

GUIDELINES FOR DEVELOPING A NATIONAL IMMUNIZATION STRATEGY (NIS)





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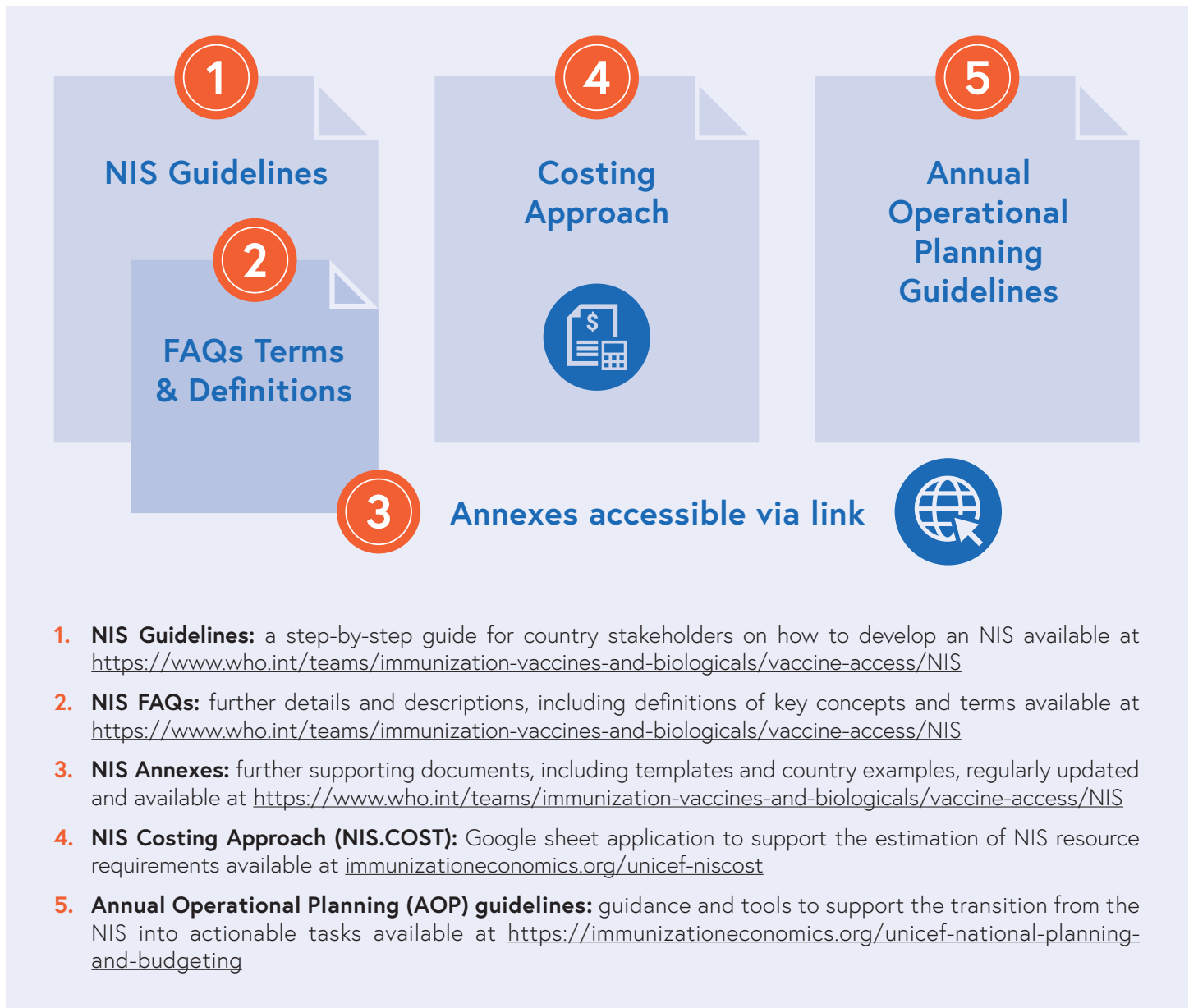
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ACRONYMS AND ABBREVIATIONS

ADB	Asian Development Bank
AOP	Annual operational planning
C&E	coverage and equity
CEA	coverage and equity assessment
CDS	Communicable disease surveillance
cMYP	Comprehensive multi-year plan
CSO	Civil Society Organization
EPI	Expanded Programme on Immunization
FAQ	Frequently asked questions
GAVI	Gavi, the Vaccine Alliance
HSCC	Health sector coordination committee
HSSP	Health sector strategic plan
ICC	Inter-agency coordination committee
M&E	Monitoring and evaluation
MCH	Maternal and child health
MoF	Ministry of Finance
MoH	Ministry of Health
NGO	Nongovernmental organization
NIP	National immunization programme
NIS	National immunization strategy
NITAG	National immunization technical advisory group
PHC	Primary health care
ToRs	Terms of reference
TWG	Technical working group
UNICEF	United Nations Children's Fund
WHO	World Health Organization

INTRODUCTION

This document forms part of a **package of guidelines and tools** for countries that taken together provide:



The National Immunization Strategy (NIS) is a streamlined planning document that focuses on a strategic period of 5 years. Specifically, the NIS defines:

1. The immunization **vision** to be achieved over the long term (generally 10 years).
2. Specific **objectives** to be achieved at the end of the strategic period (5 years). These are the intermediate outcomes along the way to achieving the vision.
3. Priority **strategies**, consisting of a **costed set of interventions** to achieve the objectives, as well as the measures to mitigate against risks associated with the selected interventions.

The NIS is intended for use by the following **key stakeholders at the national level**:

- country-level decision-makers at all levels (national and subnational) in the health sector and other government sectors, including the Ministry of Finance (MoF);
- national immunization programme (NIP) managers;
- immunization partners at the national, regional and global levels (e.g. WHO, UNICEF) and local and international nongovernmental organizations (NGOs) and civil society organizations (CSOs);
- policy-making bodies at national and subnational levels, such as the National Immunization Technical Advisory Group (NITAG); and
- entities that coordinate the immunization and health activities of countries, such as the Interagency Coordination Committee (ICC) and/or the Health Sector Coordination Committee (HSCC).

How to use these NIS guidelines

The NIS guidelines follow seven steps of NIS development (Table 1). For each step, the guidance describes:

- the **process** for completing the step, including possible **roles and responsibilities** across a team;
- how the step contributes to developing the **content of the NIS** and reminders for **efficient integration** with the Health Sector Strategic Plan (HSSP);
- a recommended set of **tools and resources** (with relevant links);
- **best practice tips** gathered from country experiences that will continue to be collected over time.

This guidance is not intended to be prescriptive as to what a country should do. Rather, it provides examples and the general direction on how an NIS can be developed most effectively.

Table 1. The 7 steps of NIS development



1. Preparation

Development of a **workplan** for developing (or updating) the NIS, including a **stakeholder engagement** plan and ToRs for Steering Committee and key teams/ working groups. Collection of documents for situation analysis.

Output: NIS planning complete and documentation available.



2. Situation Analysis

Review of existing documents related to immunization and the health system (plans, reports, reviews, assessments, surveys) to understand the underlying factors and root-causes of the successes and failures of the immunization programme, a draft situation analysis is prepared, discussed and agreed with stakeholders.

Output: Consolidated situation analysis report.



3. Strategy Development

Using the consolidated situation analysis, the development of the strategy can begin by asking "where do we want to go and why, and how do we get there?". The answers to these questions will support the setting of the **NIS vision and objectives**, taking care to align with the national health sector strategic priorities. Part of the strategy development stage is identifying the **key opportunities and obstacles for achieving the objectives**, for example, political, social or economic factors, based on which, interventions will be identified to either capitalize on these opportunities or mitigate against factors that could threaten the achievement of the objectives.

Output: NIS vision and consolidated 5 years objectives with interventions to achieve them.



4. M&E Framework

The monitoring and evaluation (M&E) framework will be used to **measure progress on NIS implementation** and to take corrective action when needed. Assigning specific and measurable indicators is of critical importance, as is assigning accountability for achieving the indicators.

Output: Monitoring and Evaluation Framework.



5. Resource estimates

Once the interventions to achieve objectives have been identified, the NIS development team will **estimate the resource requirements** for implementing them using **NIS.COST**

Output: Resource requirements for the NIS.



6. Budget dialogue

Dialogue around NIS budget requirements will need to happen both with the government and external health partners, and, if sufficient resources are available, may involve scaling back the roadmap to align with a realistic expectation of committed resources.

Output: Consolidated budget for the NIS.



7. Approval and endorsement

With steps 1-6 completed the final NIS document is **endorsed** by the relevant in country stakeholders and any legal act or regulations needed to approve the NIS document and transform it into a governance tool are considered.

Output: Final version of NIS document with budget estimates.



Step 1. Preparation

Objective: Prepare for a successful NIS development process	
<p>When to initiate?</p>	<ul style="list-style-type: none"> The process is typically triggered by a new national strategy development cycle, by the need to review or update the cMYP or NIS, or by other specific country needs. Anticipate the need for an Expanded Programme on Immunization (EPI) Review as the foundation of a programme's strategic planning process (as a pre-step, the EPI or other programme evaluation is not accounted for in the NIS timelines below). Plan a full year in advance and reflect the process in workplans of relevant stakeholders at the beginning of the NIS development year.
<p>Who should initiate?</p>	<ul style="list-style-type: none"> The EPI manager takes the initiative to plan the NIS development well in advance, although a formal request is typically mandated by the Minister of Health. Planning occurs with Ministry of Health (MoH) planning and budgeting departments and the relevant country coordination forum, such as the ICC, HSCC, or immunization technical working group (TWG).
<p>How to prepare the development of the NIS?</p>	<ul style="list-style-type: none"> Put the NIS team in place, giving equal consideration to capacity needs for both programmatic content and financial costing and budget negotiations. Leverage existing structures and mechanisms to the extent that this is possible. Develop a project plan for NIS development, aligning it with the process and consultation approach for developing the NIS content. Consider how best to reach key stakeholders and build buy-in (i.e. through workshops or meetings at subnational level) with representatives from different levels of the immunization programme (including the NITAG); MoH planning and budgeting teams; MoF; Ministry of Women or Gender; development partners; immunization and health sector representatives; humanitarian agencies; civil society, including women's groups and primary health care (PHC) agents; academia and research institutions. Prepare situation analysis (see more in Step 2).
<p>What to prepare?</p>	<ul style="list-style-type: none"> Key appointments (by the MoH) made to individuals or task teams to undertake NIS development and governance roles (a Steering Committee can be created from an existing senior-level coordinating mechanism). Develop a NIS workplan and timeline. Consider developing a stakeholder engagement plan. Prepare terms of reference (ToRs) that define clear roles and responsibilities for completing the NIS, including expected inputs and outputs for members and/or structures across the NIS development team as well as the decision-making process. Plan and secure additional capacity or technical support as needed. Collect all the key country documentation needed for situation analysis (see Annex 2 for recommended list) including key financial information for subsequent costing.
<p>Entry point for integration with the HSSP</p>	<ul style="list-style-type: none"> Check the timing for the development of the national HSSP and align the development of the NIS to facilitate its integration into the HSSP. If there is an additional level of management between the MoH and the NIP – e.g. the Maternal and Child Health (MCH) department – the timeline for development of the MCH strategy should also be taken into account when determining the NIS development period. Invite planning officers who oversee the HSSP strategy development and/or mid-level department (e.g. MCH) to serve on the NIS development team.

Objective: Prepare for a successful NIS development process	
Coverage and equity	<ul style="list-style-type: none"> • From the very early planning phase, consider how diverse voices will be represented in the NIS development team. • For analysis of gender barriers to be meaningfully integrated into the NIS, the NIS team needs to include a health (preferably immunization) expert who is also well-versed in gender dynamics. • Ensure that processes such as consultations or deliberations are mindful of gender and other power dynamics in order to ensure equal participation, and opportunity to influence, by all actors, including women's organizations, and that all voices and perspectives are gathered/considered.
Duration	<p>1–2 months</p> <p><i>A situation analysis (Step 2) starts before Step 1 is final and may influence how NIS planning takes shape (i.e. technical task teams needed).</i></p>
Outputs	<ol style="list-style-type: none"> 1. Confirmation of the NIS development team, including securing additional external assistance with local expertise. 2. Temporary structures (e.g. Steering Committee, Planning Committee) established with ToRs. 3. A well-defined project plan, including methodology, and activities for each of the development steps with timelines. 4. Stakeholder engagement plan for NIS development (optional). 5. Comprehensive collection of documents and data for the situation analysis.
Tools and resources	<p>ToRs: an MoH standard format may be available. If not, annexes provide suggestions on how to develop the ToRs for the NIS development team.</p>

1A. Setting up an effective NIS development team

The first step in developing the NIS is to select and appoint the NIS development team. While the size, scale and arrangement of the NIS team will vary by country, the following considerations can guide the best approach:

- In addition to key stakeholders from the immunization programme, from the very start of the process the team should include representatives from the MoH Planning and Budgeting departments to ensure close alignment to overall national mechanisms for planning and budgeting.
- Use and leverage existing structures, technical working groups and other coordinating bodies (e.g. ICC, HSCC, etc.) to the extent that this is possible.
- While short-term consultancy support may be considered, selecting local experts and using national organizations for additional capacity is preferable to relying on international consultants.
- The size of any NIS structure/committee should be manageable. If too small, it might be over-burdened with work or perceived as exclusive. If too large, it might be unwieldy and progress slowly.
- The project will depend on continued regular support from key stakeholders in the NIP, including at subnational and district levels, as well as from other government departments. These resources can be brought in when needed during the process.

Functions within a NIS development team

- **The NIS Task manager/Coordinator** is responsible for the successful planning, coordination and monitoring of the project, ensuring that a quality product is delivered

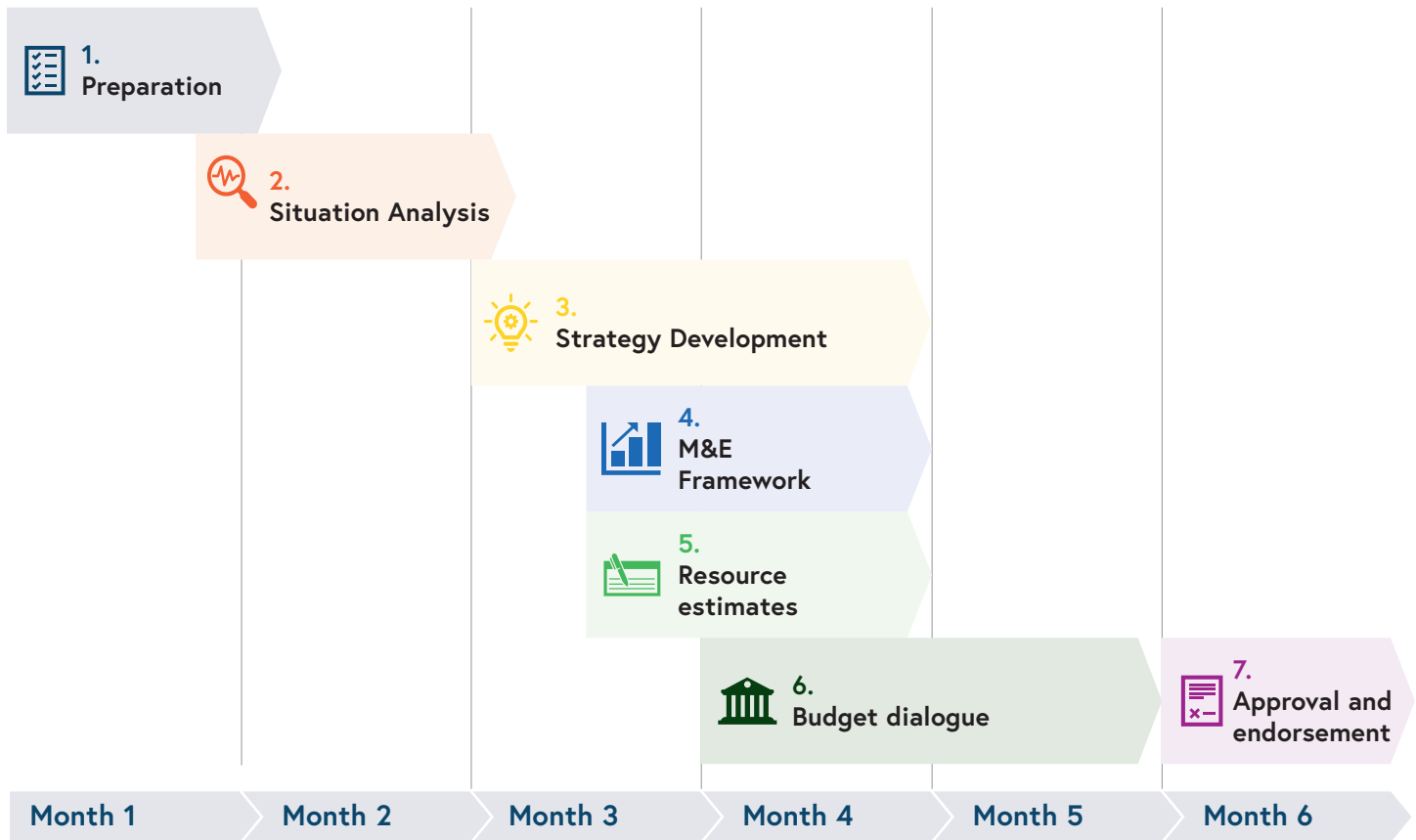
on time. The Task manager/Coordinator must have the required technical knowledge about the NIP and the seniority to serve effectively as the overall coordinator.

- **The NIS Content producer** prepares materials for the working groups and the respective stakeholders to support substantive discussions. They summarize outputs of consultations and document decisions made and write the various sections of the NIS document. The Content producer should have a good understanding of the NIP, its current situation and main barriers, and be able to facilitate technical discussions. Introducing complementary finance and budgeting expertise as part of the NIS development team is also recommended.
- **NIS Steering Committee** is an advisory body made up of senior stakeholders or experts and can be located within an existing representational governance mechanism. Its role is to guide at the technical and strategic level as well as provide high-level supervision to the development of the NIS from start to completion. Steering Committee members may be drawn from the following list of key stakeholders:
 - focal point(s) of the immunization programme, including from subnational levels;
 - focal point(s) of the Health Sector Planning Department and the MoH, and from the Department of Women or Gender;
 - focal point(s) of the NITAG or equivalent;
 - focal point(s) of broader teams within the MoH such as communicable disease surveillance (CDS), and logistic management systems for health (with links to cold chain and vaccine delivery);
 - decision-makers from the MoH department responsible for the Immunization Programme (e.g. the MCH Division);
 - focal point(s) of the MoF, including the contact for health budgeting;
 - representatives of key development partners, including technical agencies and donors;
 - representatives of civil society, including women's groups;
 - representatives of communities benefiting from vaccination;
 - representatives of the private sector;
 - stakeholders beyond the immunization and health sectors, such as those dealing with education and information technology.
- **Immunization technical working groups (TWGs)** exist in most countries as thematic technical bodies that can be called upon and/or reinforced as needed to lead the development of NIS content in their respective work area. TWG members are technical experts and/or representatives of the main agencies, organizations and institutions working in immunization focus areas. These TWGs should engage, as early as possible, with budget staff to ensure that the programmatic work is developed alongside financial estimation.

1B. Establishing the NIS timeline

It is important to design realistic project timelines according to the country context and planning schedules. Engaging across stakeholders takes time and effort and should be included in the planning process. Based on the estimated duration for each step and taking into account the iterative nature across these (i.e., the steps are not completely sequential), the NIS development should target no more than six months from initiation to endorsement (**Figure 1**).

Figure 1. Target timetable for the development of the NIS



Target timing

Best practice tips for Step 1: NIS preparation

- A memo signed by the Minister of Health can feature as the official launching of the process.
- Government appointments to the NIS development team can help hold members accountable for their assigned tasks.
- Careful planning, advocacy and orientation for NIS team members to ensure they commit to the NIS exercise will help make the process more efficient.
- Governments are encouraged to engage local consultants (preferable to international ones) and direct them through the process.
- Ensure constructive, inclusive and transparent communication across different team components (coordinators, committees and technical working groups). ToRs can help explain how information will be shared and at what frequency.
- Bear in mind that it will take time to have people appointed to the NIS team before work can commence, and time will be needed for the document to be reviewed and approved at national and subnational levels.
- Country timelines and procedures for budget negotiations and allocations should be reflected in the overall timeline for the development of the NIS.
- Securing early engagement from senior members of the MoH Budgeting/Financing Department will save time.
- Including women-led and youth-led CSOs will play a critical role in increasing demand and reaching zero-dose children, adolescents and communities.
- Set up an online document repository for the NIS team members. A Gantt chart to present the project schedule would also be useful.



Step 2. Situation analysis

Objective: Understand and align with the current immunization situation to inform future directions

Who prepares the situation analysis?

1. Task manager/Coordinator:

- ✓ plans and organizes consultations (e.g. meetings, online survey, etc.);
- ✓ communicates feedback collection tools (e.g. an online survey or a dedicated email address) to all targeted stakeholders to enable their participation.

2. Content producer:

- ✓ before consultations, conducts a desk review and prepares discussion materials;
- ✓ helps to identify the area of focus and key questions for TWGs;
- ✓ summarizes the understanding of the current situation and prepares discussions with the Steering Committee.

3. Technical Working Group(s):

- ✓ designs and plans consultation meetings;
- ✓ develops a survey and questionnaire for individual interviews with key stakeholders, if needed;
- ✓ considers results from any previous national reviews for incorporation into the situation analysis;
- ✓ conducts in-depth analyses in their respective areas in response to questions asked by the Content producer/Steering Committee.

4. Steering Committee:

- ✓ may recommend or sign off on individuals to be consulted and facilitate invitations;
- ✓ reviews and aligns the conclusions of the situation analysis;
- ✓ supports the workshop on prioritization of findings.

Who should be consulted?

Refer to stakeholder analysis/mind-mapping below

- Immunization programme managers at both national and subnational levels
- Members of the NITAG
- The Health Sector Planning Department
- Other departments in the MoH (e.g. human resources, health management information system, procurement system and management, training institutions, etc.) whose collaboration will be key to achieving the objectives; and also the relevant department from the Ministry of Women or Gender (if one exists)
- MoF, MoH Budget Department, Treasury, Fiscal Commission (as relevant)
- Ministry of Territorial Administration or other with designation for overseas resource allocation at the devolved (district) level
- Main health development partners that support the country
- Civil society, including women's groups, professional associations and representatives of communities
- Humanitarian organizations that deliver services in fragile or conflict settings
- Other organizations, religious groups, private sector, armed forces, as relevant.

Objective: Understand and align with the current immunization situation to inform future directions

<p>How should analysis and consultation take place?</p>	<ol style="list-style-type: none"> 1. Understand what recent assessments have been conducted to inform this exercise.¹ To inform the desk review, use conclusions from any relevant recent assessments, and particularly the most recent EPI Review and Coverage and Equity Assessment. If an EPI review has not been conducted recently, use the <i>WHO Guidance and Workbook for conducting a situation analysis of immunization programme performance</i> to complete this step (click here). 2. Draft a summary report for consultative meetings and workshops 3. Hold consultative meetings with key stakeholders or solicit and incorporate written comments, using online consultative platforms. 4. Conduct workshop(s) to consolidate the findings of the situation analysis – these workshop can be combined with the development of the objectives and strategies (see Step 3).
<p>Entry point for integration with the HSSP</p>	<ul style="list-style-type: none"> • Assess the Health Sector strategy (annual health sector performance review) to understand the main health system and delivery issues when reviewing immunization performance. • Analyse the overall strengths, weaknesses, opportunities and threats of the health system and incorporate the findings.
<p>Coverage and equity</p>	<p>Work with country-based experts and stakeholders to assess potential barriers to equitable coverage due to, for example:</p> <ul style="list-style-type: none"> • gender-related barriers • remote rural settings and nomadic and pastoralist populations • urban poor settings • poor households and poor segments of society (poorest quintile or decedentile) • conflict-affected and fragile settings • refugees, internally displaced people and populations. <p>See: <i>UNICEF Coverage and Equity Assessment Guidance</i> (Click here)</p>
<p>Duration</p>	<p>1 month <i>Step 2 can start before Step 1 has been completed</i> <i>Step 3 can start as part of Step 2 consultations (workshops for strategies)</i></p>
<p>Outputs</p>	<ol style="list-style-type: none"> 1. Summary of the current situation reflective of compiled analysis across a desk review, recent EPI review, Coverage and Equity assessment, and results of other relevant programme evaluations. 2. Lessons learned from past plans/strategies as discussed and agreed across stakeholders. 3. Shared understanding of the environment for the next strategic period.

1. Initiatives that may provide relevant assessment include: Holistic Health Assessment (for a National Health Development Plan); Resource Mapping and Expenditure Tracking (RMET); the investment case for the Global Financing Facility; partner mapping for Gavi's Full Portfolio Planning; or the immunization module included in a World Bank Health Security Financing Assessment (HSFA).

Objective: Understand and align with the current immunization situation to inform future directions

Tools and resources

- WHO. *A guide for conducting an Expanded Programme on Immunization (EPI) Review* (click [here](#))
- WHO *Guidance and Workbook for conducting a situation analysis of immunization programme performance* (click [here](#)).
- Gavi: *Analysis Guidance 2020* (click [here](#))
- Gavi: *Guidance on understanding gender-related barriers to immunization* (click [here](#))
- "Why Gender Matters: Immunization Agenda 2030" (available Sept 2021)
- UNICEF *How to conduct a Coverage and Equity Assessment (CEA) of immunization services* (click [here](#))

2A. Conducting the situation analysis

The situation analysis is based on the knowledge gained from recent implementation experience and immunization programme results. Compiling information from available documentation and key stakeholders is important to prepare for this step. The situation analysis should use existing information sources to identify and prioritize critical programme barriers, while also highlighting programme successes and evidence gaps which must be addressed before implementing programme improvements.

Understanding the immunization programme performance

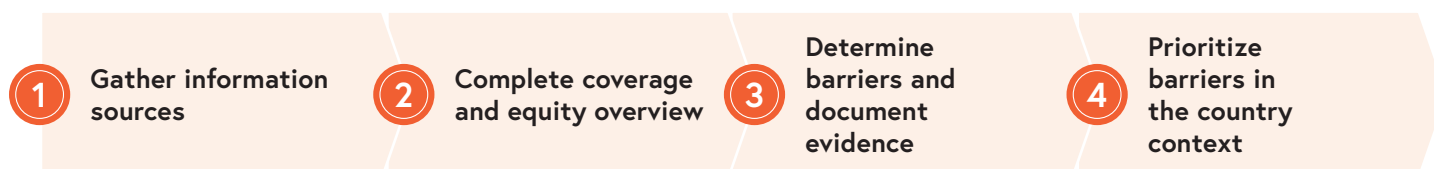
Results from the systematic situation analysis as part of the Expanded Programme on Immunization (EPI) Review or National Immunization Programme review

WHO strongly recommends that an **EPI review**² (or equivalent) is conducted before the immunization programme's strategic planning cycle in order to serve as the key reference for the NIS situation analysis.

If a systematic situation analysis was not conducted prior to the development of the NIS, the NIS content producer will need to undertake an analysis of existing information sources and data ahead of any stakeholder consultations. See **WHO Guidance and Workbook for conducting a situation analysis of immunization programme performance** (click [here](#)) for the list of recommended documents to review, as well as guidance on how to document evidence systematically.

2. A guide for conducting an Expanded Programme on Immunization Review. Geneva: World Health Organization; 2017. <https://apps.who.int/iris/bitstream/handle/10665/259960/WHO-IVB-17.17-eng.pdf?sequence=1>

There are four essential steps to conducting a systematic situation analysis, as follows:



1. **Gather relevant information sources** to serve as the evidence base for the assessment exercise. Documents recommended for review are listed in (see Annexes)
2. **Complete a quick overview of immunization coverage and equity.** By conducting this analysis and interpreting the trends in coverage and equity, the development team will understand the main achievements of, and challenges (potential barriers) to, the immunization programme.
3. Use the seven EPI categories to **determine a list of lines of enquiry**, and systematically document evidence that indicates why there might or might not be a barrier. Also document evidence in cases where data are, or are not, available. To support this step, the *WHO Guidance and Workbook for conducting a situation analysis of immunization programme performance* provides a long list of lines of enquiry to be explored, grouped by the seven EPI categories.
4. **Prioritize the barriers** identified in Step 3 within the local context by assessing their relative importance to one another and determining whether they are of low, medium or high priority. Consulting different stakeholders during this step will result in a more representative prioritization.

In decentralized countries, these perspectives also need to be reviewed at subnational level where a local decision will be crucial for the endorsement and implementation of the NIS.

Figure 2. Illustrative stakeholder analysis



Prepare consultations with key informants – understand the partner landscape

- In order to select the most relevant and diverse stakeholders, an important first step will be a stakeholder mapping exercise. **Figure 2** provides an example of "mind mapping" that can help the team think through the diversity of national stakeholders.
- Once the landscape of partners is well understood, plans for consultations can advance. These can take many different forms, including online surveys, key informant interviews, workshops and/or meetings.

Learn from the past: How well did we achieve objectives reflected in the last immunization strategic or multi-year plan?

- In addition to the programme performance review, it is important to evaluate past immunization strategies and plans so that the next strategy is built on successes gained and lessons learned from past challenges. By reviewing past strategies, and relevant resources the NIS team will understand what obstacles had been identified, how they were addressed, whether improvements were achieved, or whether new approaches are needed.
- If the country does not want to change certain **objectives** before it has attained them, a good way to devise new approaches to achieve the original objective is to review the previous key activities and their impact on achieving the objective.

What financing was spent on what and by whom?

- It is also important to assess the **recent financing of strategies and budgets** available to the immunization programme. Financing for immunization should also be assessed in the context of macro financing and sector-specific financing to gauge if fiscal space exists for expanding the budgets in future.

Best practice tips for Step 2: **Situation analysis**

- Systematically document the available evidence on immunization programme performance, and highlight research gaps.
- Ensure broad engagement across stakeholders in the situation analysis so that diverse views are captured and ownership is developed from the very early stages of NIS development.
- In decentralized countries, including subnational-level informants and decision-makers in the NIS development from the beginning is key for the endorsement and implementation of the NIS at subnational level.
- Already start to think about the resource requirements for the next strategic period while appraising financial management issues, including management capacity during the previous strategic period.
- Review budgets spent against different interventions and objectives during the past period in order to guide thinking about the types of resources required for new strategies.
- Identify gender-related barriers to immunization and ensure that these components are properly addressed in the situation analysis.
- Make sure to keep track of and organize the documentation used in the NIS development process for future reference.

Important note for the next four steps:

Once Step 2 is complete, the next four steps are **iterative**. The **strategy** and the **monitoring and evaluation (M&E) framework** first developed in Steps 3 and 4 will need to be revisited once the work on resourcing in Steps 5 and 6 is complete. This will ensure that the NIS captures the appropriate level of ambition, composed of realistic objectives that can be resourced within an expected budget envelope. To avoid a difficult and lengthy process across these four steps, it can be helpful to deal with financial considerations as early on as possible.



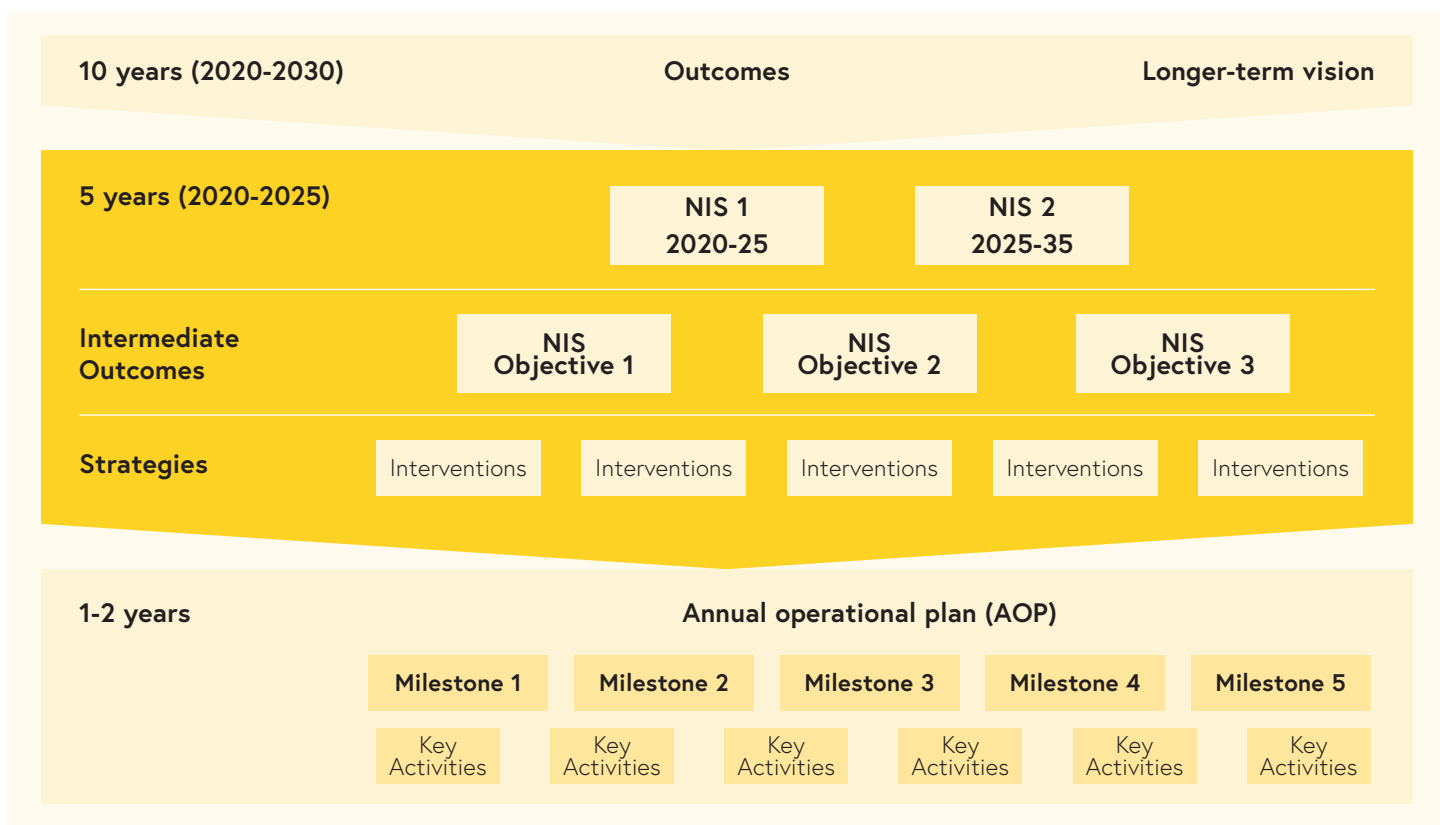
Step 3. Strategy Development

Objective: Set the vision (outcomes), objectives, and strategies	
Who does what?	<p>1. Task manager/Coordinator:</p> <ul style="list-style-type: none"> ✓ organizes the strategy development meetings, sets the meeting agenda and main outputs; ✓ manages the flow of information; ✓ prepares submission to the Steering Committee for review and approval. <p>2. Content producer:</p> <ul style="list-style-type: none"> ✓ helps define key questions for TWGs to identify strategies to achieve the objectives; ✓ records different scenarios for the strategy, corresponding assumptions, for and against; ✓ documents final strategies recommended by the TWGs and agreed to by the Steering Committee. <p>3. Technical Working Group(s):</p> <ul style="list-style-type: none"> ✓ identifies strategies to be taken in their respective work areas; ✓ works with other TWGs to see how the actions proposed by each TWG relate to the actions in other areas to address key barriers; ✓ matches the proposed strategy with the availability of resources and external factors to ascertain their feasibility; ✓ drafts proposal for Steering Committee review and approval. <p>4. Steering Committee:</p> <ul style="list-style-type: none"> ✓ assesses proposals and decides on the final strategy for the immunization programme to be negotiated with the MoH and MoF.
Who should be engaged?	<ul style="list-style-type: none"> • Following the stakeholder mapping and consultation plan from Steps 1 and 2, it is important to ensure that the NIS content builds on an inclusive dialogue with immunization stakeholders, health sector planners and focal points from other sectors.
How to develop the strategy	<ul style="list-style-type: none"> • Follow the agreed NIS workplan, including consultations (e.g. 1–2 workshop(s)) to prioritize proposals and build a strategy across these with coherent actions to commonly achieve the objectives. • Build scenarios to allow for comparison and consideration of trade-offs between options. • Present the scenarios to the Steering Committee for final decisions on the best strategies.
Entry point for integration with HSSP	Use the National HSSP as the key reference with which to align. If there is no HSSP, ensure that health sector planning focal points participate in the development of the NIS so that knowledge of the wider health sector is incorporated.
Coverage and equity	Ensure that the strategy development builds on the assessment of barriers to equitable coverage from Step 2, with a focus on addressing those barriers and promoting equity.
Duration	<i>Steps 3, 4, 5 and 6 are iterative and progress in parallel over a period of 3 months. Step 3 is likely to take 1–2 months.</i>
Output	A written NIS proposal, including long-term vision, objectives and strategies to achieve the objectives.
Tools and resources	<ul style="list-style-type: none"> • the CAPACITI decision-support tool developed for national immunization programmes to prioritize between multiple immunisation products, services or strategies (Click here); • the WHO Resource Catalogue for Decision Making (available Autumn 2021); • the Gavi Theory of Change instructions (Click here); • cross-programmatic efficiency analysis (Click here).

3A. Preparing the strategic thinking

After having evaluated the current and past situation in Step 2, this step focuses on developing the content for the NIS, including the alignment to a **longer-term vision** (or goals) from national health plans and regional immunization strategies, identification of the **objectives** to be achieved by the end of the strategy period, a description of how to achieve them, and the changes (or **strategies**) needed to progress (Figure 3). The NIS is not intended to capture implementation details. Activities will be detailed in **annual operational plans**.

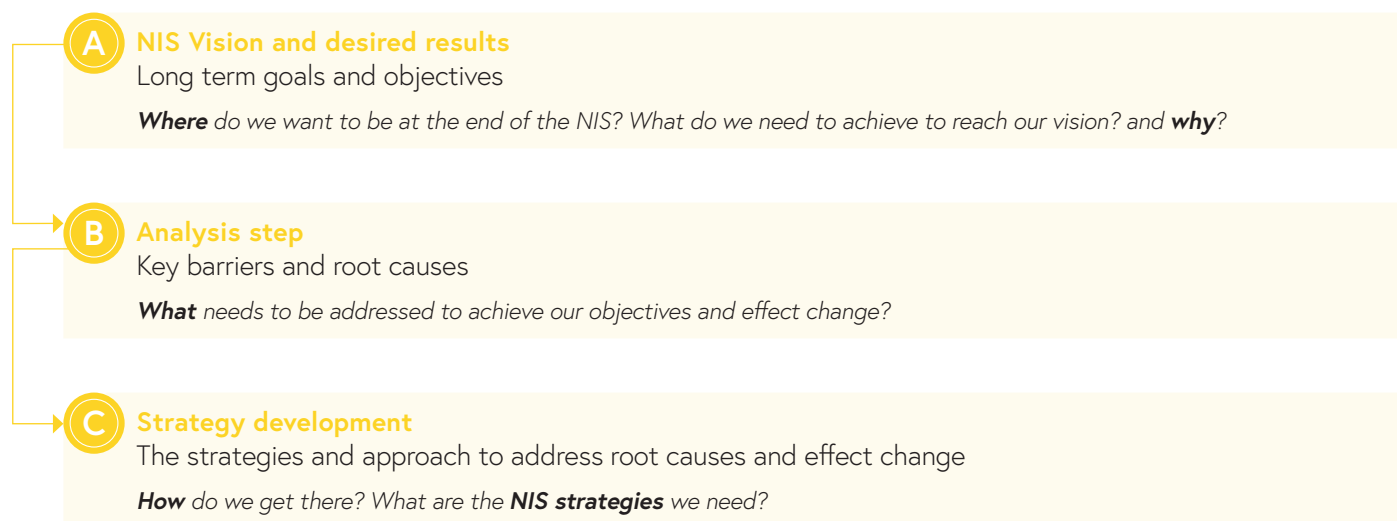
Figure 3. Relationship between vision, objectives, strategies and timelines



The NIS strategic thinking³ begins by deciding "**where** do we want to go and **why**?" before determining "**what** should we address to achieve the objectives?" and finally designing "**how** do we get there" (Figure 4).

3. This type of logical progression is also captured by a **theory of change** approach that forms part of Gavi's application process. Gavi Theory of Change instructions. Geneva: Gavi, The Vaccine Alliance; May 2021 (https://www.gavi.org/sites/default/files/support/Theory_of_Change_Instructions.pdf, accessed 8 July 2021).

Figure 4. Steps in strategic thinking



Alignment with global and regional immunization strategy goals

IA2030 provides a long-term strategic framework that is intended to inspire and align the activities of community, country, regional and global stakeholders. The framework is composed of seven strategic priorities and four core principles, enabling regions and countries to identify the elements that are most relevant to their situation and enabling each strategic priority to be "weighted" according to its relative importance to a region or country.

3B. Setting and prioritizing NIS objectives

As intermediate outcomes, the NIS objectives need to capture sufficiently what is needed in order to advance towards the desired result, while reflecting available resources and capacity. Limiting the number of objectives will help keep the NIS focused and prioritized. In order to set and prioritize NIS objectives:

- **Look for opportunities within the broader health system:** Health workforce incentive plans, gender equity policies, health information system upgrades, poverty reduction strategies etc. will provide insights on how to optimize the NIS strategy. It is important to find opportunities to participate in the development of the health sector strategy to ensure that the immunization programme is appropriately represented in the resulting HSSP.
- **Find the key contributions needed from immunization:** The HSSP is a good starting point for understanding health sector priorities and the contribution of the NIS to the HSSP. As most HSSPs⁴ do not include details of the immunization programme, the contribution of the immunization programme may need to be combined with those of other health interventions (e.g. maternal and child health), to lead to a broader health outcome.

4. Some HSSPs contain immunization-specific objectives/targets that were developed at a different point in time or within a different context; therefore care must be taken when aligning the NIS objectives to them.

- **Align with the broader national health sector strategic priorities** to increase the efficiency of the different immunization components (**Figure 5**). Vaccine-preventable disease (VPD) surveillance, for instance, will be more efficient if it collaborates with different departments, including the epidemiology department, the laboratory network and the immunization programme.
- **Explore integration** as a strategic means to deliver immunization across the life course, working with other health services to be delivered together – e.g. through the second year of life platform (reproductive health, nutrition, de-worming, etc.).
- **Assess potential impact:** To help focus the number of objectives, prioritize those most likely to have the greatest impact towards the intended results. These will address the most significant challenges to ensuring successful outcomes.
- **Consider time frame and sequencing** along with the choice of objectives for each specific strategy period. There may be a chronological order in which activities need to be completed to reach the long-term outcome or desired result.
- **Assess feasibility** to ensure that objectives are achievable, not only within the NIS period but given the available capacity in terms of both human and financial resources. This point is further explored in Step 5 (Resource requirements), but having initial information up-front will help exclude objectives that are not achievable within given parameters.
- **Consider the evolving environment** within which the immunization programme will operate over the next five years. The environment can be influenced by several factors related to the political, economic or social context both within and external to the country that can provide both opportunities and barriers for successful implementation of the NIS.⁵

5. Gavi-supported countries need to be aware of future funding scenarios and should prepare well in advance for possible transition from eligibility.

Figure 5. Seven immunization system components will guide the NIS development and costing approach



3C. Identifying key opportunities and barriers and their root causes

Once the objectives have been set and prioritized, the next step is to identify the opportunities and key barriers that have an impact on their achievement. This means looking carefully at each of the seven components of the immunization system (Figure 5) to determine what exactly needs to improve in order to achieve the NIS objectives.

- **Opportunities** could be the political, economic or technological factors that favour extending or improving the immunization programme. For example, the availability of a new vaccine could make additional interventions to address a particular VPD possible. Available innovations for vaccine delivery (e.g. jet injectors) or digital initiatives (e-Health, SMS reminder system) can also shape future strategies.
- **Identifying barriers and root causes** provides the most direct answer to why there is a gap between the objectives and the current situation. Using the findings from Step 2 as the situation analysis will provide evidence on the main barriers and their causes. **Stakeholder consultations** are an important way to identify barriers with key information holders such as the NIP management team at national and subnational levels. Involvement of CSOs, women's groups and the communities/clients themselves is also very important for understanding the barriers from the perspective of vaccine demand.
- **Consider both internal and external barriers** and identify at what level the barriers should be attributed so they can be addressed. Surveillance for VPDs, for instance, is closely linked with the immunization programme but is often managed outside of the immunization system.

3D. Defining NIS strategies to address root causes and effect change

The next step is to decide what key change is needed in the immunization programme to capitalize on opportunities and address root causes of the barriers identified. Coherent actions, or key interventions, from all immunization components can be designed to combine with each other to create solutions to enable the improvements to happen.

- **Consultation and engagement:** To ensure the successful design of strategies, it is important that EPI managers at central and local levels, as well as representatives from the health-facility level and from the communities benefiting from immunization, participate directly in the development of the strategies and propose key interventions or institutions.
- **Financial considerations:** When thinking through the strategies, it will be important to have information available on costs. This will help ensure that realistic strategies are being proposed. A number of tools are available to support country decision making during the strategy development and assess feasibility and potential trade offs between objectives. See the CAPACITI decision-support tool ([here](#)) and the forthcoming WHO Resource Catalogue for Decision Making (available Autumn 2021).
- Looking ahead to Steps 4 and 5, build a **prioritization structure** into the NIS so that it is easy to identify which activities are essential and which ones can be renegotiated.

Best practice tips for Step 3: Strategy development

- Ensure there is capacity for strategic and innovative thinking within the NIS team so that stakeholders are pushed to think beyond the status quo.
- Expert facilitation will be required to help stakeholders explore new opportunities and reach agreement on the prioritization process, including trade-offs.
- Involve health sector planning focal points to leverage opportunities from the wider health sector.
- Involve subnational actors in the discussions and decision-making, especially where financing for immunization service delivery is the responsibility of subnational governments or institutions.



Step 4. M&E framework

Objective: Develop the monitoring and evaluation framework for the NIS, with linkages to ownership and accountability

<p>Who does what?</p>	<p>1. Task manager/Coordinator: ✓ provides overall coordination for development of the monitoring and evaluation (M&E) framework; ✓ organizes consultations with the key NIS implementing agencies, including representatives from the subnational level and key stakeholders beyond the immunization programme.</p> <p>2. Content producer: ✓ participates in the development of the M&E framework, plans with the TWGs and documents the agreement reached between the implementing agencies.</p> <p>3. Technical Working Group(s)/experts: ✓ in consultation with the implementing agencies, develops the M&E framework and plans by leveraging, where possible, existing health-sector M&E processes.</p> <p>4. Steering Committee: ✓ reviews and endorses the M&E framework</p>
<p>Who should be engaged?</p>	<ul style="list-style-type: none"> Following the stakeholder mapping and consultation plan from Steps 1 and 2, it is important to ensure that the NIS content builds on an inclusive dialogue across immunization stakeholders, health-sector planners and focal points from other sectors.
<p>How to develop the NIS M&E framework</p>	<p>Use consultation meetings to:</p> <ol style="list-style-type: none"> Review and use global and regional M&E frameworks, including the IA2030 M&E Framework, Gavi 5.0 M&E Framework, and disease-specific strategic frameworks to align the development of indicators for the NIS M&E framework (see Annex 1 of the IA2030 Framework for Action). Agree on the responsibility of the implementation agencies in implementing the NIS. Develop and agree on key performance indicators⁶ for measurement of NIS progress. Agree on the key performance indicator milestones and targets. Agree on the mechanism for, and frequency of, regular reviews of progress to achieve key performance indicator milestones and targets, and criteria for taking actions based on these progress reviews.
<p>Entry point for integration with HSSP</p>	<ul style="list-style-type: none"> Use national health sector M&E frameworks to identify key performance indicators for the NIS M&E framework to the extent that is possible. Contact the Bureau of Statistics or the Planning Department of the Ministry of Health, public health institutes, academic institutions, or global partners supporting M&E to understand roles and responsibilities, and timelines, to shape and leverage the approach and process.
<p>Coverage and equity</p>	<ul style="list-style-type: none"> The success of an NIS M&E framework to achieve coverage and equity targets should not be determined by the processes utilized (i.e. boxes ticked), but by the result achieved – that is, addressing barriers within immunization to ultimately achieve access for all. When relevant, disaggregate key performance indicators by sex to assess gender-related barriers and establish clear benchmarks and sex-disaggregated indicators of success.
<p>Duration</p>	<p><i>Steps 3, 4, 5 and 6 are iterative and progress in parallel over a period of 3 months.</i> Step 4 is likely to take 4–6 weeks of the full 3 months.</p>
<p>Output</p>	<p>An agreed M&E framework for the NIS with linkages to ownership and accountability.</p>

6. Key performance indicators should measure overall progress towards achieving NIS objectives and should be SMART (Specific, Measureable, Achievable, Relevant and Timebound)..

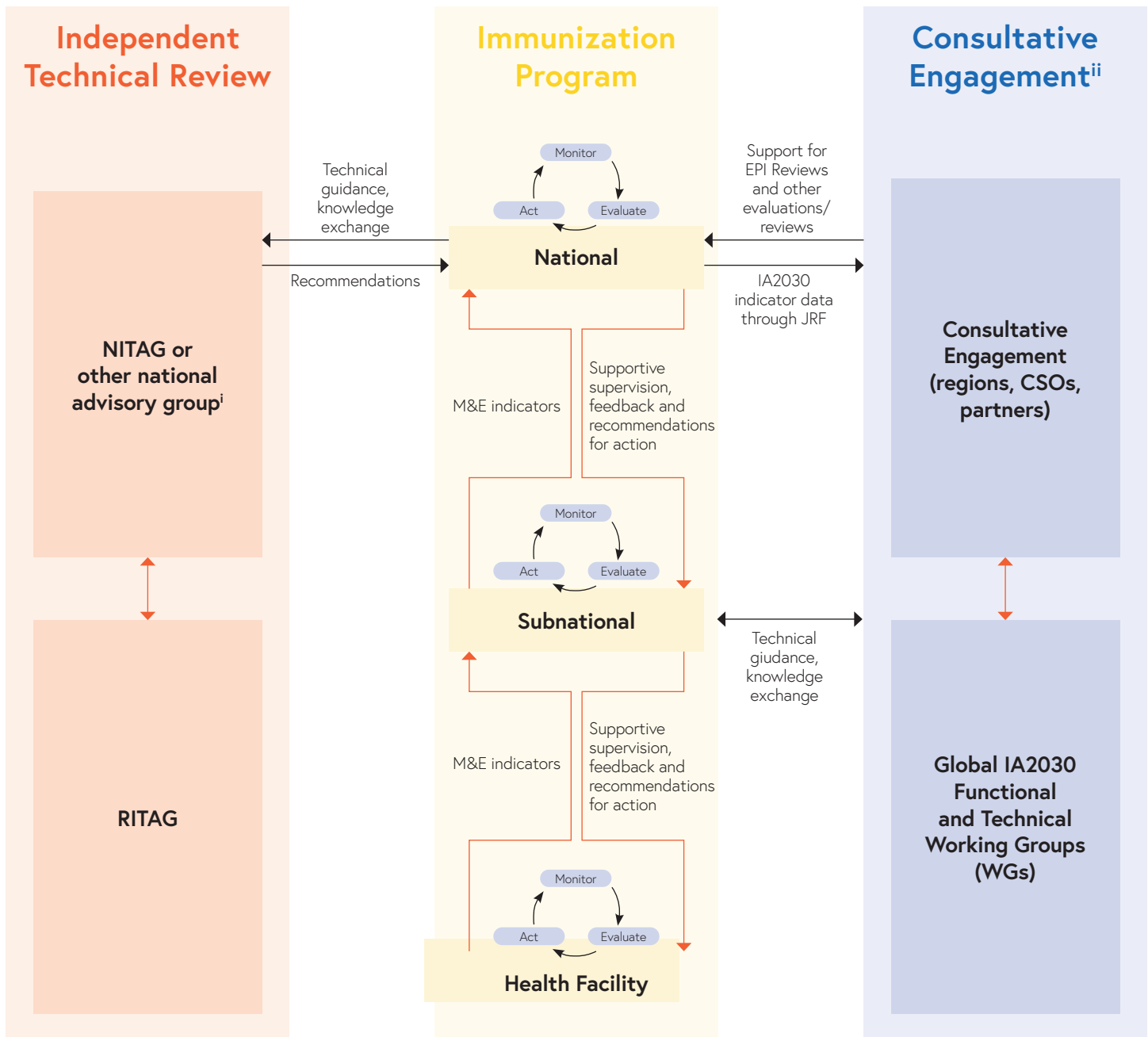
4A. Developing an M&E framework to drive programme implementation

An M&E framework is developed to monitor progress towards the NIS objectives. Key performance indicators can be identified on the basis of information that is regularly reported from national immunization programme performance monitoring or developed if existing data are not available. Regular reviews of progress to achieve milestones and targets for key performance indicators can be used to identify immunization programme areas that need further in-depth evaluation and corrective actions.

The NIS M&E Framework is intended to empower implementation of monitoring, evaluation and action (ME&A) cycles, including action-based indicators and effective feedback loops at national, subnational and health facility levels (**Figure 6**).

- **National:** Annual reviews of key performance indicator progress are an important step to check if the implementation of the NIS is on track and to identify and recommend potential actions for course correction. It is important to define milestones and targets for each indicator to evaluate progress at different points in time. The EPI review (or equivalent) provides an opportunity for in-depth evaluation of indicators, including root cause analysis, and can also be used to inform updates to the NIS.
- **Subnational and health facility:** Relevant key performance indicators at national level should be linked to actionable indicators at subnational and health facility levels. Targets and milestones should be based on the context, opportunities and challenges at these levels and progress should be tracked continuously. Health facilities and actors at subnational level should receive timely information (recommendations and action points) from progress reviews at national level for areas where national-level actions should support the facility and subnational level.

Figure 6. Information flow for Monitoring, Evaluation & Action (ME&A) Cycles for NIS implementation



- i. The **NITAG** or other relevant technical advisory group can be engaged to support with formal independent technical review of progress towards NIS milestones and targets and provide recommendations for actions. Regional Immunization Technical Advisory Groups (RTTAGs) provide support to NITAGs to regulatory monitor progress and systematically identify emerging priorities.
- ii. **Consultative** engagement with civil society organizations (CSOs), PHC, other departments within the MoH, implementing partners, and IA2030 global working groups can support additional periodic exercises of in-depth evaluation or reviews (e.g., EPI Reviews) of technical or functional areas to provide technical guidance, knowledge exchange, and recommendations for actions.

When designing the NIS M&E framework, it is helpful to:

- **Assess the leadership, management and governance** structures and functions to optimize the linkage of M&E to ownership and accountability.
- **Leverage the country's existing mechanisms** for evaluating government programmes. In some countries, the NITAG or the ICC can play a role in overseeing M&E progress reviews for the NIS.
- **Institutionalize accountability** by attributing the role of a focal point for an action to a specific position, (e.g. public health officer) rather than a work entity (e.g. public health office) so that the accountability can be more easily assigned.
- **Set guidance for data collection, monitoring and progress reporting** with suggested mechanisms and timelines in place for review of progress and potential further in-depth evaluation based on results of monitoring.
- **Refer to the Immunization Agenda 2030** country-level indicator options for strategic areas of immunization programme performance. Countries may be guided by the menu of indicators (presented in Annex 1 to the IA2030 Framework for Action) and can define and select those indicators mapped to the specific NIS objectives.⁷

Best practice tips for Step 4: M&E framework development

- Design the M&E framework in a participatory manner using a multisectoral approach to engage with all implementing stakeholders, including those at subnational levels.
- Define independent technical review processes with the NITAG or other relevant technical advisory group. Define key actionable indicators and link indicators with specific persons/groups to facilitate accountability.
- Use historical data to define baseline and inform target-setting.
- Consider approaches to strengthen the quality and use of data at all levels.
- Link M&E results to the allocation of resources.

7. IA2030 Framework for Action and Annex 1, the IA2030 M&E Framework are available to download from the IA2030 website: <https://www.immunizationagenda2030.org/framework-for-action>



Step 5. Resource estimates

Objective: Estimate the resource requirements for NIS	
Who does what?	<p>1. Task manager/Coordinator: √ organizes the collection of information needed for costing, including securing authorization by the MoF and MoH as needed.</p> <p>2. Content producer: √ supports the collection of data for resource requirement estimates and the calculation of total resource requirements, including the needs for maintaining routine immunization activities as included in previous years' budgets and for implementing the NIS interventions.</p> <p>3. Technical Working Group(s)/Health economist expert: √ apply the NIS COST application to estimate the resource requirement for the actions included in the selected strategies; √ a health economist can be very useful for developing estimates of resource requirements working with the technical groups to ratify data sources and estimation methods.</p> <p>4. Steering Committee: √ defines what kind of resource requirement information is crucial for the budget dialogue and health-sector planning; √ facilitates sharing of costing data from respective agencies.</p>
Who should be engaged?	<ul style="list-style-type: none"> • From the MoH Budget Department, usually a health economist. • The MoF, Treasury, Fiscal Commission and others with immunization funding. • WHO, UNICEF, Gavi, World Bank, Asian Development Bank, etc. Provincial finance officers
How to estimate resource requirements	<ul style="list-style-type: none"> • Understand the level of detail needed to estimate the feasibility of the strategies in preparation for the budget dialogue. • Work to fill any knowledge gaps in cost data. • Use the <u>NIS.COST</u> application to guide the process and estimate the costs.
Entry point for integration with HSSP	<ul style="list-style-type: none"> • Work with the Planning and Budgeting departments of the MoH and other relevant ministries with budgets for immunization (e.g. Education). • Solicit and follow guidance from the MoH planning and budgeting officials on how to estimate costs. • Discuss with HSS and financing experts from partner organizations and other stakeholders how to strengthen PHC as the platform for the immunization system.
Duration	<p><i>Steps 3, 4, 5 and 6 are iterative and progress in parallel over a period of 3 months.</i></p> <p>Step 5 is likely to take 4–6 weeks of the full 3 months.</p>
Output	<p>Estimate of the total resource requirement for implementing the NIS and routine immunization activities.</p> <p>Estimate of any funding gap once the budget envelope for the NIS is estimated.</p>
Tools and Resources	<p><u>NIS.COST</u>⁸</p>

8. <http://immunizationeconomics.org/unicef-niscost>

Countries may opt to undertake different types of costing exercises. These will vary from costing the NIS strategy alone and costing the NIS strategy along with the EPI programme as a whole. The NIS Guidelines and associated [NIS.COST](#) approach are designed to capture the NIS alone. If a country chooses to cost the full programme, the following guidelines will support an assessment of the costs of routine immunization services "How to Cost Immunization Programs" (click [here](#)).⁹

5A. Estimating the funding needs for the implementation of the strategies

The NIS should be a feasible plan based on a **realistic expectation of available resources**. Available resources include those resources currently available to the immunization programme plus the additional resources that can be mobilized, based on the projected fiscal space and external funding opportunities for the immunization programme over the next five years. For the expectation of available resources to be realistic, countries can use macro-economic data at the national level and data showing historical immunization budget and expenditure trends in order to project the increase in immunization budget that could potentially be attained.

5B. Using the NIS costing approach

UNICEF has developed an **NIS resource requirement application** called [NIS.COST](#). The application is available in Google Sheets, which facilitates online collaboration among team members. The instructions on the use of the application are integrated into the tool. Underlying principles include:

1. [NIS.COST](#) is closely linked with the **interventions proposed in the NIS**. Hence, it is the strategies (and their main interventions) as presented in the NIS document that will be entered into the application. The associated costs are presented for each of the years covered by the NIS strategic period. Interventions should be tagged as "existing", "replacement," or "new". Interventions are further classified as "national" or "subnational" and as "recurrent" or "capital" investments.
 2. The MoH budget for immunization should be established at the beginning of the process. **Amounts budgeted and disbursed during previous years** are entered in the set-up function of the application. In this way, the estimated future resource requirements for the NIS will be continuously compared with past expenditures to ensure that costing is realistic and feasible.
 3. Importantly, the [NIS.COST](#) supports the **prioritization of the interventions** as "low", "medium" and "high". This is critical to inform the subsequent budget dialogue (Step 6).
- The strategies most central to the NIS, and critical to the changes being sought, will be tagged as "**high priority**" and will be given precedence – to be funded with known and secured resources.

9. Resch S, Menzies N, Portnoy A, Clarke-Deelder E, O’Keeffe L, Suharlim C, Brenzel L., "How to cost immunization programs: a practical guide on primary data collection and analysis." 2020. Cambridge, MA: immunizationeconomics.org/ Harvard T.H. Chan School of Public Health.

- There will be other (tagged as "**medium priority**") strategies against which 'probable' resources can be attributed (likely to become available through donor application processes, for example).
 - It will be important to flag the remaining strategies for which no current funding has yet been identified as "**low priority**" in the sense that they are not critical and necessary to the success of the NIS implementation at least in its first years of implementation. They do, however, provide a direction for the outer years and will be funded first should new resources become available. In this way, lower priority interventions are kept on hold in case of shortage of funds.
4. The application employs **four possible methods of cost estimation**, including analogous (or historical) estimates, parametric estimation, expert judgement and the ingredients approach.
 5. **Shared costs**¹⁰ that benefit other parts of the health system besides immunization should be identified within NIS.COST, but is it not expected that their value is estimated. The immunization programme is not the direct budget holder of these resources although, if proposed NIS interventions involve substantial shared costs, allocations should be part of the budget dialogue.

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.

Best practice tips for Step 5: Resource requirements

- An additional skill-set might be required for this step. Consider bringing in a health economist as Content producer.
- Collaborate closely with the health planning and budgeting department to ensure that the information from the NIS will be in a format that can be used in the national resource allocation discussion.
- With resource requirements becoming more visible in this step, it is important to capture the key trade-offs being considered by the country in terms of prioritization and sequencing of the interventions needed to achieve the intended results. The NIS development team will need to guide discussions across stakeholders to highlight how trade-offs across objectives were examined and prioritization decisions ultimately taken.
- Estimates for resource requirements for immunization for NIS are high-level estimates and are less detailed than the costing exercise needed for the AOP.

10. Shared resources that are those that benefit other parts of the health system than immunization. Important shared costs are human resources, buildings and vehicles.



Step 6. Budget dialogue

Objective: Finalize the strategy with a realistic expectation of the available resources from both government and external partners

<p>Who does what?</p>	<p>1. Task manager/Coordinator: ✓ with the support of the Steering Committee, maps all possible (governmental and external) funding sources for the NIP; ✓ organizes the budget dialogue meetings with the key stakeholders for the respective funding sources.</p> <p>2. Content producer: ✓ prepares the strategy propositions with corresponding resource requirements; ✓ supports discussions with the key stakeholders of the main funding sources for immunization.</p> <p>3. Technical Working Group(s)/Health economist: ✓ may be consulted during revisions of the strategy options based on budget dialogue to propose the strategy with the most efficient use of available resources.</p> <p>4. Steering Committee: ✓ supports the task manager/coordinator to identify the main stakeholders for financing the NIS and facilitates the meeting invitations; ✓ supports resource mobilization for the NIS through their respective networks.</p>
<p>Who should be engaged?</p>	<ul style="list-style-type: none"> • From the MoH Budget department, usually a health economist. • The MoF, Treasury, Fiscal commission, or other ministries with immunization funding. • WHO, UNICEF, Gavi, World Bank, Asian Development Bank, etc. • Provincial finance officers.
<p>How to defend the budget during a dialogue process</p>	<ol style="list-style-type: none"> 1. Prepare tailored arguments on the value of the investment aimed at different stakeholders – i.e. the Minister of Health, Minister of Finance or external funders. 2. On the basis of this dialogue, revise the strategies and update resource estimates. 3. Pursue additional advocacy efforts, including identifying additional sources for immunization financing.
<p>Entry point for integration with HSSP</p>	<p>In some countries, budget negotiations take place before parliamentary vote, while in other countries, parliament negotiations can still influence government budget allocations. It is essential to understand the timing of, and process for, budget negotiations in order to be able to find an entry point. Understanding how the MoH negotiates with the MoF and the Parliament Health Committee is an essential preliminary step. These contacts can then help in understanding when advocacy should take place.</p>
<p>Duration</p>	<p><i>Steps 3, 4, 5 and 6 are iterative and progress in parallel over a period of 3 months.</i> The duration of Step 6 depends on the dialogue cycles.</p>
<p>Output</p>	<ol style="list-style-type: none"> 1. Talking points to use for defending the NIS budget. 2. A revised final strategy with negotiated and sufficiently committed resources.
<p>Tools and resources</p>	<p>Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization; 2016: Chapter 8 (Click here).</p>

6A. Defending the NIS in a budget dialogue

Following the resource estimation of Step 5, the NIS team is now equipped with information on resources needed not only to maintain routine immunization activities but also to bring about the needed improvements to achieve better immunization programme results over the next strategic period.

- **Focus on the changes needed:** Without significant macro-economic fluctuations, it is relatively common to maintain the same level of budget commitment as in the last strategic period. The focus of the budget dialogue, therefore, should be on the resources required to address the changes outlined in the NIS.
- **Defend the maintenance of routine services:** However, as seen during the recent COVID-19 pandemic, there will be certain situations and times when immunization resources (human, financial) are redirected towards response operations. It is important, therefore, that the NIS identifies and defends a core funding stream that is essential to maintaining routine immunization operations.
- **Target the right entities:** As a key public health intervention, the immunization programme should be financed mainly from public funding. This includes the government budget, social health insurance and development aid for health, as well as other bilateral and multilateral collaboration funds or grants. Consequently, the resource mobilization and budget negotiation for the NIS should target the MoH, MoF, Social Health Insurance funds and the main external health partners.
- **Tailor the message:** The value of the investment in the NIS is a strong argument for additional funding support. However, stakeholders want to know what the investment will deliver and will judge the value of the investment differently.

6B. Revising the NIS based on budget dialogue

If the proposed NIS cannot be fully funded, as initially presented, the NIS will be revised to reflect the outcome of budget discussions. The assigned level of priority of interventions is inputted into the [NIS_Cost](#) application will be helpful here. Low-priority items with high resource requirements will probably be removed from the strategic plan to keep it within the resource envelope.

Critical for this step is an open and transparent discussion around the difficult choices the country needs to take in order to plan the upcoming strategic period in line with the level of resources available for implementation. Careful examination of the trade-offs (or where choosing one higher priority option will result in loss of a benefit or opportunity) will ensure that these choices are intentional, economically feasible, and technically sound. For example, a country may need to consider the trade-offs around introducing a new vaccine or strengthening service delivery to improve coverage of existing vaccines.

The prioritization can be further achieved by beginning with the ideal scenario: for the highest priority strategies proposed in the NIS, consider alternative scenarios. If there is inadequate funding and/or time to achieve all proposed strategies, review what should be removed first, second, and so on.

6C. Pursuing further advocacy efforts

The work behind the NIS document can provide useful advocacy tools, while the NIS itself will be a key foundational piece to support resource mobilization efforts, helping leverage domestic and external funds for immunization. For Gavi-eligible countries, the NIS document supports an application process for the request of new funding.

Some countries include an advocacy strategy section in the NIS, indicating how best to target messages to particular groups, share successful practice and communicate on outcomes. This can be particularly helpful for efforts to reach new donors, supporting advocacy more effectively and preparing for planning and resource mobilization initiatives.

Best practice tips for Step 6: Budget dialogue

- Being aware of any internal and external funding negotiation opportunities, having the investment proposition ready for such negotiations, targeting the main objectives of each stakeholder.



Step 7. Approval and endorsement

Objective: Launch the NIS endorsed by the government

Who does what?	<p>1. Task manager/coordinator: √ requests government endorsement of the final NIS document; √ disseminates the final endorsed version of the NIS document to all stakeholders and development partners.</p> <p>2. Content producer: √ adapts the final NIS document to the government's document template in preparation for endorsement by the government.</p> <p>3. Technical Working Group(s): √ supports the Content producer to develop the document or government.</p> <p>4. Steering Committee: √ facilitates the endorsement of the NIS by the government.</p>
Who should be engaged?	<ul style="list-style-type: none"> • Relevant MoH/government staff.
How to have the NIS endorsed	<ul style="list-style-type: none"> • Understand who needs to endorse and approve the NIS. • Follow the national approval process.
Entry point for integration with HSSP	As part of the government endorsement process, ensure that the NIS becomes fully integrated and embedded into the HSSP and PHC operating plans (including essential services package).
Duration	2–3 weeks.
Output	Final NIS document endorsed by the MoH or other relevant (health) institutions, and an operational budget approved.

Post-approval: implementing and operationalizing the NIS

Once the NIS has been endorsed, it is important to ensure that the strategy will be put into action. Implementing and operationalizing the NIS involves four steps:

- **Dissemination** to all subnational levels and other stakeholders involved in the process – including policy-makers, the MoF, health partners, donors, CSOs and national programme managers – will help increase acceptance and advocacy for the new strategy. A national launch event or ceremony could also serve to communicate the main goals and targets of the NIS.
- **Continued integration into the health-sector planning** through joint activities between immunization and other health priorities. Arrange discussions between groups (from either the immunization or non-immunization sectors) that may benefit from working together (i.e. have similar intervention locations or community outreach programmes). Once confirmed, joint planning and resource-sharing may follow.

- **An annual operational plan** needs to be developed for every year covered by the NIS in order to translate the strategy into specific actions and activities. For the first year, this process should start in parallel to NIS development, or as soon as the NIS has been approved by the government, to ensure consistency. Refer to the "Annual Operational Plan for immunization services: Guidelines for development or optimization" for further guidance on how to plan and conduct and an AOP.¹¹
- **The M&E framework** will be used to review progress against NIS objectives at regular (at least annual) intervals by the relevant national bodies. M&E review meetings facilitate discussions on past achievements and challenges and identify ways to improve the next year's plan. The stakeholders in immunization services delivery – including local authorities, surveillance staff, the private sector, NGOs and CSOs (in particular women's groups) – should be active participants in this review and planning process.

11. <https://immunizationeconomics.org/unicef-national-planning-and-budgeting>

