious time
  - ⇨ Structured, providing essential information, not a "shopping list"
  - ⇨ Compatible, aligned and integrated with other plans
- An instrument which is developed, owned and managed by a core planning team, e.g. MCH/NIP manager and technical staff at national and subnational levels
- An instrument which will require commitment and accountability from:
  - ⇨ MCH/NIP manager and staff at national and subnational levels
  - ⇨ All stakeholders involved in immunization, including development partners

Best practices [4]

Ensure the AOP is a "central" planning instrument that all stakeholders refer too

Ensure the AOP is an "action-oriented" instrument, transforming the strategic plan into annual activities to be carried out to achieve the objectives

Ensure the AOP is developed, owned and managed by the core planning team, at national and subnational levels

Ensure the AOP is simple, easy to use, structured, compatible, aligned and integrated with other plans

Planning success = Ownership + Team work + Accountability + Prioritization + Simplicity

[4] National strategic and operational planning for immunization - A review of best practices for optimized planning, UNICEF 2019

IV. Structure of a standard AOP

Headings and contents

- An annual operational plan typically includes the following headings:
  - ⇨ **What:** Description of activities for each objective of the strategic plan
  - ⇨ **Who:** Person(s) and/or institution(s) responsible for the activities
  - ⇨ **What cost:** Resources required and origins of resources
  - ⇨ **When:** Timing and sequencing of all activities
  - ⇨ **How:** A method of measuring progress (monitoring)
- Additional important information could be included in the headings:
  - ⇨ Priority levels (colour coded, e.g. red for high, yellow for medium, green for low)
  - ⇨ Information and link to other plans (plans reference code)
- Standard immunization program components could be used as AOP categories[5]
  1. Program management and financing
  2. Human resources management
  3. Vaccine supply, quality and logistics
  4. Service delivery, including new vaccine introduction
  5. Immunization coverage, including AEFI monitoring
  6. Disease surveillance, control and outbreak response
  7. Advocacy, communication and demand generation
- Level of details of the AOP needs to be defined (set of activities, activities, tasks) considering usage. Individual workplans could be derived from the AOP

Software or template

- In case of an existing AOP software or template already in use in the country, it should be assessed whether it is a comprehensive AOP for immunization (it may also be an MCH AOP or an overall MoH/Health AOP, where immunization is integrated), and if there is a need for issuing any immunization AOP or not
- AOP could be an Excel-based or an Access-based instrument. It could also be set-up online, like Google Sheets or DHIS2
- An AOP must be a "manageable" instrument:
  - ⇨ Not a huge Excel workbook with dozens of complex worksheets
  - ⇨ Should be easily printable in an A3 format for sharing/posting on NIP office walls
  - ⇨ Activities should be simply described or summarized to avoid Excel cells to become "large and unreadable"

[5] A guide for conducting an Expanded Program on Immunization (EPI) Review, WHO 2017

Figure 3: Example of AOP Excel template (provided as an annex to these guidelines)

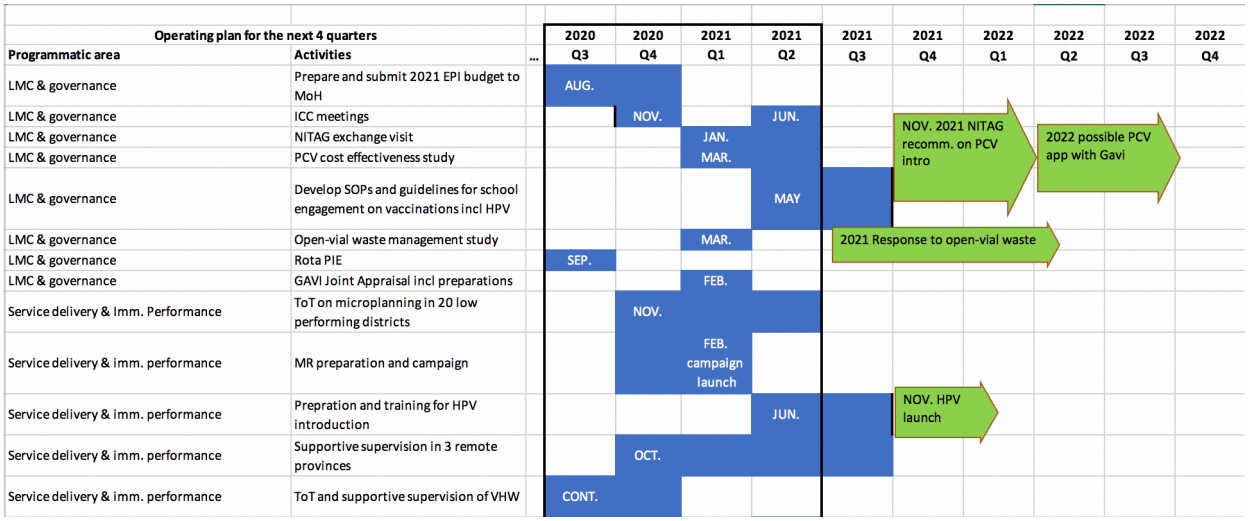
ANNUAL OPERATIONNAL PLAN on IMMUNIZATION 2020

Immunization system component	Activity Description 2019	Plan of origin	Health plan activity number	RMNCAH integrated activity	Priority	Budget 2019	Source of funds	Institution in charge / Level	Focal person	Indicator / Deliverable	Implementation month: January	February	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Implementation status	Comment
Governance and Programme Management	Develop standard operating procedures (SOPs) and operational manuals across all health levels to strengthen effective management and	cMYP			High	25,000		NIP		SOPs, operational manuals, other supporting materials,														
	Develop other supporting materials and tools as needed (field guidelines, manuals, training programs, IEC materials, reporting forms etc.).	cMYP			High	25,000		NIP																
	Conduct training in microplanning for subnational health staff including in health facilities as part of improved capacity building efforts.	cMYP			High	20,000		MOH-DPC		Training in microplanning conducted														
	Train the District Health Management Team (DHMT) on all governance issues.	cMYP			High	50,000		MOH-DPC		DHMTs trained														
	Appoint Village MCH Promotors and provide incentives and relevant materials.	cMYP			High	250,000		MOH-DPC		MCH Promotors appointed and properly supported														
	Establish quarterly review meetings on MCH outcomes at district, facility and community level.	cMYP			High	0		MOH-DPC		Quarterly district-level MCH review meetings held														
	Promote the practice of reviewing and updating quarterly activity plans as part of these meetings.	cMYP			High	0		MOH-DPC		Microplans regularly reviewed														
	Conduct advocacy meetings and visits on transition planning jointly between MoH, MoF and MPI. Include key stakeholders, parliamentarians and	cMYP			High	25,000		MOH and partners		Advocacy meetings conducted														
	Revise and simplify supervision and quality assurance checklists; integrate different tools to increase the effectiveness of supervision and enhance	cMYP			Medium	10,000		MCHC																
	Develop training package for integrated MCH/NIP M&E including supportive supervision with appropriate guidelines and checklists.	cMYP			Medium	10,000		MCHC		Supervision checklists revised and regular														
	Involve EPI staff from high-performing provinces and districts in supervisory visits of other provinces	cMYP			Medium	5,000		MCHC																
	Ensure health staff compliance with the SOPs as part of regular supervision.	cMYP			Medium	10,000		MCHC																
	Ensure provision of recent scientific evidence as basis for NITAG decisions, as required.	cMYP			High	5,000		and MOH-		Scientific evidence provided as needed														
	Conduct targeted exchange visits of NITAG members.	cMYP			High	60,000		and MOH-		NITAG exchange visits conducted														
	The ICC supported by NIP and partners to review and update its TOR including establishment of respective working groups and task forces.	cMYP			Medium	5,000		ICC		ICC TOR and SOP updated														
	Develop/update communication materials and guidelines to train HCW and teachers in public schools on implementation of the immunization law.	cMYP			Medium	20,000		NIP		Training of teachers conducted as planned														
Human Resources (Capactiy Buidling)	Ensure continued representation of immunization needs in the health sector-wide HR planning efforts for implementation of essential service packages at	cMYP			High	40,000		MOH-DHP		Provincial and district HR planning and														
	Develop up-do-date and detailed job descriptions for all MCH programs at the implementation level.	cMYP			High	30,000		and MOH-		MCH job descriptions developed														
	Identify gaps and develop a capacity building plan for the central and subnational level health staff working in immunization.	cMYP			Medium	25,000		MOH-DHP		Capacity building plan developed and trainings														
	Include training on supervision in HR capacity building efforts.	cMYP			Medium	5,000		MOH-DHP																
	Assist in developing training package for integrated MCH/NIP M&E including supportive supervision with appropriate guidelines and checklists.	cMYP			Medium	25,000		MOH-DHP																

Rolling AOP

- In addition to the standard AOP, there could be a shorter description of activities that are expected to be implemented in the period of 1-2 years beyond the AOP period
- The reason for capturing these additional activities in a "rolling AOP" is to increase the visibility of upcoming activities and improve the planning of activities that require sequencing of implementation over a multi-year period (e.g. vaccine introduction)
- Rolling AOP should only capture prioritised activities, both routine and non-routine, including HSS, CCEOP, SIAs, etc. Activities that are considered low priority should not be included in the rolling AOP

Figure 4: Example of a rolling AOP



Best practices

Ensure that the AOP answers the questions: Which activities? Linked to which objectives and strategies? Who will be responsible? How much will it cost? When to be implemented? How to monitor the activities?

Ensure AOP will be an "easy manageable" instrument, Excel, Access, Google Sheets, DHIS2

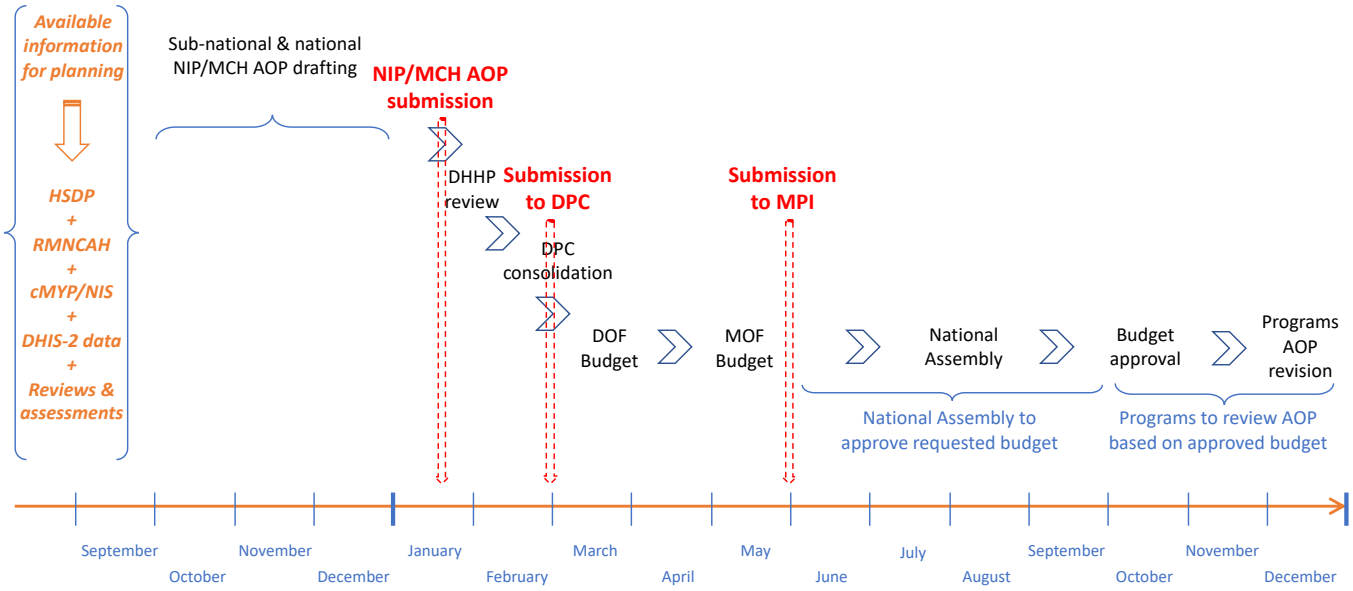
Consider the possibility to extend the AOP to a 2-3 years rolling AOP

V. Planning cycle and process – actors, alignment and timetable

Planning cycle

- The existing planning system, process and procedures in place in the country should be considered in order to optimize the immunization operational planning process
- Submissions and deadlines are important to be respected by all stakeholders when developing an AOP. That annual exercise remains a "priority" for any program
- A typical planning cycle, from early start of planning to budget approval and execution of programs AOP, covers a period of 12-15 months. Therefore, it will be important that all submissions and deadlines be respected by the programs, as well as donors to align with a country's planning and budgeting cycle

Figure 5: Example of a planning and budgeting cycle in Lao PDR



Acronyms: *HSDP: Health Sector Development Plan; RMNCAH: Reproductive Maternal Neonatal Child Adolescent Health; DHHP: Department of Hygiene and Health Promotion; DPC: Department of Planning and Cooperation; DOF: Department of Finance; MPI: Ministry of Planning and Investment*

Planning process

- The AOP process could be completed, consolidated and agreed through a workshop, however much preparation will have to take place before

- The operational planning process needs to be streamlined, limited in time and presented in a concise format. The process, including filling in the template, should not go beyond a few weeks. The final AOP document should be limited to the Excel instrument (or any other format), and there is no need for any Word narrative
- All existing plans, action plans, workplans specific to immunization and development partners-driven (e.g. HSS, CCEOP, EVMIP, DQIP, NVI, TCA) should ultimately come "under" the immunization AOP, and be considered as "annexes"
- Operational planning needs to consider the following issues:
  - ⇨ Operational planning is still needed even if there is no strategic plan
  - ⇨ Commitment and rigorousness are important when developing an AOP
  - ⇨ Operational planning could be a bottom-up or/and top-down process
  - ⇨ Consider developing sub-national AOPs for decentralized country

Actors involved

- An operational plan is best done by those who are responsible for the plan. Ideally, all of those who are responsible for related activities 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 various government departments, programs, donors, and non-state actors is important. Key stakeholders are national and sub-national health authorities and health service providers
- The actors developing the operational plan should be organized under a "core planning team" and should function together when drafting the AOP. Any division of stakeholders, such as component by component, will bring the risk of a fragmented AOP. Ultimately, people responsible for a specific component can prepare the work upstream, but consolidation should be done together
- Leadership, management and coordination (LMC) for AOP development is essential. Whatever the core planning team configuration, there should a "captain in the ship"

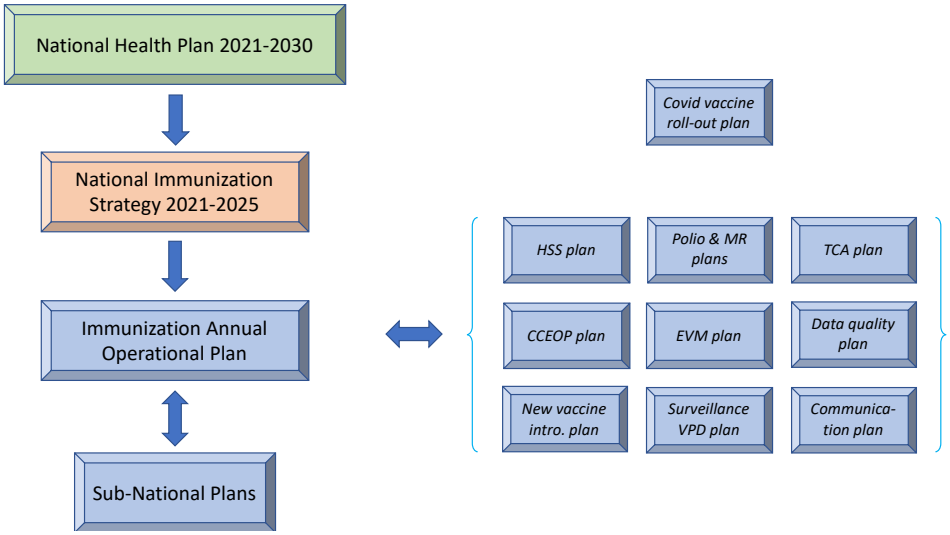
Alignment of plans

- **Alignment with the national immunization strategic plan (NIS)**
  - The annual operational plan should follow and come from the national immunization strategy (NIS), as it will operationalize the strategies. It is essential that all activities of the operational plan are aligned with strategies of the NIS
- **Alignment with the MCH and/or NHP operational plan**
  - The immunization annual operational plan should be aligned as much as possible with the MCH operational plan and/or the overall MoH/health operational plan
- **Alignment with subnational operational plans**
  - AOPs are often developed at the national level, but when required (e.g. decentralized health system), subnational AOPs will be developed too. The harmonization of the national AOP with subnational AOPs will be important as some functions still remain at the national level (e.g. vaccine supply)

- At the lower levels of the health system, i.e. health facilities, microplans are a kind of operational plan. At this level too, alignment should be respected, i.e. between subnational AOPs and microplans

- **Alignment with the immunization subsets of plans**
  - The annual operational plan and the immunization subsets of plans (Covid vaccine roll-out plan, HSS, Polio & MR plans, CCEOP, EVM plan, NVI plan, etc.) should be harmonized. Ideally all immunization subsets of plans should ultimately come "under" the immunization AOP

Figure 6: Example of planning alignment



Best practices

Ensure all stakeholders are fully committed when developing the AOP and dedicate the required time necessary to the exercise

Ensure AOP involves all those who will be responsible for implementation, organized in a "core planning team" and coordinated by a leader

Ensure the AOP process be streamlined, limited in time and the AOP presented in a concise format (Excel, Access, Google Sheet, DHIS2)

Ensure the activities of the AOP are aligned with the objectives and strategies of the immunization strategic plan (NIS)

Ensure strong alignment of all activities between the national operational plan and the subnational operational plans

VI. Costing and budgeting process

Resource requirement

- An AOP is an instrument to support implementation of activities and hence it is critical for it to include the resources requirement for the activities

- However, detailed calculation of the resource requirements (e.g. unit costs, number of staffs, of items, of days, etc.) should not be in the AOP final worksheet, but in a separate calculation spreadsheet
- AOP budgeting process requires reasonable estimation of the cost of activities, avoiding on one side too rough estimations, and on the other side spending days to get accurate amounts
- "Shared costs" associated with activities at the PHC level should be estimated by those responsible to deliver PHC and supposedly not NIP. Nonetheless, NIP may provide support to those responsible to deliver PHC to undertake this costing
- The NIS new guidelines will have a costing, budgeting and financing instrument, called “NIS.COST”. Wherever possible, the use of that instrument could help the AOP resources requirement estimations

Budgeting

- As previously shown in the planning graph, the national planning and budgeting cycle should be considered. The AOP development cycle, including budgeting, needs to align with the broader MoH planning and budgeting
- In this regard, the AOP budget information should be fed upwards and should be aligned with the broader budget envelope provided to the immunization program
- Ideally, the sector budget ceiling as well as the exact allocations to the budget centers should be clear before developing an AOP. 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

Financing

- The AOP should describe a realistic picture on how the program is financed. Therefore, in the AOP headings, it will be important to inform the source of funding
- Beyond MoH financing, funds provided by development partners should also be listed in the AOP
- The AOP is mainly used as a planning and managing instrument and not so much as an accountability or grant management tool

Best practices

Ensure the AOP instrument contains a reasonable estimation of the cost of the activities

Ensure a strong alignment between the AOP and the broader MoH planning and budgeting process, including the budget envelope provided to the NIP

Ensure the AOP describes how activities are financed, including funds from MoH, but also development partners

VII. Monitoring and evaluation

Activities monitoring

- An AOP is an instrument to manage implementation of activities and hence it is critical to include monitoring the status of activity implementation (done, not done, in progress, percentage of achievements)
- There will be a monitoring and evaluation (M&E) framework attached to the NIS, including, impact, outcome, output indicators, providing key information for the performance of the program. Therefore, there is no need for another M&E framework for the AOP. Monitoring the status of AOP activity implementation will be sufficient

Best practices

Ensure the AOP contain a column with the status of implementation of each activity (done, not done, in progress) and an overall estimate of percentage of activities completed

Annexes

Acronyms

AEFI	Adverse Events Following Immunization
AFP	Acute Flaccid Paralysis
AFR	Acute Fever & Rash
AOP	Annual Operational Plan
BCG	Bacillus Calmette Guerin (TB vaccine)
bOPV	Bivalent Oral Polio Vaccine
US CDC	US Centres for Disease Control & Prevention
cMYP	Comprehensive Multi-Year Plan
CRS	Congenital Rubella Syndrome
cVDPV	Circulating Vaccine Derived Poliovirus
DHIS	District Health Information System
DHO	District Health Office
DQA	Data Quality Assessment
DQIP	Data Quality Improvement Plan
DT/Td	Diphtheria-Tetanus Vaccine
eIR	Electronic Immunization Registry
EPI	Expanded Program on Immunization
EVM	Effective Vaccine Management
EVMIP	Effective Vaccine Management Improvement Plan
FETP	Field Epidemiologist Training Program
Gavi	Gavi, The Vaccine Alliance
GDP	Gross Domestic Product
GPEI	Global Polio Eradication Initiative
HepB	Hepatitis B Vaccine
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus Vaccine
HSS	Health System Strengthening
HCW	Health Care Worker
ICC	Inter-agency Coordination Committee
IEC	Information Education Communication
IIP	Immunization in Practice
IPV	Inactivated Polio Vaccine
JE	Japanese Encephalitis Vaccine
JRF	Joint Reporting Form
KABP	Knowledge Attitude Behaviour Practice
MCH	Mother and Child Health
MCV	Measles Containing Vaccine
MICS	Multiple Indicator Coverage Survey
MLM	Mid-Level Management
MR	Measles and Rubella Vaccine
MOE	Ministry of Education
MOH	Ministry of Health
MOF	Ministry of Finance
MPI	Ministry of Planning and Investment
NCC	National Certification Committee
NGO	Non-Governmental Organization
NHI	National Health Insurance
NVC	National Verification Committee
NIP	National Immunization Program
NIS	National Immunization Strategy
NITAG	National Technical Advisory Committee
NRA	National Regulatory Authority
NVI	New Vaccine Introduction
OOP	Out of Pocket Payment
OPV	Oral Polio Vaccine
PCV	Pneumococcal Conjugate Vaccine
Penta	Pentavalent Vaccine (DPT-HepB-Hib)
PIE	Post Introduction Evaluation
PHC	Primary Health Care
QCM	Quarterly Committee Meeting
RRL	Regional Reference Laboratory
RV	Rotavirus Vaccine
SDG	Sustainable Development Goals
SIA	Supplementary Immunization Activities
SOP	Standard Operating Procedures
TB	Tuberculosis
TOR	Terms of Reference
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
VPD	Vaccine Preventable Disease
VVM	Vaccine Vial Monitor
WB	World Bank Group
WHO	World Health Organization

Reference documents

1. National Immunization Strategy (NIS) guidance document – WHO – May 2020
2. National strategic and operational planning for immunization – A review of best practices for optimized planning – UNICEF – August 2019
3. Strategic and operational planning for immunization – Landscape analysis in 30 Gavi eligible countries – UNICEF – October 2019

Afghanistan; Armenia; Benin; Burkina Faso; Burundi; Cambodia; Cameroon; Central African Republic; Chad; Comoros; Ethiopia; Ghana; Guinea-Bissau; Honduras; Indonesia; Korea DPR; Lao PDR; Liberia; Madagascar; Mali; Mozambique; Myanmar; Papua New Guinea; Sierra Leone; Sudan; Tanzania; Togo; Uganda; Vietnam; Zimbabwe

4. Optimal strategic and operational planning and budgeting for immunization – Country case study – UNICEF

- Lao PDR, November 2019
- Haiti, September 2019

5. Comprehensive multi-year plans assessments and roadmaps

- Roadmap for the next phase of comprehensive multi-year plans for immunization – BMGF; GAVI Secretariat; UNICEF; WHO; World Bank – 1st December 2017
- Rapid Stocktaking and Support to Revising the cMYP – Mott MacDonald – 31 July 2017
- Report on cMYP translated into 2011 Annual Immunization Plan in GAVI eligible countries – WHO – April 2012

6. Guidelines on strategic and operational planning (health and immunization)

- Instructions for Developing Annual Plan of Action of Expanded Program on Immunization – PAHO – 2014
- Instructions for Costing Annual Plan of Action of Expanded Program on Immunization – PAHO – 2014
- Guidelines for Comprehensive Multi-Year Planning for Immunization – WHO-UNICEF – September 2013
- Planning for Immunization (online course) – UNICEF – 2014
- 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
- 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