

Instructions for Developing the Annual Plan of Action of the Expanded Program on Immunization

**Comprehensive Family Immunization Unit
Family, Gender and Life Course Department**



**Pan American
Health
Organization**



**World Health
Organization**
REGIONAL OFFICE FOR THE **Americas**

Acronyms

| | |
|---------------|--|
| AFP | Acute flaccid paralysis |
| BCG | Bacillus Calmette-Guérin- a vaccine that protects against severe forms of tuberculosis |
| DPT | Vaccine for diphtheria, pertussis (whole cell pertussis, or wP), and tetanus |
| DQS | Data quality self-assessment |
| EPI | Expanded Program on Immunization |
| ESAVI | Events supposedly attributable to vaccination or immunization |
| GAVI | Global Alliance for Vaccines and Immunizations |
| GVAP | Global Vaccine Action Plan |
| HDI | Human development index |
| HepB | Hepatitis B |
| Hib | <i>Haemophilus influenzae</i> type b |
| HPV | Human papillomavirus |
| ICC | Interagency Coordinating Committee |
| IDB | Inter-American Development Bank |
| IMCI | Integrated Management of Childhood Illness |
| MDGs | Millennium Development Goals |
| MMR | Measles-mumps-rubella vaccine |
| MR | Measles-rubella vaccine |
| NGO | Nongovernmental organization |
| NNT | Neonatal tetanus |
| OPV | Oral polio vaccine |
| PAHO | Pan American Health Organization |
| TAG | Technical Advisory Group on vaccine-preventable diseases |
| Td | Tetanus-diphtheria vaccine (for people over 7 years of age) |
| UBN | Unmet basic needs |
| UNICEF | United Nation's Fund for Children |
| VPDs | Vaccine-preventable diseases |
| VWA | Vaccination Week in the Americas |
| WHO | World Health Organization |
| WB | World Bank |

Introduction

The annual plan of action of the Expanded Program on Immunization (EPI) is a managerial tool for programming and monitoring that facilitates the process of prioritizing activities, so as to foster efficient and timely achievement of objectives and goals.

Preparing a plan of action makes it possible to: (1) implement activities consistent with defined objectives and strategies on schedule; (2) harmonize actions and actors around a common objective; (3) obtain and commit the necessary resources; and (4) monitor and evaluate progress toward the defined objectives, so that adjustments can be made if necessary. The plan of action is a dynamic work tool that needs to be reviewed and evaluated on a continuous basis.

Although countries have their own planning processes, this guide offers a review of some general concepts regarding planning that are common to all the countries in the Region. At present, the World Health Organization (WHO) is preparing guidelines for the formulation of multiannual plans of action that will respond to the Global Vaccine Action Plan (GVAP). The aim of the GVAP, as a new framework, is equitable access to existing vaccines for all people in all communities. It contains five goals and six strategic objectives.

The Decade of Vaccines (2011-2020)

| Goals | Strategic objectives |
|---|---|
| Reach a world free of poliomyelitis. | All countries commit to immunization as a priority. |
| Meet the global and regional elimination targets. | Individuals and communities understand the value of vaccines and demand immunization as a right and responsibility. |
| Meet vaccination coverage targets in every region, country and community. | The benefits of immunization are equitably extended to all people. |
| Develop and introduce new and improved vaccines and technologies. | Strong immunization systems are an integral part of a well- functioning health system. |
| Exceed the Millennium Development Goal 4 target for reducing child mortality. | Immunization programs have sustainable access to predictable funding, quality supply and innovative technologies. |
| | Country, regional and global research and development innovations maximize the benefits of immunization. |

The planning process

Planning is a methodically organized process designed to achieve a defined objective[1] and answers the questions of what must be done, how, when, by whom, and with what. The planning process is reflected in an instrument, “the plan,” which is the means to formalize a set of actions that need to be carried out in the future in order to achieve the proposed objectives. It is desirable for the planning process to be participatory, realistic, and flexible, so that the plan is a living document.

The planning process includes the following phases:

1. Situation analysis
2. Setting priorities
3. Formulating objectives and goals
4. Creating the plan of action: selecting strategies, tactics, activities, resources, expected results, timetable, and indicators
5. Implementation of activities
6. Monitoring and supervision
7. Evaluation

1. Situation analysis

The planning of the EPI begins with studying and assessing the health of the community, the locality, or the country, using local, national, regional and global policies as a framework. It's important to highlight the adoption of the GVAP in April 2012 by the World Health Assembly as a framework for the preparation of a situation analysis.

A health situation analysis should include, among other things, an evaluation of the following pieces of information related to vaccine-preventable diseases (VPDs), as well as an assessment of the availability of effective vaccination services in the national network, the population's level of education and participation (both individually and collectively), and the integration of the EPI with other programs, all in order to guide activities and rationalize the use of resources.

- Sociodemographic information

- Population by age and geographical area; migrations; special populations
- Epidemiological information
 - General and specific morbidity, mortality and case-fatality
 - Epidemiological surveillance of VPDs: indicators; sentinel surveillance
 - Monitoring of events supposedly attributable to vaccination or immunization (ESAVI)
- Information on infrastructure
 - Physical resources: network of services; vaccination services available
 - Human resources: availability, training, motivation
 - Cold chain: cold chain inventory
- EPI management information
 - Coverage by age group, municipality, and special groups; survey data
 - Dropout rates
 - Consistency: simultaneous application of first, second and third doses of vaccines; e.g., oral polio vaccine (OPV) and rotavirus and penta vaccines
 - At-risk municipalities: defined with reference to socioeconomic variables such as the human development index (HDI) and unmet basic needs (UBN)
 - The information system: coverage, integrity, timeliness, and data quality
 - Proceedings or recommendations of the Interagency Coordination Committee (ICC) and the Advisory Committee on Immunization Practices
 - Results and scope of supervision and training
 - Loss of biologicals; shortages of vaccines, syringes, or other inputs and underlying reasons
 - Safety: syringes, biohazard boxes, management, handling and final disposal of vaccination waste
 - Social communications plan; crisis plan
 - Results of operational studies
 - Integrated activities: integrated management of childhood illness (IMCI), vitamin A supplementation, deworming, etc.
 - Introduction of new vaccines: coverage, and impact on routine program
 - Fulfillment of previous plan of action: strengths and weaknesses of the immunization program

An analysis of strengths, weaknesses, opportunities and threats (SWOT) is a helpful tool when conducting a situation analysis. A SWOT helps to put into context the interactions between specific features of the program—internal factors, environment and external factors—that have a bearing on achieving the objectives.

2. Setting priorities

The purpose of this phase of the planning process is to set national objectives and goals that are consistent with regional and global goals and are based on the health situation analysis and on the available resources.

Prioritization requires information on:

- Magnitude: incidence
- Importance: impact
- Strategic value: whether the proposed interventions support the health sector and foster the relevant values, objectives, and strategies
- Vulnerability: whether a targeted problem or issue is predisposed/susceptible to a solution
- Feasibility: what is the probability of solving a problem or issue taking into consideration political and/or economic factors

3. Formulating objectives and goals

When the health situation analysis has been completed, and the problems that will be targeted for intervention have been prioritized, the establishment of objectives for the plan of action, consistent with the program's standards, should follow logically. An **objective** is defined as the achievement or outcome sought, while a **goal** is the expected result for the period covered by the plan, expressed quantitatively and measured by a performance indicator.

In order to formulate realistic objectives, the following are among the factors that should be taken into account:

- Previous achievements (but adjusting to the current reality)
- Available time for the execution of the activities
- Available resources

4. Creating the plan of action: description of components and selection of strategies and tactics

For the formulation of the plan of action, a redesigned Excel matrix is attached. Accompanying instructions for filling out the plan can be found in Annex 1.

Components

The components of the plan of action consist of the strategic areas that the management of the program should consider when planning. In the following sections, definition and more detailed information about each component is available.

- a. Political priority and legal frameworks

- b. Planning and coordination
- c. Biologicals and supplies
 - Vaccines
 - Syringes
 - Supplies
- d. Cold chain
- e. Training
- f. Communication and Social mobilization
- g. Operating costs
- h. Supervision and monitoring
- i. Epidemiological surveillance (ES) and laboratory (LAB)
- j. Information system
- k. Research
- l. Evaluation

a. Political priority and legal frameworks

Definition: This area involves harmonizing actions with various actors, with emphasis on gaining political and legal support for the EPI's objectives and goals, as well as support to help staff in charge of technical and operational activities address and overcome obstacles.

This planning area answers the following questions:

- What political priority is assigned to the program? Is it backed with resources?
- Is the national EPI or vaccination mentioned spontaneously as one of the country's priorities?
- Are there laws or decrees backing vaccination as a public good?
- Are there laws or decrees guaranteeing that the national budget will include allocations for vaccines/immunization?

Examples

- Development of an advocacy strategy with political authorities at the national and departmental levels, and in at-risk communities or municipalities, in order to incorporate vaccination as a priority and a key linchpin of primary health care in the national, departmental, and local political agendas.
- Review and updating of the country's legislation on vaccines and immunization.
- Review of the new technical and administrative standards of the EPI.
- Establishment of the terms of reference and legal basis for the National Advisory Committees on Immunization Practices.

b. Planning and coordination

Definition: This is the process through which objectives are identified, priorities set, and the

means determined by which to achieve the expected results [1]. Coordination means collaboration by two or more individuals, departments, programs or organizations that are interested in working on a common objective together [1]. It refers to the functional articulation of the activities that the programmatic area of the EPI requires.

This planning area answers the following questions:

- Are the goals, objectives, and priorities clearly set? Are they monitored and evaluated?
- Are there activities that are coordinated with the laboratory/laboratories and with other health care programs, such as nutrition, reproductive health, and early childhood? Are the activities adequate?
- Are there mechanisms for coordination with the national regulatory authority?
- Are there mechanisms for coordination with agencies, with other institutions such as nongovernmental organizations (NGO) as well as other sectors, or with professional associations?
- Is there a National Advisory Committee on Immunization Practices?
- Have entities that could support specific activities of the program been identified?
- Have integrated responses to prevent and control outbreaks been defined with other entities within the Ministry of Health?

Examples

- Formulation of the annual EPI plan of action at the national, departmental, and local levels.
- Formulation of a plan for intervention in at-risk municipalities.
- Organizing follow-up campaigns for measles and rubella or polio, and, if relevant, whether they will be undertaken under a specific framework (such as Vaccination Week in the Americas/World Immunization Week, a National Health Day, etc).
- Meeting to standardize the process of programming the requirements for vaccines, syringes, materials, and supplies needed for the regular vaccination program.
- Meetings of the Advisory Committee on Immunization Practices.

c. Biologicals and supplies

Definition: This area includes the programming of all the products necessary for the act of vaccination. It covers all vaccines – BCG, DPT, OPV, MR, MMR, and Td, as well as new and underutilized vaccines (HepB, Hib, yellow fever, pneumococcus, rotavirus, HPV, influenza), toxoids and immunoglobulins, syringes, needles, and additional inputs such as cotton, that are needed to administer the vaccines.

This planning area answers the following questions:

- Is there a specific, exclusive, and sufficient budget covering biologicals and supplies for the EPI?
- How are the programming and distribution of biologicals and inputs carried out?

- Is there a mechanism for the procurement of vaccines?
- Is there a mechanism for the purchase of syringes?
- Is there a mechanism for the purchase of other supplies?
- Was there a shortage of any vaccines last year?
- For the national procurement of new vaccines, is a critical level of inventory defined?

Examples

- Procurement and distribution of vaccines (including wastage), syringes, and biohazard boxes. It includes other expenses related to the acquisition of vaccines and supplies, such as shipping, insurance, the administrative costs charged by the Revolving Fund and taxes, when applicable. Costs related to customs clearance should be included in the component of Operating Expenses.

d. Cold chain

Definition: The cold chain is the system used to ensure optimal conditions for the proper conservation, storage, and transport of vaccines from the time they leave the manufacturing laboratory until they are administered to the target population [1].

This planning area answers the questions

- Is the inventory up-to-date?
- Does current capacity allow for the introduction of new vaccines?
- Is there a plan for the maintenance and replacement of equipment?
- Are resources allocated for this?
- Have priorities been set?

Examples

- Updating the national cold chain inventory.
- Procuring cold chain equipment for priority municipalities.
- Updating and implementing the cold chain maintenance plan.
- Cold room rental.
- Rental of means of transportation for EPI supplies.

e. Training

Definition: Training is a short-term educational process employing a planned, systematic, organized procedure that will give personnel the knowledge and technical skills needed to make them more effective in achieving the defined goals [1]. This area includes all training activities, as well as the materials needed to carry them out properly (production of teaching/learning materials, printouts, copies, rooms). This component also includes the costs associated with transportation and per diem for participants in training for activities related to each component (cold chain, epidemiological surveillance, etc.).

This planning area answers the following questions:

- Are there technical standards, instruments, and a training plan?
- Is there a need to evaluate the impact of trainings already carried out?
- Is there a need to test innovative materials or techniques?
- Is the training plan followed fully? If not, why?

Examples

- Formulation and execution of annual training plans at the national and departmental levels.
- Workshop on safe vaccination practices.
- Review, validation, and printing of EPI standards in pocket format for physicians and nursing staff.

f. Communication and social mobilization

Definition: Communication and social mobilization is the process used to encourage the society to participate actively to solve the problems that affect them [1]. It includes promotional efforts through different communication channels (both traditional and alternative), as well as the participation of community participation in activities related to the immunization program, and it has an established budget.

This planning area answers the following questions:

- Is there a social communications plan?
- Is it funded?
- Is there mass dissemination of information on the routine program? What is the coverage?
- Do communities have networks that promote vaccination locally?
- Is there support for the EPI from private enterprise, social groups, or the community?
- Is user satisfaction evaluated periodically?

Examples

- Preparation of the EPI website.
- Design and production of informative and educational materials as a part of the communication strategy of the national plan to promote the EPI.
- Design and production of informative and educational materials as part of the strategy for Vaccination Week in the Americas/World Immunization Week.
- Organization of groups of volunteers such as community leaders, teachers, churches, local officials, etc., and efforts to sustain them.
- Evaluation of work with volunteers.

g. Operating costs

Definition: Operating cost is the cost of the activities and products related to managing and supporting infrastructure for the effective provision of vaccination services [2] – in other words, operating expenses (wages, fuel, vehicle maintenance, etc.). In general, this component represents a high percentage of the overall budget.

This planning area answers the following question:

- Is there a budget that is specific, exclusive, and sufficient for these activities?

Examples

- Wages of permanent EPI staff, per diem, overtime.
- Fuel, vehicle maintenance.
- Electrical power, telephone, fax and internet costs.
- Procurement office supplies, such as paper, ink, toner, etc.
- Waste collection and incineration services.

h. Supervision and monitoring

Definition: Supervision is the process of collecting information in order to have up-to-date information on successes achieved and difficulties detected, as well as the analysis of the unfolding of activities and comparing them to the original goals and work plan. It also encompasses taking any necessary corrective or supplementary actions to achieve the objectives and goals, guarantee quality, and improve efficiency [1].

This planning area answers the following questions:

- Are there instruments and a plan for supervision and monitoring?
- Have the results of supervision and monitoring been used as a basis for decision-making?
- Are biosafety standards for the handling and disposal of syringes and used liquid containers met?
- Is the open vial policy followed?
- Is there local monitoring of coverage, and are timely measures taken to meet the goals and vaccinate the entire target population?

Examples

- Formulating national and departmental supervision plans.
- Conducting at least 3 supervisory visits of the EPI covering all components at the subnational levels.

i. Epidemiological surveillance and laboratory

Definition: This area consists of the activities needed for the systematic and ongoing

collection, analysis, interpretation, and dissemination of specific data related to VPDs, for use in planning, executing and evaluating public health practices [1].

This planning area answers the following questions:

- Are technical standards, protocols, or guides in place regarding surveillance and/or laboratory work and conditions?
- What is the coverage of the network for weekly reports?
- Are the requirements for negative weekly reporting fulfilled?
- Are the indicators of measles, rubella, congenital rubella syndrome, and acute flaccid paralysis (AFP) surveillance met?
- Is there diagnostic capacity to detect whooping cough and diphtheria, among other VPDs?
- Are there surveillance systems for diseases that can be prevented by new vaccines?
- Is there follow-up of the sentinel surveillance of new vaccines?
- Is there an ESAVI surveillance system?
- Have areas of risk and epidemic potential been identified?
- Is there up-to-date information on cases and their laboratory results?
- Is the information disseminated and used?

Examples

- Strengthening active epidemiological surveillance and laboratory monitoring of VPDs at all levels.
- Implementing epidemiological surveillance of pneumococcus and rotavirus.
- Evaluating the plan for the elimination of neonatal tetanus.
- Detecting, researching, documenting, and monitoring suspected cases of VPDs that are the target of the EPI and ESAVI.

j. Information system

Definition: This area consists of actions to ensure the presence of a mechanism for the collection, processing, analysis and transmission of the information needed to organize and operate health services, as well as the information needed for research and planning concerning disease control [3].

This planning area answers the following questions:

- Is there up-to-date information on vaccination and VPD incidence indicators?
- Are there guidelines for the instruments used to collect and consolidate data and guidelines on the data flow?
- Are registries or cards used for the monitoring of individual vaccination status, and to identify children with late or incomplete series?
- Is proper collection carried out, and do the data reported reflect reality?

- Is a nominal vaccination registry system being developed? If so, will the system be integrated or interoperative with an inventory management and logistics system?
- Is risk analysis by municipality or community carried out?
- Are there risk maps for coverages of less than 95%?
- Has the quality of the data or information system been evaluated?
- Is there dissemination of the findings of the information that is obtained?
- Has the cold chain inventory information been automated?

Examples

- Inventory control, computerized monitoring of incoming and outgoing vaccines and supplies at the national and departmental levels.
- Design and printing of forms that are up-to-date and consistent with the current vaccination schedule.
- Development of the first phase of a nominal vaccination registry system.
- A data quality self-assessment (DQS) in 3 priority localities.

k. Research

Definition: Research is the systematic application of the scientific method in search of relevant and reliable information to gain understanding, obtain confirmation, and correct or apply knowledge [4].

This planning area answers the following questions:

- Has operational research been carried out? What type?
- Have studies been conducted on disease burden, economic factors, cost-effectiveness, or impact of the introduction of new vaccines?

Examples

- Study of missed opportunities for vaccination.
- Study on the impact of introducing the pneumococcal vaccine.

l. Evaluation

Definition: Evaluation includes the set of procedures that are used periodically to analyze the development of the program and to obtain information on whether expectations for objectives, activities, costs, results, and impact were fulfilled, and whether the expectations were valid [1].

This planning area answers the following questions:

- Have periodic national evaluations been conducted by level?
- Have they been used as basis for decision-making?
- Are conclusions and recommendations documented?

- Are the recommendations followed up? Have they been used as basis for decision-making?

Examples

- Semi-annual evaluation of the EPI at all levels.

5. Implementation of activities

The implementation of the activities provides an excellent opportunity for the members of the program to work as a team. The description of the tasks to be carried out should be accompanied by an indication of responsibilities and by a chronology or definition of the stages of implementation. This is important in order to avoid overlapping responsibilities, and to ensure that efforts are integrated and directed toward the central objectives of the action, with adequate horizontal and vertical communications in place (coordination) so as to optimize yield from the available resources.

6. Monitoring and supervision of the plan

Monitoring and supervision constitute a basic management task to ensure that activities are carried out as planned, with due observation of quality requirements. A supervision plan should be created that allows for the active implementation of corrective measures, and that supports decision-making to solve problems in a timely fashion. This plan should be a dynamic document.

It is advisable to hold periodic meetings with the personnel or networks involved in executing the plan of action, to review progress or to reprogram activities according to the findings.

7. Evaluation of the plan

The objectives and goals of the EPI must be evaluated to analyze the extent to which what is planned actually occurs. This evaluation, which may be semiannual or annual, facilitates:

- Updating or modifying the content of the plan of action based on the execution of what was planned.
- Identifying actions that are not moving forward, assessing the reasons, and formulating solutions to facilitate execution in the future.
- Having information available to provide feedback to the people involved in executing the plan of action.
- Programming the plan of action for the upcoming year in coherence with what activities were carried out in the present year.

7.1 Activities

For each component, the activities to be carried out should be specified, and the descriptions should be exhaustive and well-defined.

7.2 Expected results

These should be defined in the most specific and tangible way, both quantitatively and qualitatively, so that they can serve as parameters by which to judge the activities that they are associated with.

7.3 Timetable

The quarter of the year in which the planned activity will be carried out should be identified. The box for each quarter should show the percentage of resources necessary for the activity, with the amounts for the four quarters totaling 100%. (For example: First quarter 100%; 1st and 3rd quarters 50% each; 25% in each of the four quarters; 25% in the first quarter and 75% in the fourth, or the like.)

7.4 Amount of funds required

The amount in US dollars needed to fully carry out the activity.

7.5 Funding

This activity involves identifying financial resources and their sources in order to obtain and guarantee the political and financial backing of the government, international organizations, NGOs, and other participating actors in both the private sector and the community. The result is a viable and sustainable program. Budgetary planning for the plan of action should include all allocated resources. There are two categories in which resources are classified:

External financing: This should include all contributions from United Nations agencies, the GAVI Alliance if relevant, international and bilateral agencies, etc. It also includes cooperation funds that PAHO provides to the country office, and **what is being requested** from the regional office.

Domestic financing: This should include all resources that the government allocates for execution of the EPI and social security funds allocated for the purpose, as well as what is funded by loans from multilateral banks such as the Inter-American Development Bank (IDB) or World Bank (WB).

The total assured funding is the sum of these two (external and domestic) components. Finally, the gap is the amount needed minus the funding that is in place.

Annex 1. Instructions for the proper development of a plan of action (Excel file)

The new format for the EPI plan of action was designed with the goal of achieving greater standardization among the various reporting mechanisms for planning and budgeting, in order to facilitate the compilation and analysis of information, and its use in practice. The plan of action format in Excel revolves around a new matrix- the "Consolidated Summary"- which relates the 12 EPI components (in rows), with a number of budget lines to guide the estimation of costs for a planned activity (in columns), such as the payment of salaries, consultancies or vaccine purchases. From an analytical point of view, this matrix supports identifying and organizing EPI cost data and it can serve as a point of reference over the long term.

a. Brief description of the worksheets in Excels

The new format for the plan of action includes 17 worksheets in Excel:

- In the first worksheet "Definitions of components and items," each of the EPI components/strategic areas is clearly defined, as well as the individual items which should be considered when budgeting.
- The second worksheet, "Matrix definitions," contains examples of the most common costs in an EPI budget. The objective of this worksheet is to facilitate understanding of the third worksheet, "Consolidated Summary."
- The third worksheet, "Consolidated Summary," is that which is referenced above in the first paragraph of the Annex. This matrix is simply informative and there is no need to manipulate it or to add any information, other than the country and currency in question (first row in red). The matrix itself will be automatically filled in as you (the user) budgets each one of the EPI components in the plan of action.
- The next 12 worksheets in the Excel need to be filled out. There is one worksheet per component. The methodology for doing this will be explained in greater detail in section b, "How to fill out a plan of action, step by step."
- The 13th worksheet, "graphics," includes four graphs that help to facilitate understanding of the plan of action, including:
 - A pie chart which summarizes what percentage (%) of resources each individual component requires out of the total budget for the 12 components.
 - A bar graph which orders the components in terms of how much funding is required in absolute terms.

- A bar graph which indicates, component by component, the distribution of costs (%) by levels of the health system (municipal, regional, central).
- A pie chart which summarized how much funding is being requested from the regional level, by topic area (see further explanation below).

-The last worksheet is the "Comparison Table". This worksheet should only be taken into account at the end of the budget year when data regarding resource execution is available. The purpose of this table is to visually compare the variation between the budget which was planned and what was eventually executed. In this table, only information on budget execution needs to be filled in, information on what was planned will be populated automatically.

b. How to fill out a plan of action, step by step

As mentioned above, the worksheets which need to be completed in the Excel template for the plan of action are the 12 which correspond to each of the EPI technical components of work. All 12 worksheets should be filled out, including those that do not require a budget. The process for entering data is very similar to the old format for an EPI plan of action; however there are new additions which should be taken into account in order to facilitate the process.

Step one: description of the activities

- Start first with the component "1. Political Priority."
- In the column "Activities," describe those activities that you are planning to carry out; the descriptions should be exhaustive and well-defined.
- In the column "Expected results," you should describe what you hope to achieve once the activities have been implemented. All descriptions should be specific and tangible, both quantitatively and qualitatively, so as to serve as a parameter for the completion of the activity.
- The next column "Expenditure Details" is optional, but a space is provided for you to describe in more detail the budget that a specific activity entails. For example, for an activity such as "purchase of office supplies," in the expenditure details section, you could specify "20 printer ink cartridges, 40 packages of white worksheets, 100 folders, 30 sets of pens ..."
- Next is the column "Technical cooperation topic or theme." **This column only needs to be considered if the planned activity hopes to count on funding from PAHO/WDC.** The column should be filled out by the PAHO immunizations focal point in the country. In this column, the focal point needs to specify what group is responsible for the activity at the regional office; for example, eradication of polio/tetanus, public health in immunization, ProVac, Health Services, Revolving Fund, etc¹.

¹ More information and definition for each of the technical cooperation topics/themes can be found in Annex 2.

- In the column “Level where expense is incurred”, you only need to indicate at what level of the EPI the activity will be executed (and the accompanying budget spent). The choices are at the central, regional or municipal levels. **This column is obligatory**, because the “Consolidated Summary” worksheet automatically sums the totals by levels, and **if the level where the expense is incurred for an activity is not specified, it will not be included**. If the national EPI has to do all planning and budgeting at the central level, “central” should be indicated for all activities (Figure 1).
- Lastly, a chronogram column has been included with the title “Quarter when the activity will be carried out”. There is one column per quarter, in order to specific through check marks, in which quarter a planned activity will be implemented.

Figure 1. Implementation schedule of planned activities

| Component 1: Political priority and legal frameworks | | | | | | | | |
|--|---|--|---|---------------------------------|---|-----|-----|-----|
| Activities | Expected Results | Expenditure Details | Technical cooperation topic or theme | Level where expense is incurred | Quarter when the activity will be carried out | | | |
| | | | | | 1st | 2nd | 3rd | 4th |
| | | | | | | | | |
| 1.1 | Development of an advocacy strategy with mayors to create allegiance with the EPI | Mayors who are sensitized and who prioritize the EPI and allocate resources in their plans of action according to their level of authority | MR Elimination | Regional | ✓ | X | ✓ | X |
| 1.2 | Creation of advocacy folders for mayors and social networks | Mayors who are sensitized and who prioritize the EPI and allocate resources in their plans of action according to their level of authority | MR Elimination Under-utilized vaccines New vaccines 1 New vaccines 2 PROVAC Public Health Vaccine safety Cold chain/injection safety | Regional | ✓ | X | ✓ | ✓ |
| 1.3 | | | Select level | Select level | | | | |
| 1.4 | | | Select topic | Select level | | | | |
| 1.5 | | | Select topic | Select level | | | | |
| 1.6 | | | Select topic | Select level | | | | |
| 1.7 | | | Select topic | Select level | | | | |
| 1.8 | | | Select topic | Select level | | | | |
| 1.9 | | | Select topic | Select level | | | | |

Step two: quantification of the activities.

The identification of financial requirements and possible sources and confirmed sources of financing helps to achieve and secure political and financial support from the government, international organizations, NGOs and other actors, both in the private sector and in the community. The result is a viable and sustainable program. Budget planning for the plan of action should include all resources assigned to the EPI, regardless of the funding source.

The next step in completing the plan of action is to include the monetary costs of the planned activities. To optimize the implementation of this step, reviewing the definitions provided in the first two worksheets of the Excel is recommended. Unlike the previous format for the plan of action, the total cost for planned for each activity is not entered in directly; instead, the

recommendation is to enter in the detailed cost of each budget item in order to piece together and construct the total financial cost for each activity. Costs can be classified into two areas:

CLASSIFICATION 1: RECURRENT COSTS (that are incurred to the program during each budget period)

- Vaccines
- Syringes and other supplies
- Cold chain maintenance
- Salaries
- Consultancies
- Per diems and trip costs
- Meetings
- Vehicle maintenance and fuel
- Other recurring costs

CLASSIFICATION 2: CAPITAL COSTS (that have a longer lifespan, i.e. they last longer than one budget period)

- Cold chain equipment
- Vehicles
- Buildings
- Other capital costs

In order to promote standardization and simplicity, each component in the plan of action has its own particular cost items, which can not be added or removed.

To explain how this step is done, we will use an example:

- ❖ In the component of Political Priority, say you want to budget the following activity:
“Development of an advocacy strategy with mayors to create allegiance to the EPI.”
 - As you can see, within the Political Priority worksheet, you have to take into considerations the recurrent cost items of “Consultancies,” “Per diems and travel expenses,” “Meetings,” and “Other recurrent costs,” and the capital costs items of “Other capital costs.”
 - For this activity, you plan in American dollars:
 - \$3,000 for a *consultant’s* contract,
 - \$6,000 for *per diems and travel expenses*,
 - \$500 for food during *meetings*,
 - Nothing under “*Other recurring costs*”.
 - Nothing under “*Other capital costs*”
 - In total, carrying out this activity will require \$9,500. This sum is done automatically by the Excel.

Figure 2. An example of how the columns appear after introducing cost information.

| | | | | | | Requirement |
|-----------------|----------|-----------------------------|----------|-----------------|---------------|-------------|
| Recurring costs | | | | | Capital | |
| Consultants | Salaries | Perdiem and travel expenses | Meetings | Other recurring | Other capital | |
| | | | | | | |
| 3,000 | | 6,000 | 500 | - | - | 9,500 |

Step three: Activity financing

Lastly, you have to specify how you are going to finance each activity by source, which can be either external or national.

External financing: should include all contributions from United Nations agencies, GAVI, and if applicable, resources from international and bilateral agencies, etc. Under external financing, resources provided by PAHO should be included, both funds through the country office, as well as **what is being requested** from the regional office.

National financing: should include all the resources that the government designates for the functioning of the EPI and the resources that are assigned from social security. All costs which will be financed through credits from multilateral banks, such as the Inter-American Development Bank (IDB) or the World Bank (WB) should also be included.

The matrix also allows for introducing other sources of financing that are country-specific, in addition to those that are common to all countries.

We will continue with the example from Step 2 in order to explain how to fill in the cells of the matrix related to financing. We are again planning the activity: *“Development of an advocacy strategy with mayors to create allegiance to the EPI.”*

- ❖ First, you have to consider what funds will be allocated to cover the budget of this activity. For this example, international resources are available from PAHO, UNICEF and GAVI, as well as domestic funds from the government, social security or credits from the World Bank or the IDB. As mentioned previously, a country may have a source of funds that is exclusive to them; for this reason, the Excel includes columns named "Other international organizations" for external sources and "Others" for domestic sources and there is a space when the name of the source can be specified. There are also activities that by their nature are covered with the

same funding source in almost all cases, such as the purchase of vaccines, which are normally covered by government funds.

- For this activity, you decide to allocate
 - \$2,000 from the PAHO country office (external source)
 - \$3,000 from UNICEF (external source)
 - \$4,000 from the government (national source)
 - In total, you have \$9,000 available to cover carrying out this activity

Figure 3. Sources of international financing

| Requirement | | | | | | | |
|-------------|---------------------------|-------------------------------------|-----------|---------|--------------------------------------|--------------|--------------|
| | ANNUAL EXTERNAL FINANCING | | | | | | |
| | A. PAHO | | B. UNICEF | C. GAVI | D. Other international organizations | | |
| | Country office | (requested from IM Regional Office) | | | Specify name | Specify name | Specify name |
| EXAMPLE | | | | | | | |
| 9,500 | 2,000 | | 3,000 | | | | |

- In the end, in this example, you were not able to cover the \$9,500 needed; therefore you are left with a gap of \$500, as indicated in the last column. This is calculated automatically. The estimations of funding gaps by EPI activity and component are extremely useful in order to request additional funds from different sources and/or to reorganize planning based on priorities and the available resources.

Figure 4. Sources of domestic financing, total financed and gap.

| Funding Source | | | | | | | | | | Total financed | GAP |
|----------------------------------|--------------------------|----------|-----------|--------------|--------------|--------------|--------------|-------------------------------|-----|----------------|-----|
| ANNUAL NATIONAL FINANCING | | | | | | | | | | | |
| F. Government (not credit) | G. Social security | Credits | | J. Others | | | | Total cost by national source | | | |
| | | H. WB | I. IDB | Specify name | Specify name | Specify name | Specify name | Amount | % | | |
| | | | | | | | | | | | |
| 4,000 | | | | | | | | 4,000 | 44% | 9,000 | 500 |

These steps should be repeated for each of the 12 technical component worksheets available in the Excel file. All of the totals, both by level and aggregated, as well as the percentages will be calculated automatically and will be extrapolated into the matrix “Consolidated Summary.”

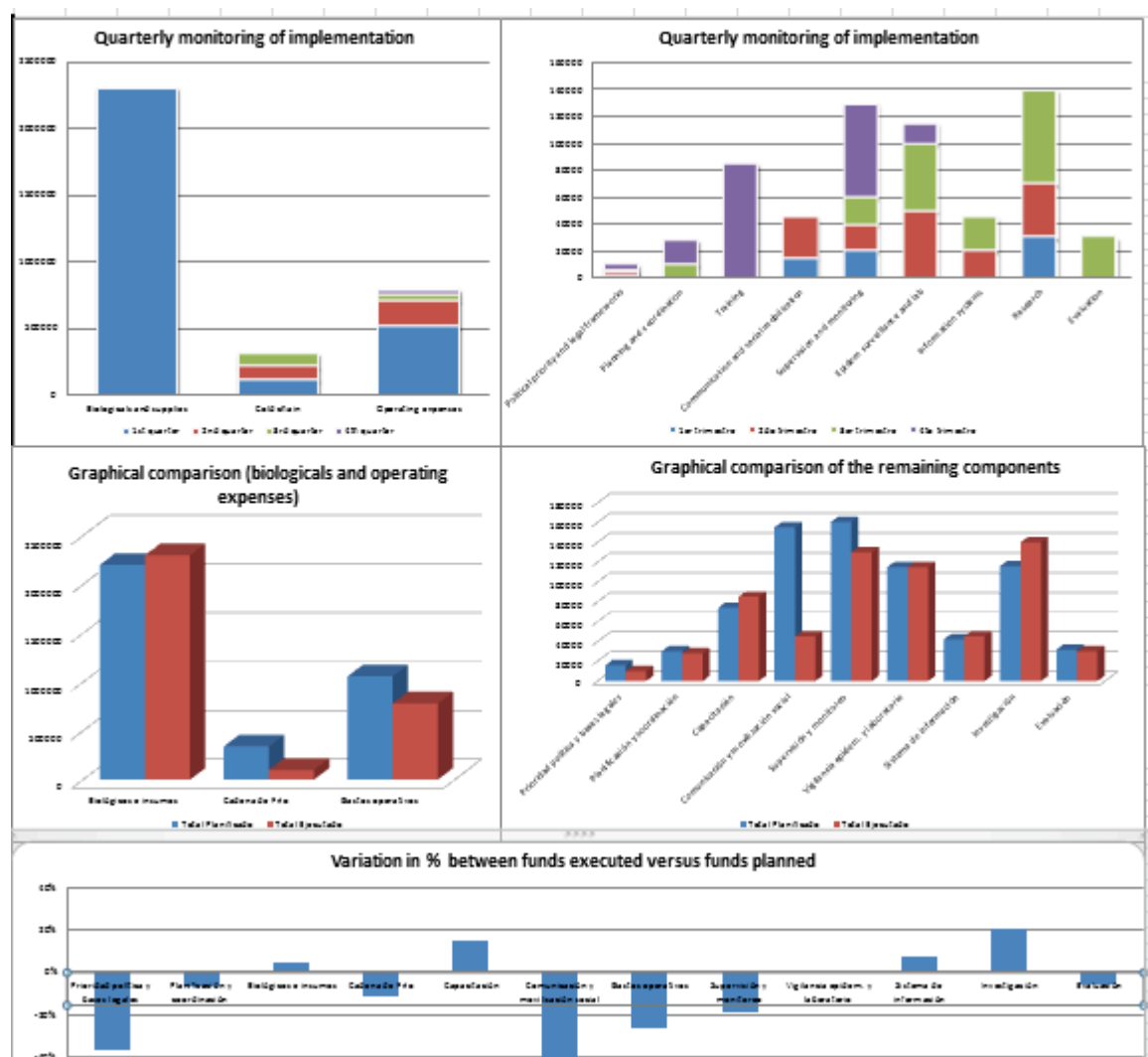
c. Brief instructions for the worksheet “Comparison Table”

At the end of the year, together with information on budget execution (JRF), the worksheet “Comparison Table” allows you to compare the accuracy of your annual budget estimates, by comparing the initial budget planned with the final budget execution and graphing the differences:

- Fill out the column “total executed” with data regarding budget execution. This information needs to be updated each quarter. It is necessary to have data disaggregated for each of the components.
- The worksheet will automatically calculate the absolute differences and the percentage variations. They will also be displayed graphically.

Figure 5. An example of the comparison table and the graphic, once all data have been included.

| Total Planned | Trimesterly execution | | | | Total Executed | Absolute Difference (by levels) | Absolute Difference | VARIATION (by levels)(%) | VARIATION (%) |
|---------------|-----------------------|-------------|-------------|-------------|----------------|---------------------------------|---------------------|-----------------------------|---------------|
| | 1st quarter | 2nd quarter | 3rd quarter | 4th quarter | | | | | |
| 15,900 | 1,000 | 3,000 | 1,000 | 5,000 | 10,000 | 1,000 -15,900 - | -5,900 | #DIV/0! -100% #DIV/0! | -37% |
| 30,000 | - | - | 10,000 | 18,000 | 28,000 | -5,000 -5,000 -20,000 | -2,000 | -100% -100% -100% | -7% |
| 2,200,000 | 2,300,000 | | | | 2,300,000 | 100,000 - - | 100,000 | 5% #DIV/0! #DIV/0! | 5% |
| 340,000 | 100,000 | 100,000 | 100,000 | - | 300,000 | -172,000 -35,000 -33,000 | -40,000 | -63% -100% -100% | -12% |
| 74,000 | - | - | - | 85,000 | 85,000 | - -53,000 -15,000 | 11,000 | #DIV/0! -100% -100% | 15% |
| 155,000 | 15,000 | 30,000 | - | - | 45,000 | 15,000 -155,000 - | -110,000 | #DIV/0! -100% #DIV/0! | -71% |
| 1,059,000 | 500,000 | 200,000 | 40,000 | 40,000 | 780,000 | -205,000 - -354,000 | -279,000 | -23% #DIV/0! -100% | -26% |
| 160,500 | 20,000 | 20,000 | 20,000 | 70,000 | 130,000 | 20,000 -60,000 -100,500 | -30,500 | #DIV/0! -100% -100% | -19% |
| 115,000 | - | 50,000 | 50,000 | 15,000 | 115,000 | -110,000 - -5,000 | - | -100% #DIV/0! -100% | 0% |



Annex 2. Relationship between technical cooperation topics and content.

The following table shows in detail, each of the technical cooperation topics. This should serve as a reference for the PAHO immunization focal point in the country in order to code which planned activities hope to count on funding from the regional office.

| Code | Content |
|--|--|
| Polio eradication/tetanus | Poliomyelitis Tetanus Diphtheria Pertussis |
| MR Elimination | Measles, rubella and CRS |
| Under-utilized vaccines | Yellow fever Influenza Hepatitis |
| New vaccines 1 | Rotavirus Pneumococcal Meningitis |
| New vaccines 2 | HPV Dengue Cholera |
| PROVAC | ProVac Legal frameworks National Immunization Technical Advisory Groups |
| Public Health | Supervision Strengthening of the routine program Low coverage municipalities Training |
| Vaccine safety | Safe vaccination |
| Cold chain/injection safety | Cold chain/injection safety |
| VWA | Vaccination Week in the Americas |
| Health Services | GAVI |
| Laboratory Networks | Regional VPD Laboratory Network |
| Information system and data quality | Generation, collection, processing, analysis and monitoring of information. IM Data Quality. Generation of data capture and analysis platforms. Integration of different sources of information. Use of new technologies: mobile phones, etc. Regional and National Immunization Observatory. Immunization Documents and Publications IM Information Dissemination |
| Revolving Fund | Purchase of vaccines and supplies. |

| | |
|--|--|
| | <p>Development, training and operation of demand forecasting tools and inventory management.</p> <p>Training and support to PAHO Representations and Ministries of Health regarding the operation of the Fund.</p> <p>Regional and global policies on access to vaccines and supplies and the development of studies and research related to this topic.</p> |
|--|--|

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