

# Instructions for the Preparation of the Expanded Program of Immunization Annual Action Plan

Integrated Family Immunization Unit Family,  
Gender and Life Course Department



**Organización  
Panamericana  
de la Salud**



**Organización  
Mundial de la Salud**

OFICINA REGIONAL PARA LAS **Américas**

## Glossary

<b>IMCI</b>	Integrated Management of Childhood Illnesses (IMCI)
<b>BCG</b>	Bacillus Calmette and Guérin - vaccine against severe forms of tuberculosis.
<b>IDB</b>	Inter-American Development Bank
<b>WB</b>	World Bank
<b>ICC</b>	Interagency Cooperation Committee
<b>DPT</b>	Diphtheria, pertussis and tetanus vaccine (whole-cell pertussis vaccine, wP)
<b>DQS</b>	Immunization Data Quality Self-Assessment (DQS)
<b>EPV</b>	Vaccine preventable diseases
<b>ESAVI</b>	Events Suspected to be Attributable to Vaccination and Immunization
<b>GVAP</b>	Global Vaccine Action Plan (GVAP). <b>GAVI</b> Global Alliance for Vaccines and Immunization
<b>GTA</b>	Vaccine Preventable Diseases Technical Advisory Group
<b>HepB</b>	Hepatitis B
<b>Hib</b>	<i>Haemophilus influenzae</i> type b
<b>HDI</b>	Human Development Index
<b>UBN</b>	Unsatisfied Basic Needs <b>MDG</b> Millennium Development Goals
<b>MDGs</b>	World Health Organization <b>NGO</b> Non-Governmental Organization
<b>PAHO</b>	Pan American Health Organization
<b>PFA</b>	Acute flaccid paralysis
<b>EPI</b>	Expanded Program on Immunization
<b>SR</b>	Measles and rubella vaccination
<b>MMR</b>	Measles, rubella and mumps vaccination
<b>SVA</b>	Vaccination Week in the Americas
<b>Td</b>	Tetanus and diphtheria vaccine (for persons over 7 years of age)
<b>NNT</b>	Neonatal tetanus
<b>UNICEF</b>	United Nations Children's Fund
<b>VOP</b>	Oral polio vaccine
<b>HPV</b>	Human papillomavirus

## Introduction

The annual action plan of the Expanded Program on Immunization (EPI) is a management tool for programming and control, which facilitates the prioritization of activities for the efficient and timely achievement of objectives and goals.

The preparation of an action plan makes it possible to: 1) implement activities in accordance with the objectives and strategies designed within the programmed timeframe; 2) harmonize actions and actors around a common objective; 3) obtain and commit the necessary resources; and 4) monitor and evaluate progress toward the proposed objectives, so that adjustments can be made if necessary. The action plan is a dynamic working instrument that needs to be continuously reviewed and evaluated.

Although each country has its own planning process, this guide will review some general planning concepts that are common to all countries in the Region. The World Health Organization (WHO) is currently preparing guidelines for the formulation of multi-year action plans, which will respond to the Global Vaccine Action Plan (GVAP). The GVAP, as a new framework, seeks equitable access to existing vaccines for all people in all communities by setting out five goals and six strategic objectives.

### Decade of Vaccines (2011-2020)

Goals	Strategic objectives
Achieving a polio-free world	All countries committed to immunization as a priority
Meeting global and regional elimination targets	Individuals and communities understand the value of vaccines and demand immunization as a right and a right to be immunized. a responsibility.
To meet the coverage objectives of vaccination in all countries, regions and communities	The benefits of immunization are distributed equally to all persons.
To develop and introduce new and improved vaccines and technologies.	Robust immunization systems that are an integral part of a functioning healthcare system correctly.
Exceeding Millennium Development Goal 4 of reducing child mortality	Immunization programs with sustainable access to predictable funding, quality supply and innovative technologies.
	Innovations in research and development at scale nationally, regionally and globally to maximize the benefits of immunization.

## **Planning process**

Planning is a methodically organized process, to obtain a determined objective<sup>1</sup> and answers the questions about what is to be done, how, when, by whom and with what. This planning process is reflected in an instrument "the plan". The plan is the means to formalize a set of actions to be developed in the future to achieve the proposed objectives. Some desirable characteristics of the planning process include that it should be a participatory, realistic and flexible process, which makes the plan a living instrument.

The planning process comprises the following steps:

1. Situation analysis
2. Prioritization
3. Formulation of objectives and goals
4. Formulation of the action plan: selection of strategies, tactics, activities, resources, expected results, schedule and indicators.
5. Implementation of activities
6. Monitoring and supervision
7. Evaluation

### **1. Situation analysis**

The planning of the EPI is based on the study and diagnosis of the health of the community, locality or country, taking global, regional, national and local policies as a framework. It is important to highlight the adoption of the Global Vaccine Action Plan by the World Health Assembly in April 2012, as a framework for the development of the situation analysis.

The analysis of the health situation should include, among others, an evaluation of the following information related to vaccine-preventable diseases (VPE), as well as the availability of effective vaccination services in the national network, the level of education and participation of the population individually and collectively, and integration with other programs, in order to guide activities and rationalize resources.

- Socio-demographic information
  - Population by age, geographic area, migrations, special populations
- Epidemiological information:
  - General and specific morbidity, mortality and case-fatality
  - Epidemiologic surveillance of VSE: indicators, sentinel surveillance
  - Surveillance of Events Suspected of Being Attributable to Vaccination or Immunization (ESAVI)
- Infrastructure information
  - Physical resources: network of services, vaccination services available
  - Human resources: available, training, motivation
  - Cold chain: cold chain inventory
- EPI management information
  - Coverage by age group, by municipality, by special groups, survey data
  - Attrition rates
  - Consistency: simultaneous application of first, second and third doses of vaccines (e.g. oral polio vaccine (OPV), rotavirus and penta).
  - At-risk municipalities: their definition should include socioeconomic variables such as the human development index (HDI), unsatisfied basic needs (UBN).
  - Information system: coverage, completeness, timeliness, and quality of data
  - Minutes or recommendations of the Interagency Cooperation Committee (ICC) and the Advisory Committee on Immunization Practices (ACIP)
  - Results and scope of the supervision and training activities
  - Losses of biologicals, shortages of vaccines, syringes or other supplies, and reasons for these losses
  - Safety: syringes, safety boxes, handling and final disposal of vaccination wastes
  - Social communication plan, crisis plan
  - Results of operational studies
  - Integrated activities: Integrated Management of Childhood Illnesses (IMCI), Vitamin A, deworming, among others.
  - Introduction of new vaccines: coverage and its impact on the routine program.
  - Compliance with the previous action plan: strengths and weaknesses of the immunization program.

A tool that supports the situation analysis process is the analysis of strengths, weaknesses, opportunities and threats (SWOT), which will allow putting into context the interaction between the program's particularities - internal factors - and the environment - external factors - that influence the achievement of the objectives.

## 2. Prioritization

It is carried out to propose national objectives and goals in line with regional and global goals based on the health situation analysis and in accordance with available resources.

Information is required on:

- Magnitude: frequency of occurrence
- Transcendence: impact it has
- Strategic value: the proposed interventions support the health sector and the development of values, objectives and strategies.
- Vulnerability: susceptibility to solution
- Feasibility: possibility of a solution in political and economic terms.

## 3. Formulation of objectives and goals

After the health situation analysis and the prioritization of the problems to be addressed, the logical consequence should be the establishment of action plan objectives consistent with the program standards. An **objective** is defined as the achievement or result pursued and a **goal** as the quantification of the expected result for the planning period, measured by a performance indicator.

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

- Previous achievements (adjustment to reality)
- Actual time to execute activities
- Available resources

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

For the formulation of the plan, an Excel matrix that has been redesigned and the respective instructions for its correct construction are attached (Annex 1).

#### 4. Components

The components of the action plan are the strategic areas that program management should consider when planning. Definitions and more detailed information on each component can be found in the following sections.

- a. Political priority and legal basis
- b. Planning and coordination
- c. Biologicals and supplies
  - Vaccines
  - Syringes
  - Inputs
- d. Cold chain
- e. Training
- f. Social mobilization
- g. Operating expenses
- h. Supervision and monitoring
- i. Epidemiologic Surveillance (EV) and Laboratory (LAB)
- j. Information system
- k. Research
- l. Evaluation

Below are the components of the action plan, their definition and some questions (not exhaustive) that will serve as a checklist for program management to consider when planning.

##### a. Political priority and legal basis:

**Definition:** Refers to the actions harmonized with the different stakeholders, with emphasis on the political and legal support to the program's objectives and goals, as well as the people in charge of carrying out the technical and operational activities to face and overcome the obstacles.

##### Answer the questions

- What is the policy priority assigned to the program and is it backed by resources?
- Is the national EPI or vaccination spontaneously mentioned among the country's priorities?
- Are there laws or decrees that support vaccination as a public good?
- Are there laws or decrees that guarantee the allocation of resources for vaccines/immunization in the national budget?

## Examples

- Development of an advocacy strategy with political authorities at the national and departmental levels and in at-risk communities or municipalities to incorporate the priority of vaccination as an integral part of primary health care into the national, departmental and local political agenda.
- Review and update of the country's vaccine and immunization law.
- Review of the new technical-administrative rules of the PAI.
- Establishment of terms of reference and legal basis for National Advisory Committees on Immunization Practices.

### b. Planning and coordination:

**Definition:** It is the process in which the objectives to be achieved are identified, priorities are defined and the means to be used to achieve the expected end are determined.<sup>1</sup> Coordination is understood as the collaboration of two or more individuals, departments, programs or organizations interested in and working towards the achievement of a common objective.<sup>1</sup> It refers to the functional articulation of the actions required by the IAP's programmatic area.

### Answer the questions

- Are goals, objectives and priorities clearly defined, monitored and evaluated?
- Are there coordinated actions with the laboratory(ies) and other health care programs such as nutrition, reproductive health, childhood? Are they adequate?
- Are there coordination mechanisms with the national regulatory authority?
- Are there coordination mechanisms with agencies, with other institutions, such as non-governmental organizations (NGOs) or sectors, or with professional associations?
- Is there a National Advisory Committee on Immunization Practices?
- Have entities been identified that could support the program in specific activities?
- Have integrated responses for outbreak control and prevention been defined with other entities of the Ministry of Health?



## Examples

- Formulation of the annual EPI action plan at the national, departmental and local levels.
- Formulation of an intervention plan for at-risk municipalities.
- Scheduling of follow-up measles and rubella campaigns or polio vaccination days and if applicable whether they will be conducted under some framework (such as Vaccination Week in the Americas/World Immunization Week or a National Health Week/Day, etc.).
- Meeting to unify the scheduling process for vaccine, syringes, materials and supplies for the regular vaccination program.
- Meetings of the Advisory Committee on Immunization Practices.

### c. Biologicals and supplies:

**Definition:** Includes the scheduling of all products required for the vaccination event. It includes all vaccines such as BCG, DPT, VOP, SR, SRP, Td, as well as new vaccines and underused vaccines (HepB, Hib, yellow fever, pneumococcus, rotavirus, HPV, influenza), toxoids and immunoglobulins, syringes, needles and other additional supplies needed for the application of vaccines, such as cotton, etc.

### Answer the questions

- Is there a specific, exclusive and sufficient budget for biologicals and supplies for the EPI?
  - How is the scheduling and distribution of biologicals and supplies carried out?
  - Is there a mechanism for the purchase of vaccines?
  - Is there a mechanism for the purchase of syringes?
  - Is there a mechanism for the purchase of other inputs?
  - Were there any vaccine shortages in the previous year?
  - Does national procurement of new vaccines consider a critical stock?

## Examples

- Purchase and distribution of vaccines (including wastage), syringes, safety boxes. Includes other expenses derived from the acquisition of these supplies such as freight, international insurance, the percentage of administration of the revolving fund, and taxes, if applicable. Customs clearance procedures are included in the Operating Expenses component.

#### d. Cold chain:

**Definition:** Refers to the system used to ensure the correct conservation, storage and transportation of vaccines, from the time they leave the laboratory that produces them until the time of their application to the target population under optimal conservation conditions.<sup>1</sup>

#### Answer the questions

- Is there an updated inventory?
- Does the current capacity allow you to introduce new vaccines?
- Is there a maintenance and equipment replacement plan?
- Are resources allocated for this purpose?
- Have priorities been defined?

#### Examples

- Updating of the cold chain inventory at the national level.
- Acquisition of cold chain equipment for prioritized municipalities.
- Update and implementation of the cold chain maintenance plan.
- Cold room rental.
- Rental of transportation of PAI supplies.

#### e. Training:

**Definition:** It is a short-term educational process which uses a planned, systematic and organized procedure through which personnel will acquire the knowledge and technical skills necessary to increase their effectiveness in achieving the proposed goals.<sup>1</sup> It includes all training activities, as well as the materials necessary for their adequate execution (production of teaching-learning materials, printing, copying, classrooms). This component also includes the costs associated with the transportation and travel expenses of participants for training in any activity related to each of the components (cold chain, epidemiological surveillance, etc.).

### **Answer the questions**

- Are technical standards, tools and training plan in place?
- Do you need to evaluate the impact of training already conducted?
- Do you need to validate innovative materials or techniques?
- Is the training plan being followed? If not, why not?

### **Examples**

- Formulation and execution of annual national and departmental training plan.
- Safe vaccination workshop.
- Review, validation and printing of EPI pocket guidelines for use by medical and nursing staff.

### **f. Communication and social mobilization:**

**Definition:** Refers to the process of encouraging society to actively participate in the solution of the problems that affect it.<sup>1</sup> It includes promotional activities through different means of communication (traditional and alternative) and community participation related to the immunization program with an established budget.

### **Answer the questions**

- Is there a social communication plan?
- Is it funded?
- Is there mass outreach for the regular program? What is the coverage?
- Are there community networks that promote vaccination in your community?
- Is there support for the EPI from private enterprise, social teams or the community?
- Is user satisfaction evaluated on a regular basis?

### **Examples**

- Development of the PAI web page.
- Design and production of informative and educational material within the framework of the communication strategy of the national EPI promotion plan.
- Design and production of informative and educational material within the framework of the Vaccination Week in the Americas/World Immunization Week strategy.

- Organization and sustainability of volunteer groups such as community leaders, teachers, churches, local authorities, among others.
- Evaluation of work with volunteers.

#### **g. Operating expenses:**

**Definition:** Refers to expenditures for activities and outputs related to the management and support of the infrastructure for the effective delivery of the operation of immunization services.<sup>2</sup> It refers to operating expenses (salaries, fuel, vehicle maintenance, etc.). Generally this component can represent a high percentage of the total budget.

##### **Answer the questions**

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

##### **Examples**

- Payment of salaries of permanent PAI personnel, per diem, overtime.
- Fuel, vehicle maintenance.
- Electricity, telephone, fax, internet.
- Procurement of supplies, office supplies, inks, toner, paper, etc.
- Contracting of waste collection and incineration services.

#### **h. Supervision and monitoring:**

**Definition:** Refers to the process of gathering information to obtain updated information on achievements and difficulties identified, analyzing the development of activities and their comparison with the goals and work plan, and, if necessary, taking corrective or complementary actions to achieve objectives and goals, ensure quality and improve efficiency.<sup>1</sup>

##### **Answer the questions**

- Are there supervision and monitoring instruments and plans?
- Have the results of supervision/monitoring been used as a basis for decision making?

- Are biosafety standards for handling and disposal of used syringes and vials met?
- Is the open bottle policy complied with?
- Is coverage monitored locally and are timely actions taken to meet targets and vaccinate the entire assigned population?

### **Examples**

- Formulation of a national and departmental supervision plan.
- Conduct at least 3 EPI monitoring visits in all components at subnational levels.

### **i. Epidemiological and laboratory surveillance:**

**Definition:** Refers to the activities necessary to carry out the systematic and ongoing process of collecting, analyzing, interpreting and disseminating specific data related to LBS for use in the planning, implementation and evaluation of public health practice.<sup>1</sup>

### **Answer the questions**

- Are there technical standards, protocols or guidelines on surveillance and/or laboratory?
- What is the coverage of the weekly notification network?
- Is the negative weekly notification complied with?
- Are surveillance indicators for measles, rubella, congenital rubella syndrome and acute flaccid paralysis (AFP) met?
- Is there diagnostic capability for the detection of pertussis, diphtheria, among other VAPDs?
- Are surveillance systems in place for new vaccine-preventable diseases?
- Is sentinel surveillance of new vaccines tracked?
- Is there an ESAVI surveillance system?
- Have areas of risk and epidemic potential been identified?
- Is there updated information on cases and their laboratory results?
- Is the information disclosed and used?

### **Examples**

- Strengthening of active epidemiological and laboratory surveillance of VSE at all levels.
- Implementation of epidemiological surveillance of pneumococcus and rotavirus.
- Evaluation of the neonatal tetanus elimination plan.
- Detection, investigation, documentation and follow-up of suspected EPI and ESAVI cases.

**j. Information system:**

**Definition:** Refers to actions to ensure a mechanism for the collection, processing, analysis and transmission of information needed to organize and operate health services, as well as for research and planning to control disease.<sup>3</sup>

**Answer the questions**

- Is there updated information on vaccination indicators and incidence of VPE?
- Are there guidelines for data capture and consolidation instruments and data flow?
- Are registers or card holders used to track individual diagrams and identify children with late or incomplete diagrams?
- Is adequate data collection complied with and does the reported data reflect reality?
- Is a nominal vaccination registration system being developed? If yes, Will this system be integrated or inter--operate with an inventory and logistics management system?
- Is a risk analysis done by municipality or community?
- Are there risk maps for less than 95% coverage?
- Has the quality of the data or information system been assessed?
- Are the results of the information obtained disclosed?
- Has the information for cold chain inventory been automated?

**Examples**

- Computerized inventory control, inputs and outputs of vaccines and supplies at national and departmental level.

- Design and printing of updated forms according to the current vaccination schedule.
- Development of a Nominal Vaccination Registration System phase 1.
- Conduct a self-assessment of immunization data quality (DQS) in 3 prioritized locations.

#### **k. Research:**

**Definition:** refers to the systematic application of the scientific method, seeks to obtain relevant and reliable information to understand, verify, correct or apply knowledge. <sup>4</sup>

##### **Answer the questions**

- Have operational investigations been carried out, which ones?
- Have burden of disease, economic, cost--effectiveness or impact studies been conducted on the introduction of new vaccines?

##### **Examples**

- Missed Opportunities for Vaccination Study developed
- Impact of the introduction of pneumococcus

#### **l. Evaluation:**

**Definition:** Refers to the set of procedures used periodically to analyze the development of the program and to obtain information on the fulfillment and validity of its objectives, activities, costs, results and impact.<sup>1</sup>

##### **Answer the questions**

- Have periodic national evaluations been carried out according to levels?
- Have they served as a basis for decision making?
- Are the conclusions and recommendations documented
- Are the recommendations made followed up and have they been used as a basis for decision making?

## **Examples**

- Semiannual evaluation of the EPI at all levels

## **5. Implementation of activities**

The implementation of activities provides an excellent opportunity for program members to work as a team. The description of the tasks to be executed should be complemented with an indication of responsibilities and the chronology or stages in which they will be implemented. This aspect is important in order to avoid overlapping responsibilities and to ensure that efforts are integrated and directed towards the central management objectives, with adequate horizontal and vertical communications (coordination) to obtain the best performance from the available resources.

## **6. Plan monitoring and supervision**

It is a basic function of management that ensures that activities are carried out as planned, taking into account quality requirements. A supervision plan must be generated that allows the application of corrective measures in an active way and supports decision making for the solution of problems in a timely manner, thus generating a dynamic document.

It is recommended that periodic meetings be held with the personnel or networks involved in the execution of the action plan, in order to review progress or reprogram activities in accordance with the results obtained.

## **7. Plan evaluation**

The objectives and goals of the PAI need to be evaluated in order to analyze the degree of compliance between what was programmed and what was executed. This evaluation, which can be carried out on a semi-annual or annual basis, favors

- Update or modify the contents of the action plan based on the execution of the plan.



- Identify actions that are not progressing in their execution, assessing the causes of this situation and formulating solutions to facilitate their execution in the future.
- To have information available to provide feedback to those involved in the execution of the action plan.
- Program the action plan for the following year in coherence with the actions of the agents involved in the plan.

## **Annex 1. Instructions for the correct preparation of the action plan (Excel file).**

The new action plan was designed with the objective of achieving greater standardization among the various reporting mechanisms on the IAP planning and budget, facilitating the work of compiling and analyzing this information and therefore its use in practice. This revolves around a new matrix, called "Consolidated Summary", which relates the 12 components of the IAP (distributed in rows), and a series of budget lines to guide the estimation of the cost per planned activity (in columns), such as salaries, consultancies or biologicals. From an analytical point of view, this matrix helps in the identification and structuring of data, as well as laying the groundwork for the creation of a solid long-term bibliography.

### ***a. Brief description of the leaves***

The new format for the action plan includes 17 sheets:

- In the initial sheet "Component Definitions & Items" you will find the definitions of each of the components of the IAP and the items used for the budget.
- In the "Matrix Definitions" sheet you will find examples of the most common costs that make up a PAI budget. The purpose of this sheet is to facilitate the understanding of the matrix below.
- The third sheet "Consolidated Summary" is the matrix referred to in the introduction of this annex. This matrix is for information only and should not be manipulated. It will be filled in automatically as each of the components are budgeted. In this sheet you will only have to specify the country in question and the currency in which you are going to work (in row one, red color).
- The following 12 sheets are to be filled out. There will be one sheet for each component. The methodology will be explained later in section b. "How to fill in the action plan, step by step".
- The "Charts" sheet. Four graphs are included here to facilitate the understanding of the planning carried out:
  - A pie chart of how much each component requires, as a percentage (%) of the total of the 12 components.
  - A bar chart ordering the components according to how much they require in absolute amounts.
  - A bar chart showing, component by component, how planning is distributed according to levels, in percentage (%).

- Finally, another pie chart of how much each cooperation topic requires (see explanation below).
- A last sheet called "Comparative table". This sheet will only be considered once the year being planned has been completed, and the execution data is available. The purpose of this sheet is to make a brief graphical comparison between what was planned and what was executed; only the execution data will have to be filled in. The planning data will be filled in automatically.

### ***b. How to fill in the action plan, step by step***

As mentioned above, the sheets to be completed in this action plan are the 12 sheets corresponding to each of the planning components for the IAP. Each sheet bears the name of the component for which it is being planned. All sheets should be completed, even those that do not require a budget. The data entry procedure is very similar to that of the previous action plan format, although there are some new features that should be taken into account to facilitate the completion of the tool.

#### **First step: description of the activities.**

- We are on the sheet of the first component: "1. Political priority".
- In the "Activities" column, the activities to be performed should be described. These should be exhaustive and well defined.
- In the "Expected results" column, define what is expected once the activity has been implemented, in the most specific and tangible way, both quantitatively and qualitatively, in order to serve as a parameter for the activity's fulfillment.
- The next column "Expense Detail" is an optional column, where the planner has a space to describe in more detail the budget that the specific activity entails. For example, if an activity is planned as "purchase of office supplies", in the expense detail you could specify "20 printer ink cartridges, 40 packs of white sheets, 100 folders, 30 sets of pens..."
- Technical cooperation topic or theme column. **This column should only be considered if the activity being planned is expected to be funded by PAHO/WDC.** It should be completed by the PAHO immunization focal point in the country.  
Here it is necessary to specify which group is responsible for the activity in the office.

regional, such as polio/tetanus eradication, public health, ProVac, health services, revolving fund...<sup>1</sup>

- In the column "At what level does the expenditure occur", simply indicate at what level the activity is being implemented and the proposed budget. Choose between central, regional or municipal level. **This column is mandatory**, since the "Consolidated Summary" sheet will automatically accumulate the totals according to levels, and **if the level of any activity is not specified, it will not be accounted for**. If the national EPI situation requires that all planning and budgeting must be done at the central level, the central level will always be indicated (Figure 1).
- Finally, a timeline is included with the title "Quarter in which it will be carried out". There is one column per quarter, and the quarter of the year in which the planned activity will take place should be identified.

---

<sup>1</sup> More information and definitions for each topic can be found in Annex 2.

Figure 1. Timeline for the implementation of planned activities

Componente 1: Prioridad política y bases legales								
Actividades	Resultados Esperados	Detalle del gasto	Tópico o tema de cooperación técnica	A qué nivel ocurre el gasto	Trimestre en el que se va a realizar			
					1ro	2do	3ro	4to
Desarrollo de una estrategia de abogacía con los alcaldes para acercarlos al PAI	Alcaldes sensibilizados priorizando acciones con el PAI y asignando recursos en sus POAs de acuerdo a sus competencias		Servicios de salud	Regional	✓	X	✓	X
Elaboracion de carpetas de abogacía para alcaldes y redes sociales	Alcaldes sensibilizados priorizando acciones con el PAI y asignando recursos en sus POAs de acuerdo a sus competencias		Elegir tópico	Regional	✓	X	✓	✓
			Elegir tópico	Elegir nivel				
			Elegir tópico	Central				
			Elegir tópico	Regional				
			Elegir tópico	Municipal				

## Second step: quantification of activities.

The identification of the financial requirement and its possible and assured sources helps to reach and secure political and financial support from government, international agencies, NGOs and other stakeholders from both the private sector and the community. The result is a viable and sustainable program. Budget planning for the action plan should include all allocated resources, regardless of the source of funding.

Now it is necessary to enter the monetary amounts that are being planned. For a better performance of this step, it is recommended to review the definitions provided in the first two sheets. Unlike the previous Plan format, the total planned for each activity is not entered directly; it is recommended to enter the cost and its detail by budget item to guide the construction of the financial requirement by activity. There are two areas for the classification of resources:

### CLASSIFICATION 1: RECURRENT COST (due to the program each budget period)

- Vaccines
- Syringes and other supplies
- Maintenance of the cold chain
- Salaries
- Consultancies
- Per diem and travel expenses
- Meetings
- Vehicle maintenance and fuel
- Another recurrent

CLASSIFICATION 2: CAPITAL COST (which have a useful life in time, i.e. last more than one budget period)

- Cold chain equipment
- Vehicles
- Buildings
- Other capital

In order to seek standardization and facilitate the work, each component has its own particular items, and cannot be added or removed.

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

- ❖ In the Political Priority component, the activity "*Development of an advocacy strategy with the mayors to bring them closer to the PAI*" is budgeted.
  - ▶ As can be seen, under Political Priority the items "Consultancies," "Travel and Travel Expenses," "Meetings," "Other Recurrent" for recurrent expenses and "Other Capital" for capital expenses will be taken into account.
  - ▶ For this activity, the following are planned, in U.S. dollars:
    - 3,000 for the hiring of a *consulting firm*,
    - \$6,000 for *per diem and travel expenses*,
    - \$500 to provide food at the various *meetings*,
    - Nothing for *another appellant*.
    - Nothing for "Other capital".
    - A total of \$9,500 will be required for this activity. This amount is done automatically.

Figure 2. This is how the item columns look like after entering the data.

					Requerimiento
Recurrente				Capital	
Consultorias	Viaticos y gastos de viaje	Reuniones	Otro recurrente	Otro capital	
3,000	6,000	500	-	-	9,500

### Third step: financing of activities.

Finally, it is necessary to specify how each activity will be financed, depending on the source, which could be external or national.

External financing: all contributions from United Nations agencies, the GAVI Alliance and, if applicable, resources from international and bilateral organizations, etc., should be included. This component includes the cooperation resources provided by PAHO both in the country office and what **is being requested** from the regional office.

National financing: all resources allocated by the government to the execution of the PAI, as well as those allocated by social security, should be included. It should also specify what is financed through credits from multilateral banks such as the Inter-American Development Bank (IDB) or the World Bank (WB).

This matrix demonstrates the possibility of being able to introduce country-specific sources, in addition to those common to all.

We will continue with the example of *step 2* for the explanation of how these cells are filled in. We were planning the activity "*Developing an advocacy strategy with mayors to bring them closer to the IAP*":

- ❖ We must ask ourselves what funds we want to allocate to cover the activity's budget. International sources are available, such as PAHO, UNICEF or GAVI, and national sources such as Government, Social Security or World Bank or IDB credits. As mentioned at the beginning, some countries may have an exclusive source, and for that purpose this plan includes columns called "Other international organizations" in the case of external sources, and "Other" for national sources. In these cases, there is a space to define the name of these sources. There are activities that by their very nature are covered by the same funds in almost all cases, such as, for example, the purchase of biologicals, which will normally be covered by government funds.

- ▶ For this activity, we decided to allocate
  - \$2,000 from PAHO country office (external source)
  - \$3,000 from UNICEF (external source)
  - \$4,000 from the government (national source)
  - A total of \$9,000 is available to carry out the activity.

Figure 3. International sources of financing

querimiento	FINANCIAMIENTO EXTERNO ANUAL							
	A. OPS		B. UNICEF	C. GAVI	D. Otros Organismos internacionales			
	Oficina de país	(solicitado a IM oficina regional)			Escribir nombre	Escribir nombre	Escribir nombre	Escribir nombre
<b>EJEMPLO</b>								
9,500	2,000		3,000					

- In the end we did not cover the \$9,500, so we will be left with a gap of \$500, as indicated in the last column. This is calculated automatically. The estimation of gaps by EPI activity and component is extremely useful for requesting additional funds from different sources and/or reorganizing planning based on priorities and available funding.

Figure 4. Sources of national financing, totals financed and gaps

de Financiamiento										Total Financiado	BRECHA
FINANCIAMIENTO NACIONAL ANUAL											
F. Gobierno (no crédito)	G. Seguridad Social	Créditos		J. Otros				Gasto total por fuente Nacional			
		H. BM	I. BID	Escribir nombre	Escribir nombre	Escribir nombre	Escribir nombre	Monto	%		
4,000								4,000	44%	9,000	500

These procedures are repeated for each of the 12 sheets available in the file. All totals, both by level and aggregated, as well as percentages, are automatically calculated, and extrapolated to the "Consolidated Summary" matrix.

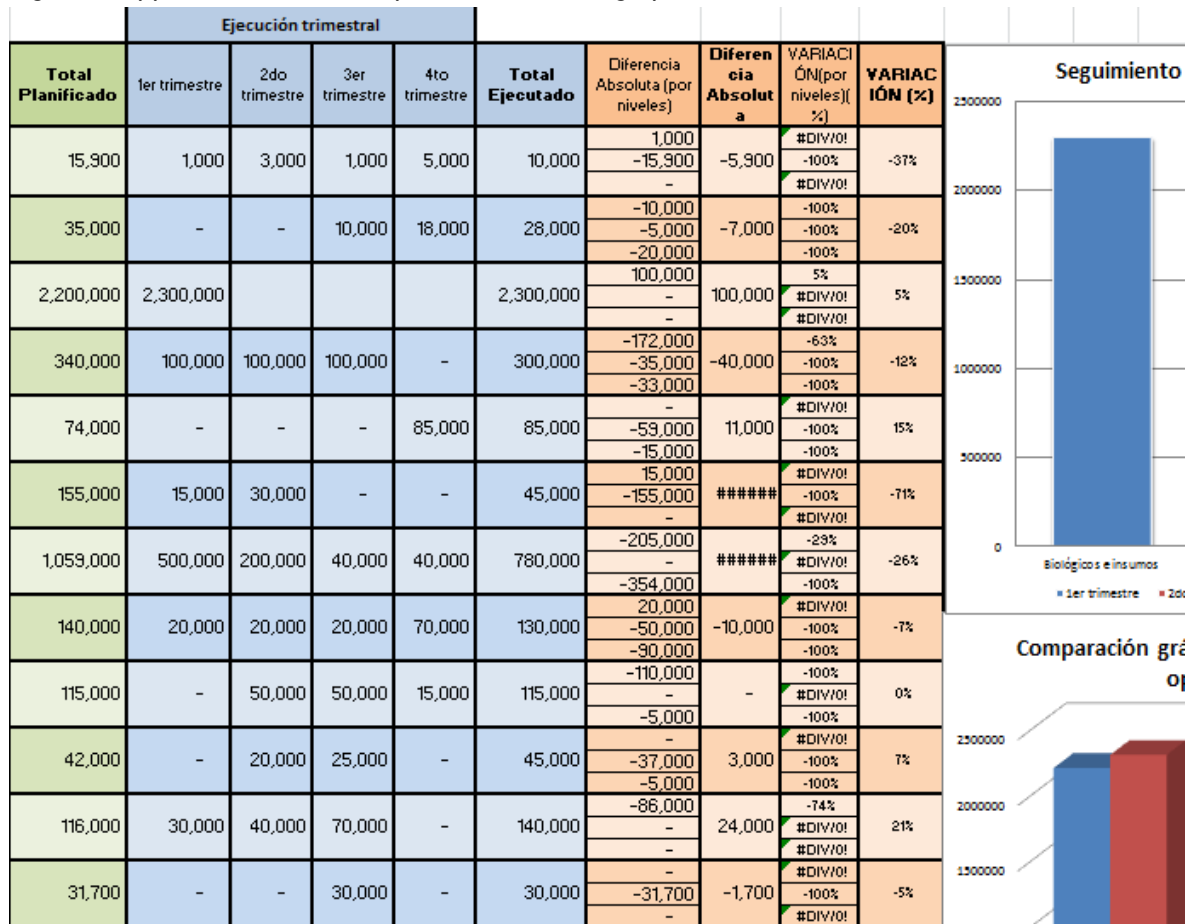
### c. Brief instructions for the sheet "Comparison Table".

Once the year is over, and with the data of its execution (JRF), a graphical comparison can be made on how the course has gone according to the initial expectations and the final results. To do this, go to the "Comparative Table" sheet and:



- Fill in the total executed column with the data referring to the execution. This information must be entered on a quarter-by-quarter basis. It will be necessary to have disaggregated information for each of the components.
- The sheet itself will automatically calculate the absolute differences and percentage variations. These differences can then be viewed in graphical format.

Figure 5. Appearance of the comparative table and graphs once the data have been included.



## Annex 2. Relationship between the cooperation topics and their content.

The following table shows in detail each of the technical cooperation topics. It serves as a reference for the PAHO immunization focal point in the country to codify which planned activities are expected to be funded by PAHO/WDC.

Code	Content
<b>Polio/tetanus eradication</b>	Poliomyelitis Tetanus Diphtheria Pertussis
<b>SR Elimination</b>	Measles, rubella and CRS
<b>Underutilized vaccines</b>	Yellow fever Influenza Hepatitis
<b>New vaccines 1</b>	Rotavirus Pneumococcus Meningitis
<b>New vaccines 2</b>	Papilloma Dengue Cholera
<b>PROVAC</b>	ProVac Legal framework The Advisory Committees on Immunization Practice
<b>Public health</b>	Supervision Strengthening of the routine program Low coverage municipalities Training
<b>Safe vaccination</b>	Safe vaccination
<b>Cold chain/safe injection</b>	Cold chain/safe injection
<b>SVA</b>	Vaccination Week in the Americas
<b>Health services</b>	GAVI
<b>Laboratory network</b>	EPV Regional Laboratory Network
<b>Information system and data quality</b>	Generation, collection, processing, analysis and monitoring of information. Data quality in MI. Generation of capture and analysis platforms. Integration of different existing information sources. Use of new technologies: cell phones, etc. Regional and National Immunization Observatory. Documents and Publications on Immunizations. Information Dissemination in IM.
<b>Revolving Fund</b>	Purchase of vaccines and MI supplies.

Development, training and operation of demand forecasting and inventory management tools. Training and support to PAHO Representations and Ministries of Health on the operation of the Fund.

Regional and global policies on access to vaccines and MI supplies and development of studies and research on access to vaccines and supplies.

## Bibliography

1. Pan American Health Organization. Management course for the effective management of the Expanded Program. Program of Program, 2006.  
[http://www1.paho.org/english/ad/fch/im/isis/epi\\_mod/spanish/home.asp](http://www1.paho.org/english/ad/fch/im/isis/epi_mod/spanish/home.asp).
2. Social mobilization for cancer control in Colombia, 2007. Ministry of Social Protection. National Cancer Institute. Republic of Colombia.  
[http://www.cancer.gov.co/documentos/SerieDocumentosTecnicos/Serie\\_N2\\_2007.pdf](http://www.cancer.gov.co/documentos/SerieDocumentosTecnicos/Serie_N2_2007.pdf).
3. Pan American Health Organization. EPI plan of action software: user's quick guide. 2006.
4. Moraes IHSD. Informações em saúde: da prática fragmentada ao exercício da cidadania. São Paulo: Editora Hucitec/Rio de Janeiro: ABRASCO; 1994.