

Microplanning: key component to reduce vaccination gaps.



GET UP-TO-DATE
#EACHVACCINECOUNTS

OPS



Organización
Panamericana
de la Salud



Organización
Mundial de la Salud
ORGANIZACIÓN REGIONAL PARA LAS
Américas

Content

- Global and regional framework
- Background in the Region
- Objectives
- Process
- Requirements for successful implementation



RIA RUBELLA
INFLUENZA
#EACHVACCINECOUNTS GET UP-TO-DATE
TETANUS POLIO



Global and regional framework



PAHO Líneas Estratégicas de Acción		IMMUNIZATION AGENDA 2030
CD59.R13 - Revigorizar la inmunización como bien público para la salud universal (septiembre de 2021)		
LEdA 1	Reforzar la gobernanza, el liderazgo y la financiación de los programas de inmunización	
LEdA 2	Mejorar el seguimiento de la cobertura vacunal y la vigilancia, incorporando estrategias de inteligencia digital a los análisis rutinarios.	
LEdA 3	Reforzar la integración de los programas de inmunización en el sistema de atención primaria para lograr la universalización de la salud.	
LEdA 4	Desarrollar enfoques de comunicación innovadores y estratégicos para crear conciencia social y confianza en las vacunas y aumentar el acceso a los servicios.	
LEdA 5	Reforzar la capacidad de los recursos humanos para los programas de inmunización	
LEdA 6	Utilizar pruebas científicas para orientar la toma de decisiones y la aplicación de programas	

Adaptation to the national context:

The IIA2030 strategic framework is flexible and allows **countries to adapt the global framework to their local context** and partners to provide differentiated, targeted support appropriate to the circumstances.

People-centered and demand-driven:

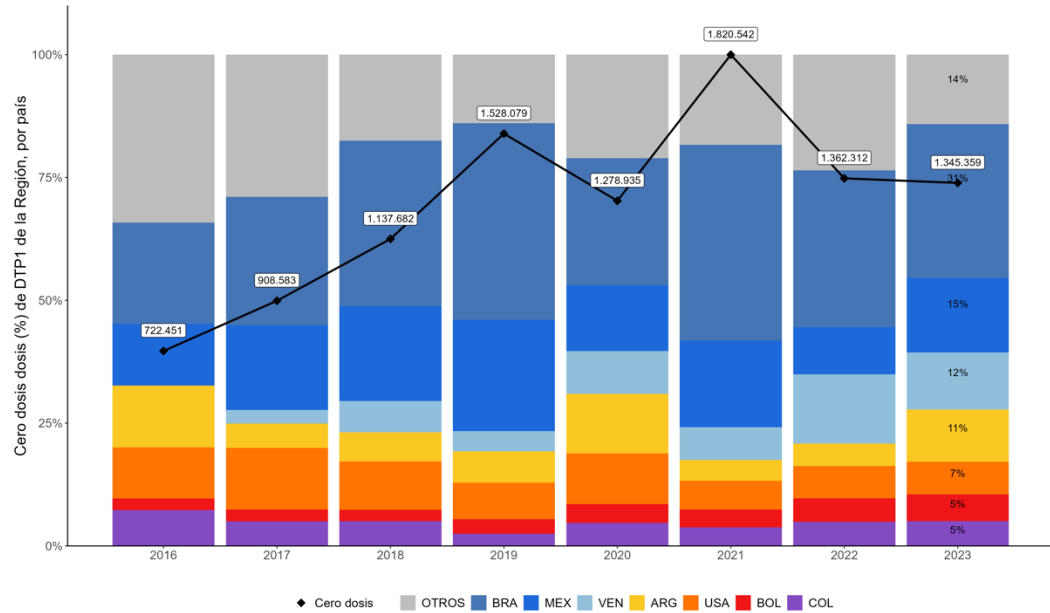
The first strategic priority of IA2030, which is global, is to ensure that immunization programs are a **core component of PHC to achieve universal health coverage**. The second is community engagement and demand. These two strategic priorities represent the foundation of an immunization program.

The adaptation of operational activities to the local reality and focused on the needs of the population is a prerequisite for progress towards equitable access to vaccination services and **closing gaps**

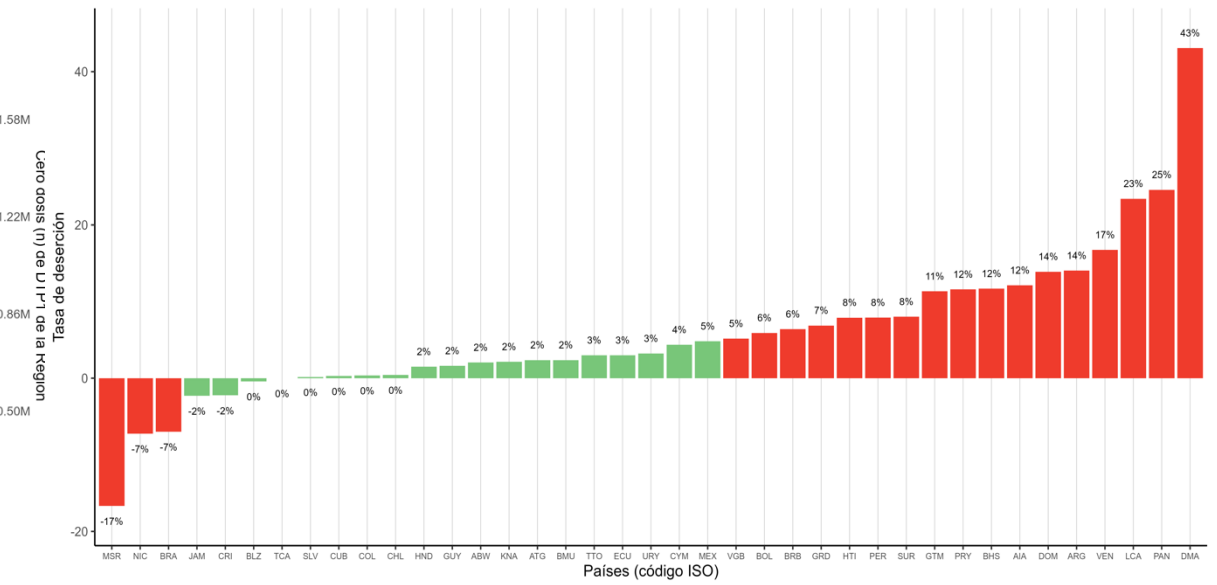
MICROPLANNING

Closing the gap: reducing zero-dose children and completing the immunization schedule

Zero-dose children: Evolution in the Americas in countries with higher numbers in 2016-2023.



DTP1 and DTP3 attrition rate Latin America and the Caribbean, 2023



Fuente: eJRF OPS/OMS y UNICEF
Fecha de corte: 03 de septiembre 2024.

Vaccination strategies

Routine vaccination

It consists of the provision and application of vaccines from the national scheme throughout the year, through vaccination in health services and extramural tactics.

The objective is to find and vaccinate 100% of the population according to the PAI scheme

Intensive vaccination

It complements routine vaccination and includes vaccination activities and campaigns in which intra- and extramural tactics are used to administer the greatest possible number of doses in a short period.

The objective is to improve or achieve high vaccination coverage in a short period of time

Emergent or blocking vaccination

It is carried out in response to the presence of suspected or confirmed cases of VPD to interrupt transmission, primarily using the house-to-house vaccination tactic.

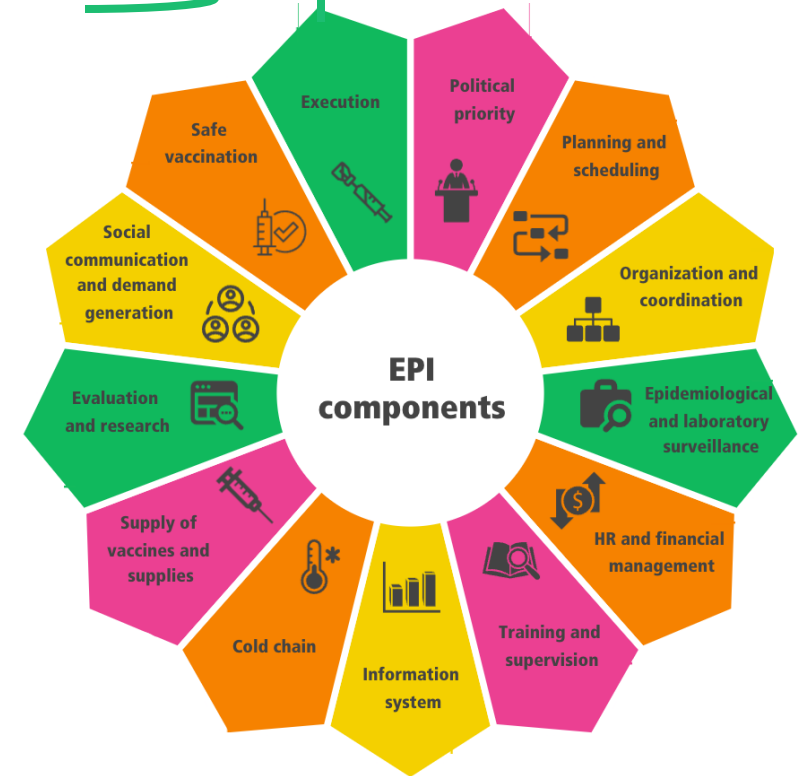
The objective is to improve or achieve high vaccination coverage in a short period of time

POLIO
TETANUS
GET UP-TO-DATE
#EACHVACCINECOUNTS
INFLUENZA
RUBELLA
DIPHTHERIA

Target

Program and implement operational routine vaccination activities integrated into the PHC services network and adapted to the local reality, in order to **close the** most urgent immunization **gaps**.

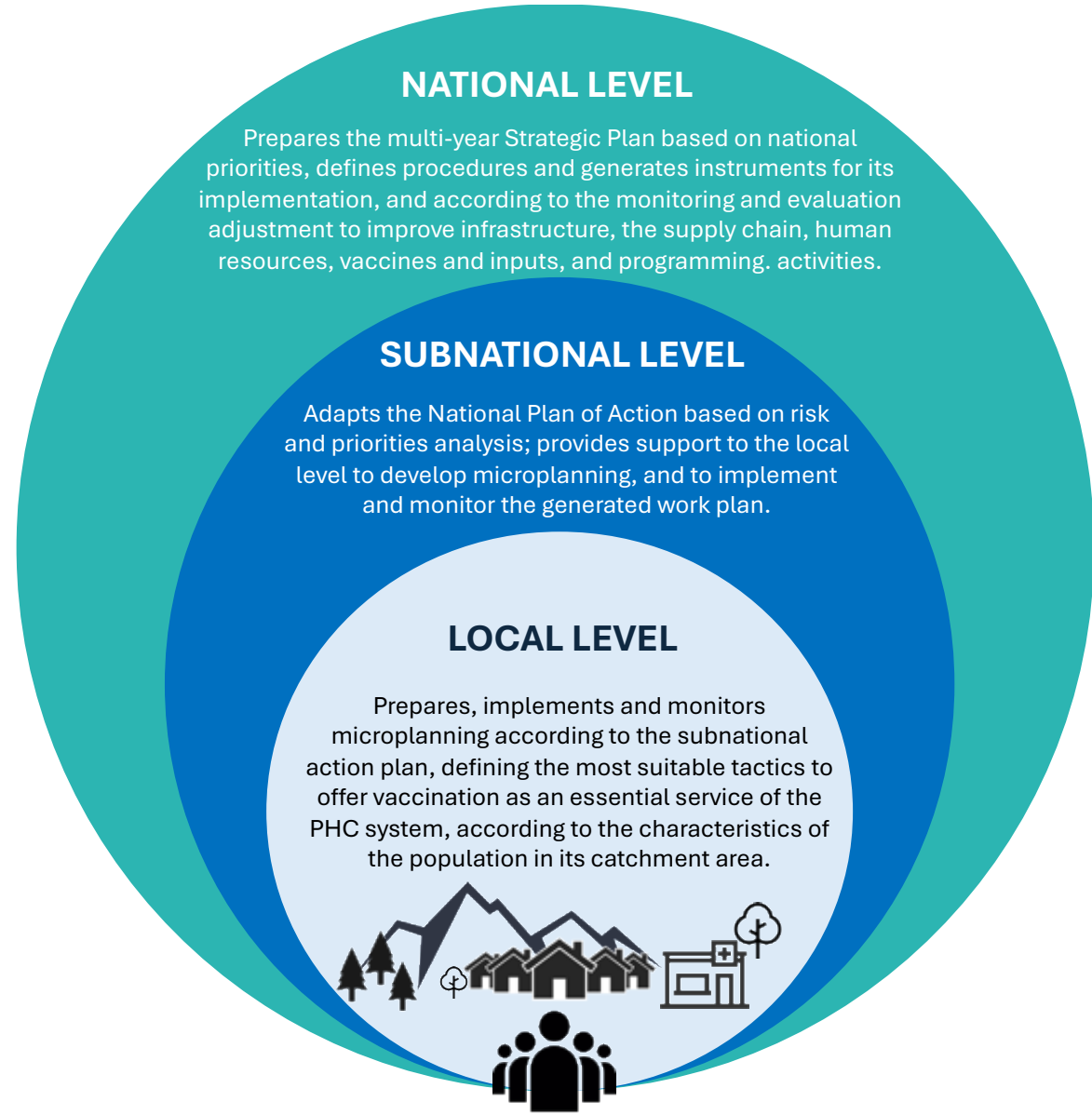
- Rules and strategies
- **Microplanning**
- Recovery strategies
- Vaccination sites



POLIO
TETANUS
GET UP-TO-DATE
#EACHVACCINECOUNTS
INFLUENZA
RUBELLA
DIPHTHERIA

Scope: Local level

Integration of immunization programs in the PHC system

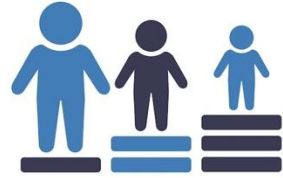


Universal health coverage

POLIO
TETANUS
GET UP-TO-DATE
#EACHVACCINECOUNTS
INFLUENZA
RUBELLA
DIPHTHERIA



Planning of activities focused on the needs of the population.



Improving equity in the provision of services



Focusing activities according to risk conditions

Importance of Microplanning



Efficient use of resources

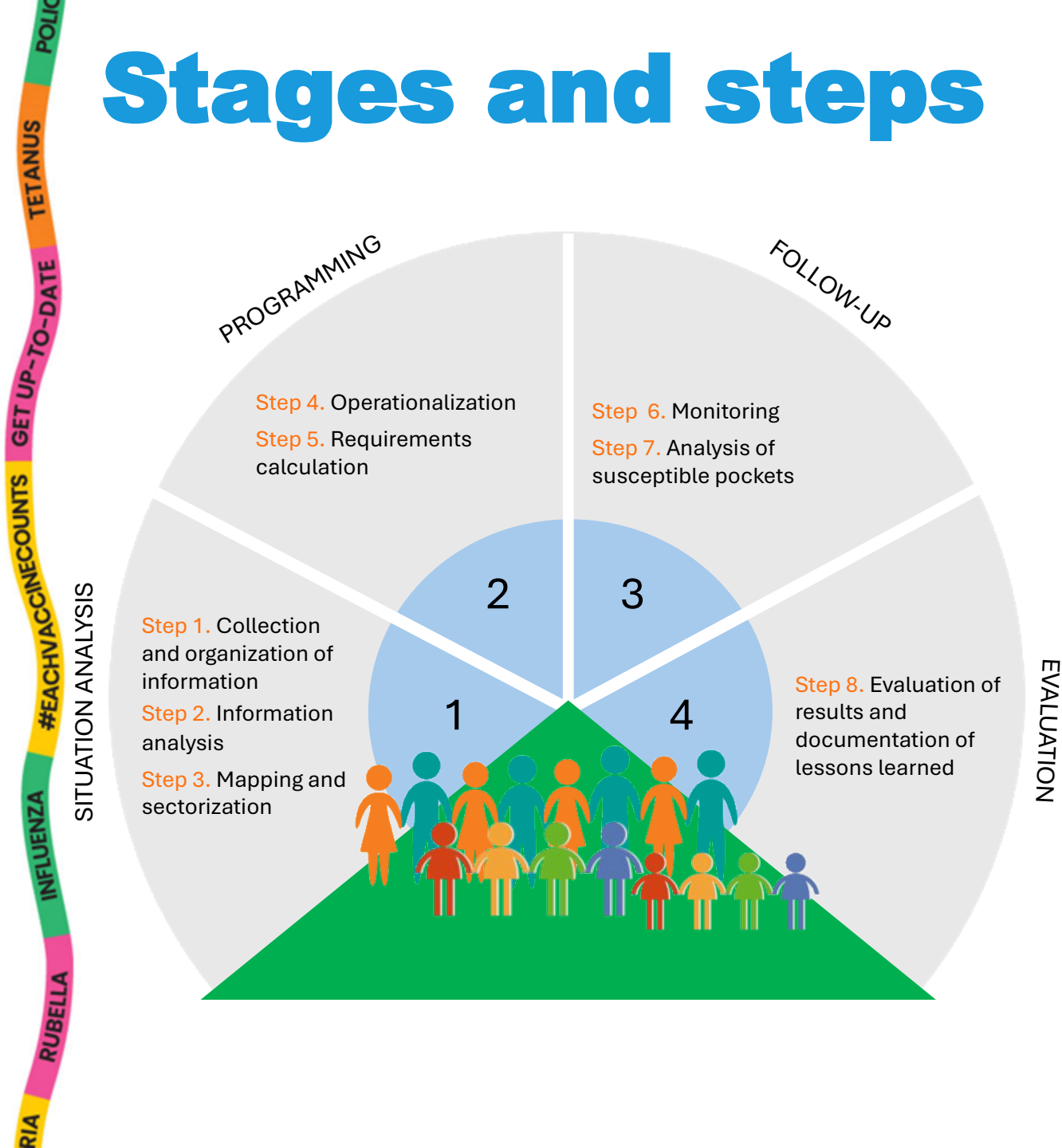


Empowerment of health personnel in the work plan



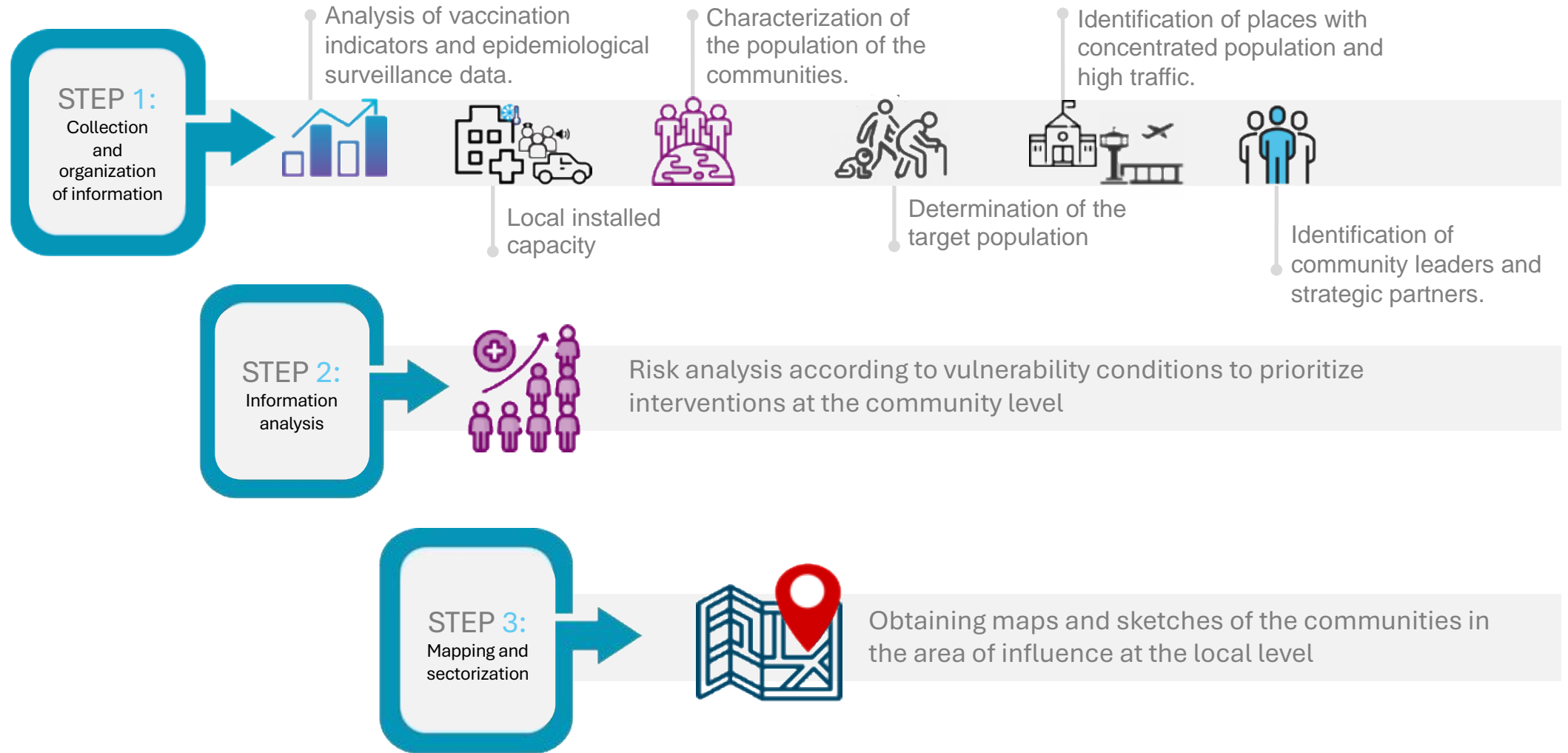
Community and local government involvement

Stages and steps



- Technical and operational **guidelines** for micro-planning
- **Microplanning booklet** in Excel format, with tabs corresponding to the different steps of the microplanning process.

Stage 1: Situation analysis



Stage 2: Programming

POLIO
TETANUS
GET UP-TO-DATE
#EACHVACCINECOUNTS
INFLUENZA
RUBELLA
DIPHTHERIA

STEP 4:
Operationalization



Estimation of monthly and annual goals by type of vaccine

Definition of vaccination tactics and epidemiological surveillance activities defined and adapted to the local reality.

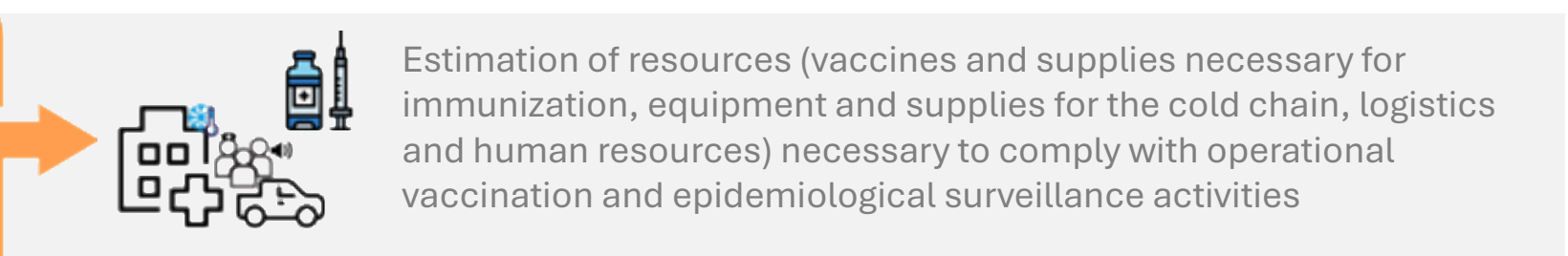
Vaccination in the health service

House-to-house vaccination

Vaccination by micro-concentration

Vaccination by mobile teams

STEP 5:
Requirements calculation



Estimation of resources (vaccines and supplies necessary for immunization, equipment and supplies for the cold chain, logistics and human resources) necessary to comply with operational vaccination and epidemiological surveillance activities

Stage 3: Follow-up

STEP 6:
Monitoring

Compliance with
scheduled activities

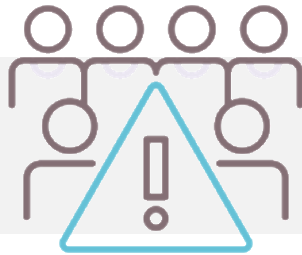


Coverage analysis

Analysis of
vaccination
abandonment rate



STEP 7:
Analysis of
susceptible
pockets



Comparison between the vaccinated population in the
different vaccination tactics and what was scheduled

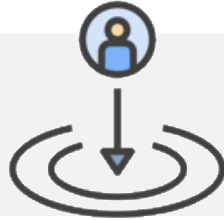
POLIO
TETANUS
GET UP-TO-DATE
#EACHVACCINECOUNTS
INFLUENZA
RUBELLA
DIPHTHERIA

Stage 4: Evaluation

STEP 8:
Evaluation



Result evaluation: what was achieved vs. the standards



Impact evaluation: improvements compared to the previous situation



Documentation of lessons learned and good practices.



Process evaluation: proportion of products obtained

POLIO
TETANUS
GET UP-TO-DATE
#EACHVACCINECOUNTS
INFLUENZA
RUBELLA
DIPHTHERIA

Requirements for successful microplanning



Political will to maintain the high priority of immunization, with a legal framework that guarantees the **allocation of resources** for programmatic activities, and not only for the purchase of vaccines and other associated costs.



Clear guidelines and regulations adapted to national contexts and, internally, to local realities.



Integration of immunization activities in health services as an essential activity of Primary Health Care.




Engagement and participation of health personnel and other local stakeholders in the elaboration, implementation, monitoring and evaluation



Strategic communication to build social awareness, confidence in vaccines and increase access to services



Continuous supervision and monitoring to identify deviations or gaps in the results obtained and to be able to reorient interventions in a timely manner.

A young girl with dark hair, wearing a bright pink sleeveless top with a purple graphic, is smiling at the camera. A healthcare worker wearing a light blue surgical mask and a white lab coat is administering a vaccine into her left arm. The background shows an outdoor setting with palm trees, a body of water, and a sign on a post. The text "Microplanning: key component to reduce vaccination gaps" is overlaid in large blue font on the right side of the image.

**Microplanning:
key component
to reduce
vaccination gaps**



Advances in the microplanning implementation process

Suriname 2025

Content



Background



Justification



Objectives



Workplan

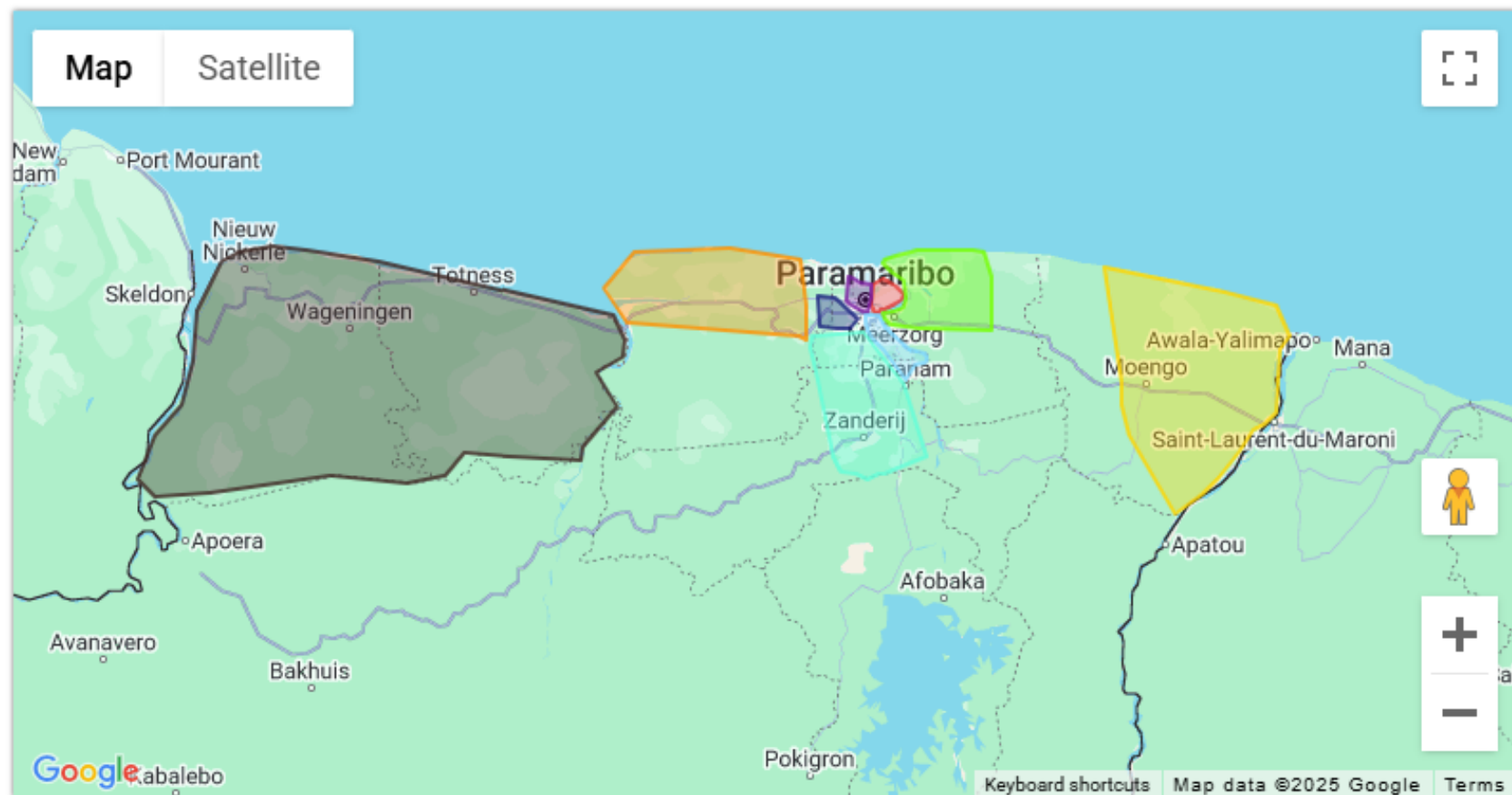
Background

- ❖ The Regional Health Services (RGD) operate in the coastal area and has 59 clinics.
- ❖ The Medical Mission Primary Healthcare Suriname (MMPHS) is responsible for the primary health care and selective prevention activities in the interior. Operates 52 clinics in the interior.
- ❖ The Mungra Medical Center (MMC) is a government hospital which is responsible for primary health care provision through 6 clinics in the interior.
- ❖ Suriname has six general hospitals (four in Paramaribo, one in the district Nickerie and one in Wanica)
- ❖ Primary health care is also provided by general practitioners especially in the urban districts of Paramaribo and Wanica.

Health service delivery is done by Primary health care organizations



Background



RGD Health Facilities

Klik op een 'regio' om de adressen van de Poli's in het betreffende gebied te zien.

Commewijne

Coronie

Marowijne

Nickerie

Para

Paramaribo

Saramacca

Wanica

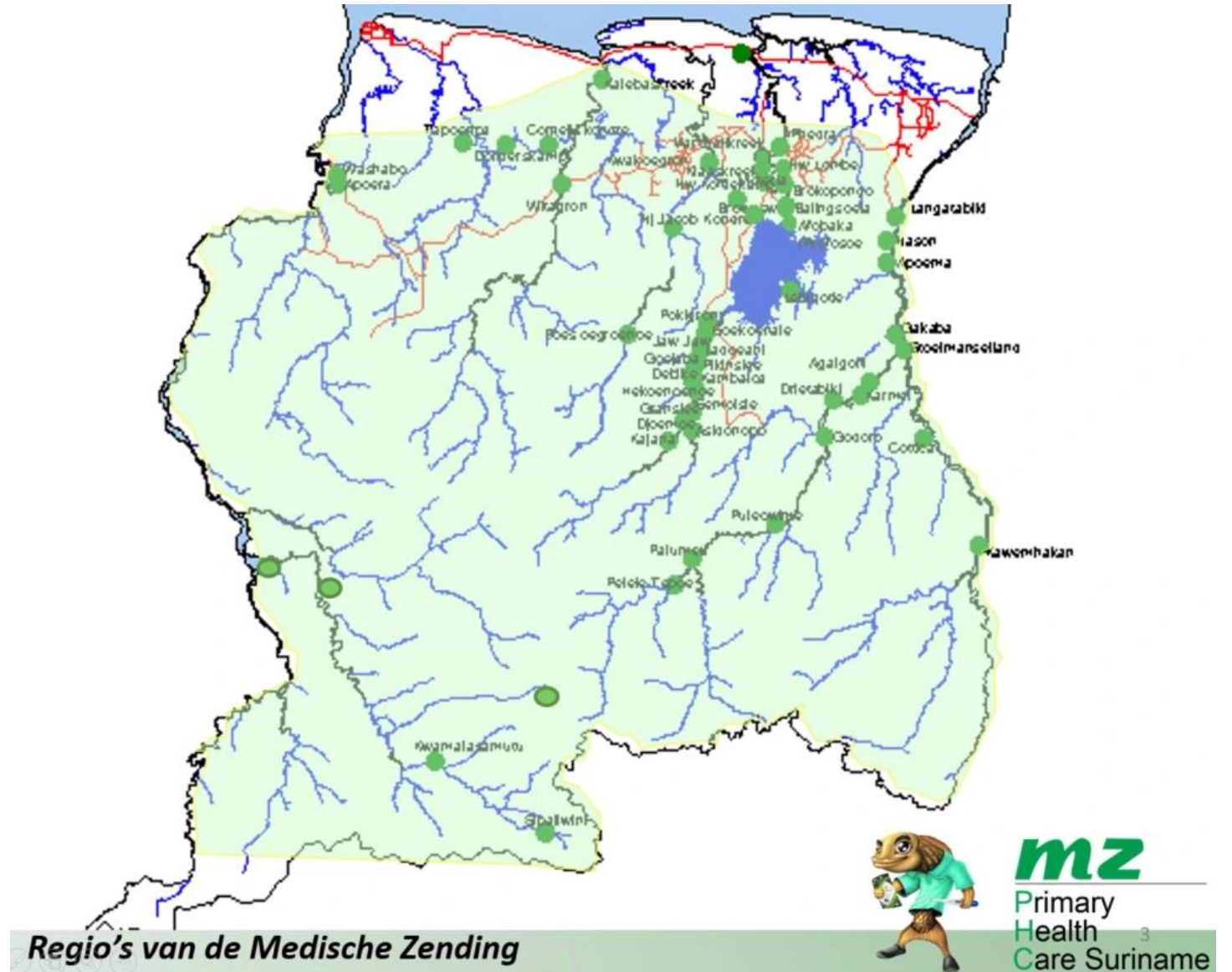
Alle locaties

Apotheken

Prikpunten

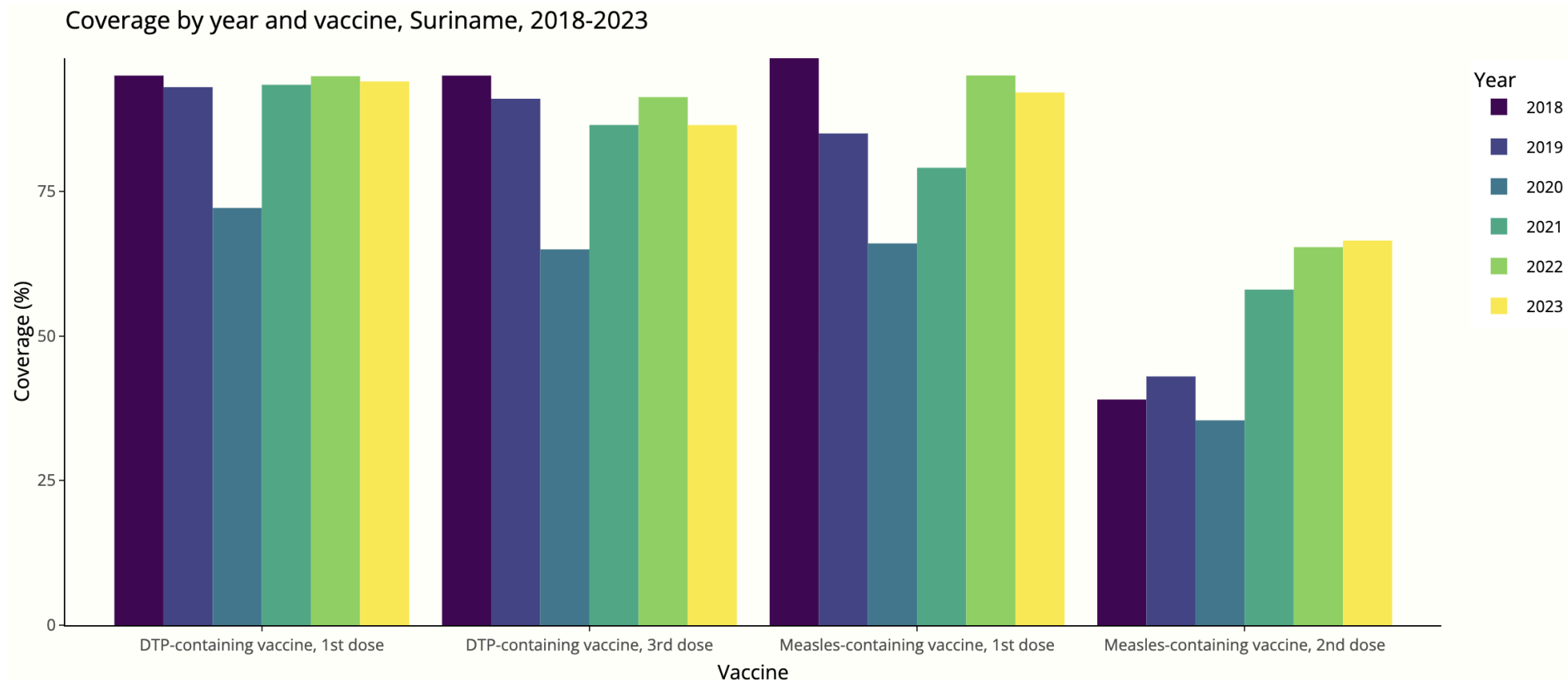
Medical Mission Health Facilities

Background



Justification

- The upcoming Vaccination Week of the Americas presents an ideal scenery to test the microplanning
- The need to improve the current vaccination coverage in all the vaccines



Objectives

General

- ❖ Jointing efforts in a common work plan for local vaccination activities based in the microplanning strategy adapted to the local reality.

Specific

- ❖ Revitalize national immunization program and recover vaccination coverage in all vaccines
- ❖ Organize the vaccination data to execute interventions, identify operational gaps and effective tactics to approach each community
- ❖ Monitor the VWA process to see its impact with the routine vaccination activities



Work Plan

Review tool by PAHO office

- Inclusion of financing analysis (Jan 2025)

Request of data

- Information needed to complete the tool (Feb 2025)

Adaptation of the tool

- Virtual meetings with the national team
- Adapt the tool to the local needs (Feb 2025)

National workshop

- Creation a national facilitator team (Feb 2025)

District workshop

- Presentation of the methodology to 4 Districts (Feb 2025)
- Deployment of national facilitator group to the last 5 District (Mar 2025)

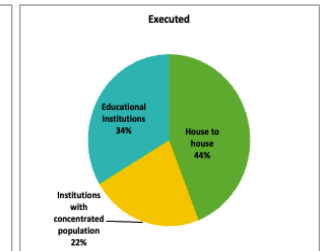
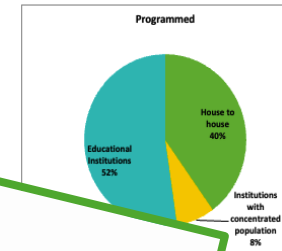
Monitoring the microplanning strategies

- VVA (Apr 2025)
- Routine activities 2025 (Mar-Dec 2025)

Results

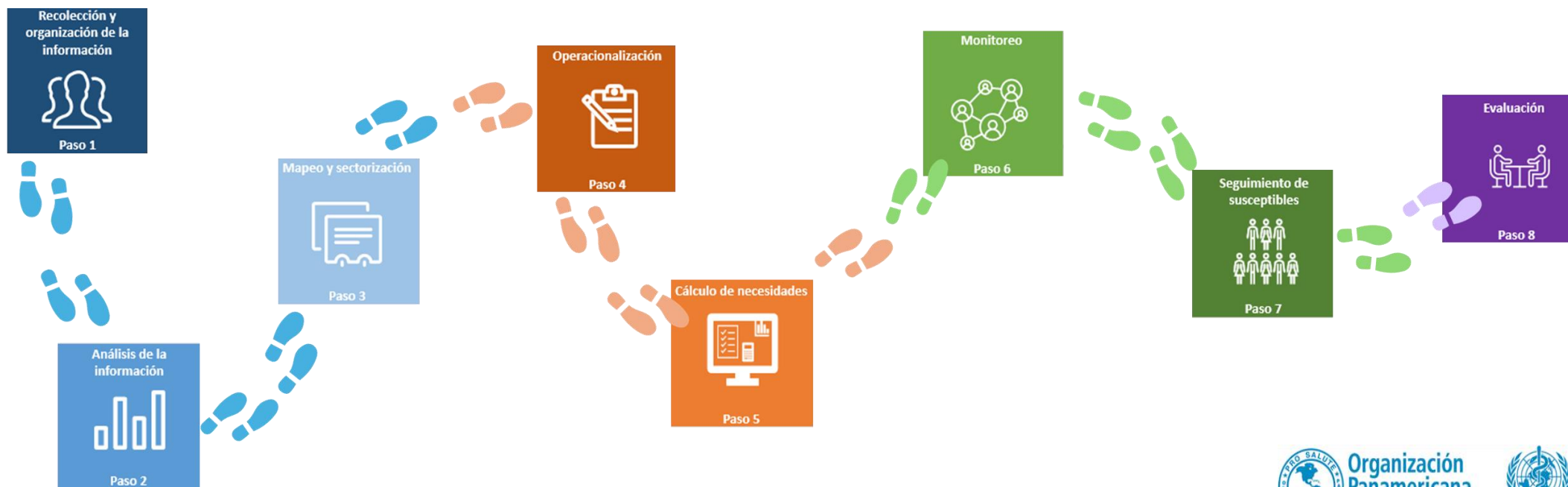
- Lessons learned
- Impact of microplanning throughout the year
- Microplanning 2026 (Dec 2025)

Vaccination tactics	Programmed				Interventions				Gap
	# interventions	Total approx cost for all interventions	Approx costs per intervention	% programmed per tactics	Executed		%		
					# interventions	Total cost for all interventions	Cost approx per interventions	% programmed per tactics	
House to house	32	\$3,655.00	\$114.22	40%	32	\$3,670.00	\$114.69	44%	-\$15.00
Institutions with concentrated population	17	\$697.00	\$41.00	8%	17	\$1,869.00	\$109.94	22%	-\$1,172.00
Educational Institutions	37	\$4,778.00	\$129.14	52%	33	\$2,793.00	\$84.64	34%	\$1,985.00
Total financing	86	\$9,130	\$284	100%	82	\$8,332	\$109	100%	\$798



Thank you for your attention!

Advances in the implementation of Microplanning for routine vaccination Paraguay 2025



Content

1

Background

2

Justification

3

Objectives

4

Work plan



Background

MINISTERIO DE SALUD PÚBLICA Y BIENESTAR SOCIAL PARAGUAY | PARAGUAY TESAÍ HA TEKO PORÁVE | DGVS Paraguay | PROGRAMA AMPLIADO DE INMUNIZACIONES PARAGUAY

Informe final
Autoevaluación del desempeño del Programa Nacional de Enfermedades Inmunoprevenibles – Programa Ampliado de Inmunizaciones (PNEI-PAI) Paraguay, 2024

"La vacunación es el resultado del compromiso y la coordinación en tre diversos sectores, incluidas las familias y las comunidades. El Ministerio de Salud lidera este proceso, y el PNEI-PAI es el mecanismo que lo facilita"

Asunción, octubre 2024

OPS | Canada

- In 2024, the EPI implemented the monitoring tool for the 13 EPI components.
- The need for micro-planning activities for routine vaccination was identified.

Within the priorities established in the EPI 2024-2028 action plan, micro-planning is considered a fundamental element to improve the program's vaccination indicators and move towards universal health coverage and access.

GOBIERNO del PARAGUAY | PARAGUAY REKUAI | MINISTERIO DE SALUD PÚBLICA Y BIENESTAR SOCIAL | PARAGUAY TESAÍ HA TEKO PORÁVE | PROGRAMA AMPLIADO DE INMUNIZACIONES PARAGUAY

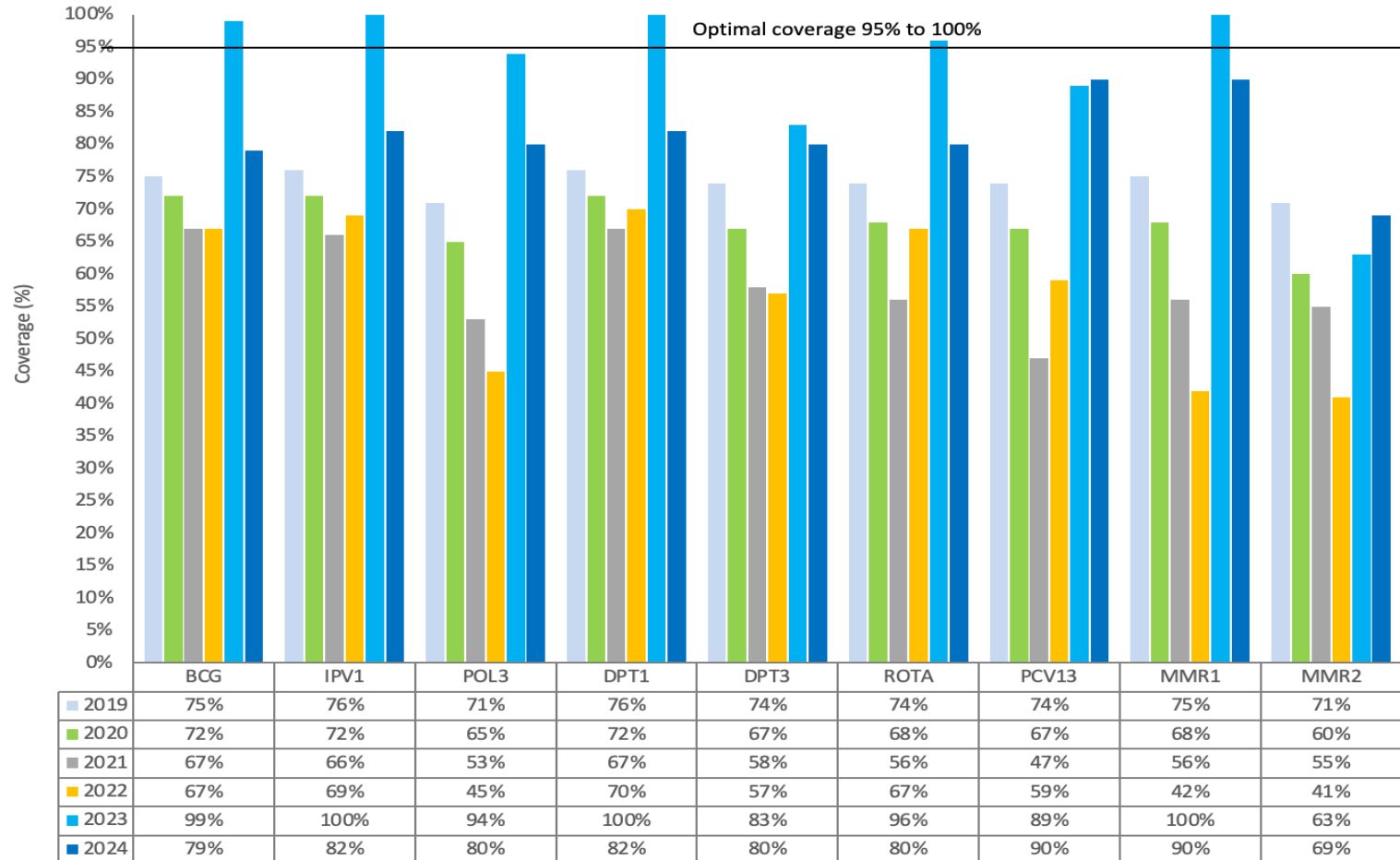
Plan de acción 2024-2028
Programa Nacional de Enfermedades Inmunoprevenibles – Programa Ampliado de Inmunizaciones

Asunción, octubre 2024

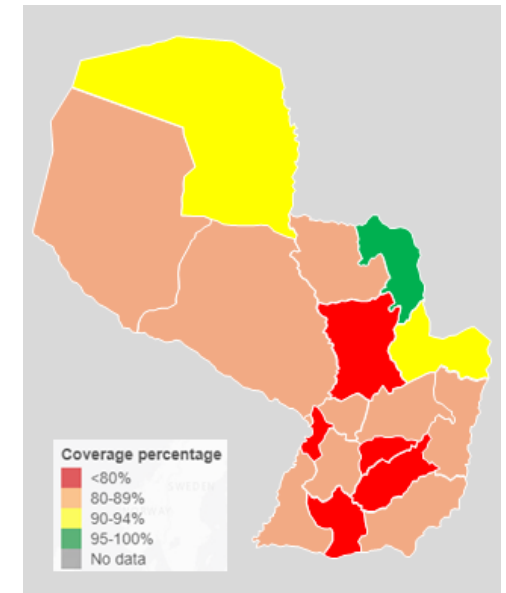
OPS | Canada

Justification

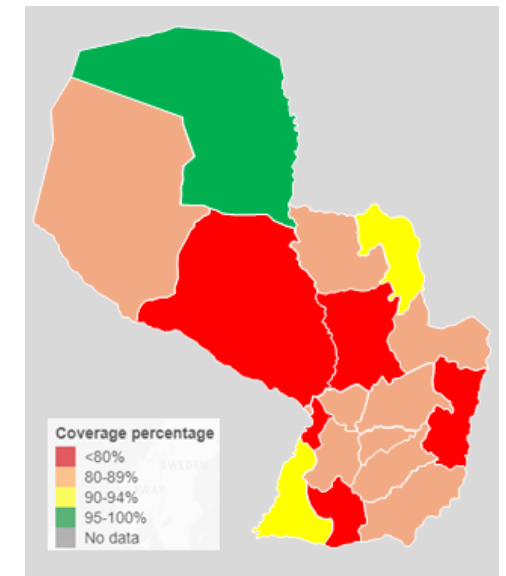
Vaccination coverage by type of vaccine, Paraguay 2019-2024



Coverage with Hexavalent 1 Paraguay 2024 (82%)



Coverage with Hexavalent 3 Paraguay 2024 (80%)



Attrition Hexa1/Hexa3: 2%.

Source: 2019 to 2023 data extracted from JRF paho-cim.shinyapps.io/immunization-dashboard/
 Data from 2024: Regular Program Immunization Bulletin <https://pai.msps.gov.py/2024-2/>

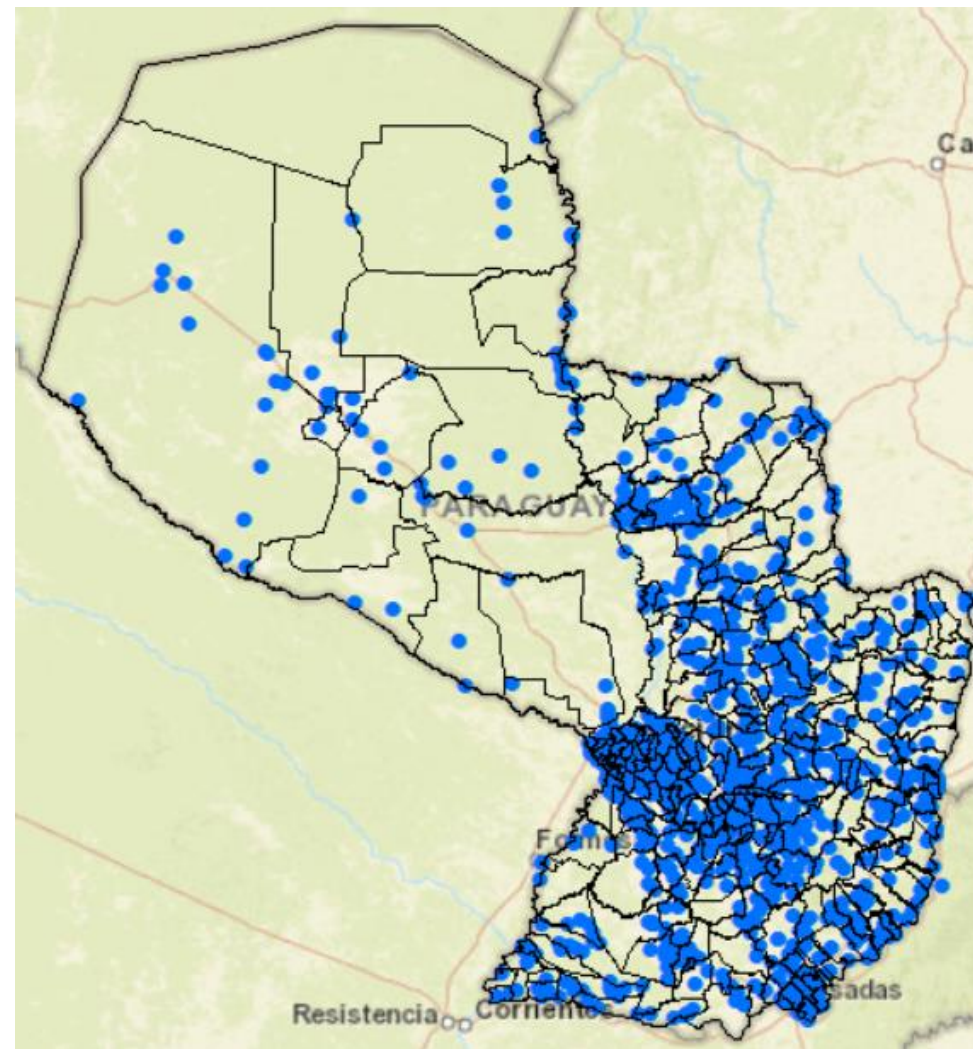
Objectives

General

Operationalize the EPI 2024-2028 action plan at the local level, through work plans based on micro-planning, adapted to the local reality and the needs of the population.

Specific

- Adapt the micro-planning tool for routine vaccination developed by PAHO/WHO to the country context.
- Train subnational and local level personnel in the methodology of routine vaccination micro-planning.
- Implement routine vaccination micro-planning in the country's health services that have vaccination centers.
- Monitor and evaluate local work plans based on micro-planning.



● Vaccination posts geo-referenced by PAHO's Special Program for Integral Immunization (CIM).

Indicator	Value
No. sanitary regions	18
No. of health facilities	1,415
No. Family Health Units	827
No. of vaccination posts	1,346

Work plan



- ✓ **Review** of tool provided by PAHO.
- ✓ **Validation** of the tool by the PAI technical team (data entry and cells with formulas).



- ✓ **Selection of health services where to implement the pilot test** for filling out the tool (San Lorenzo district of the Central Region).



- ✓ **Analysis of lessons learned in the piloting** and implementation of modifications or adaptations to the tool in case the need is identified.
- ✓ **Presentation of the methodology to the 18 health regions** as part of the annual evaluation of the EPI (first week of March 2025).



- ✓ **Coordination meeting** with the Central Region team to **program, implement, monitor and evaluate the pilot.**



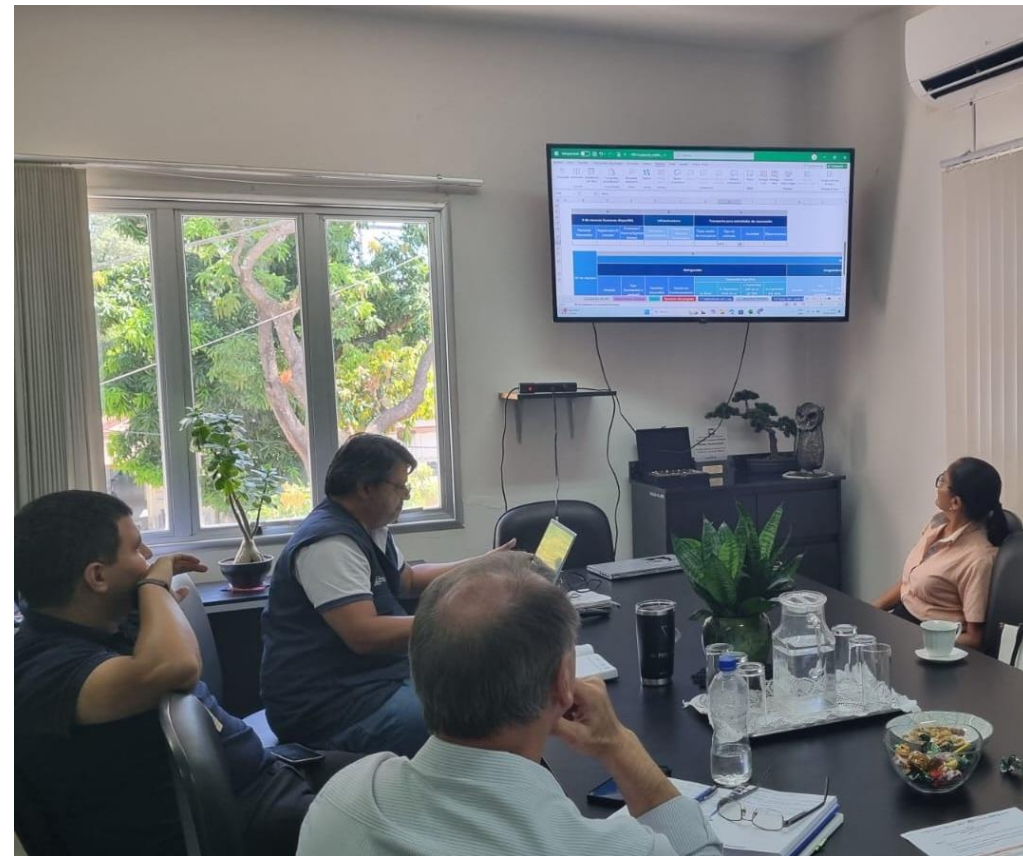
- ✓ **Selection of health regions** where to implement micro-planning in the first half of 2025.



- ✓ **Adaptation** of the tool to the country context with PAHO support.



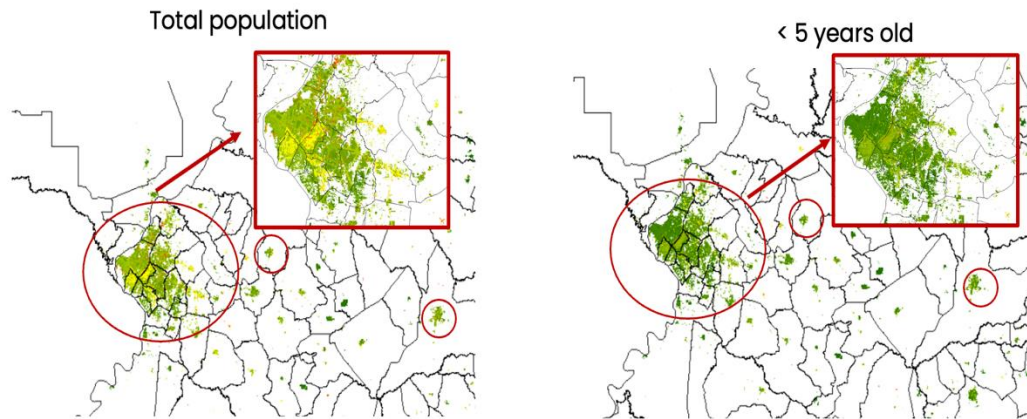
Revision of the micro-planning tool provided by PAHO and adaptation to the country context



Selection of health services where the pilot test is to be implemented

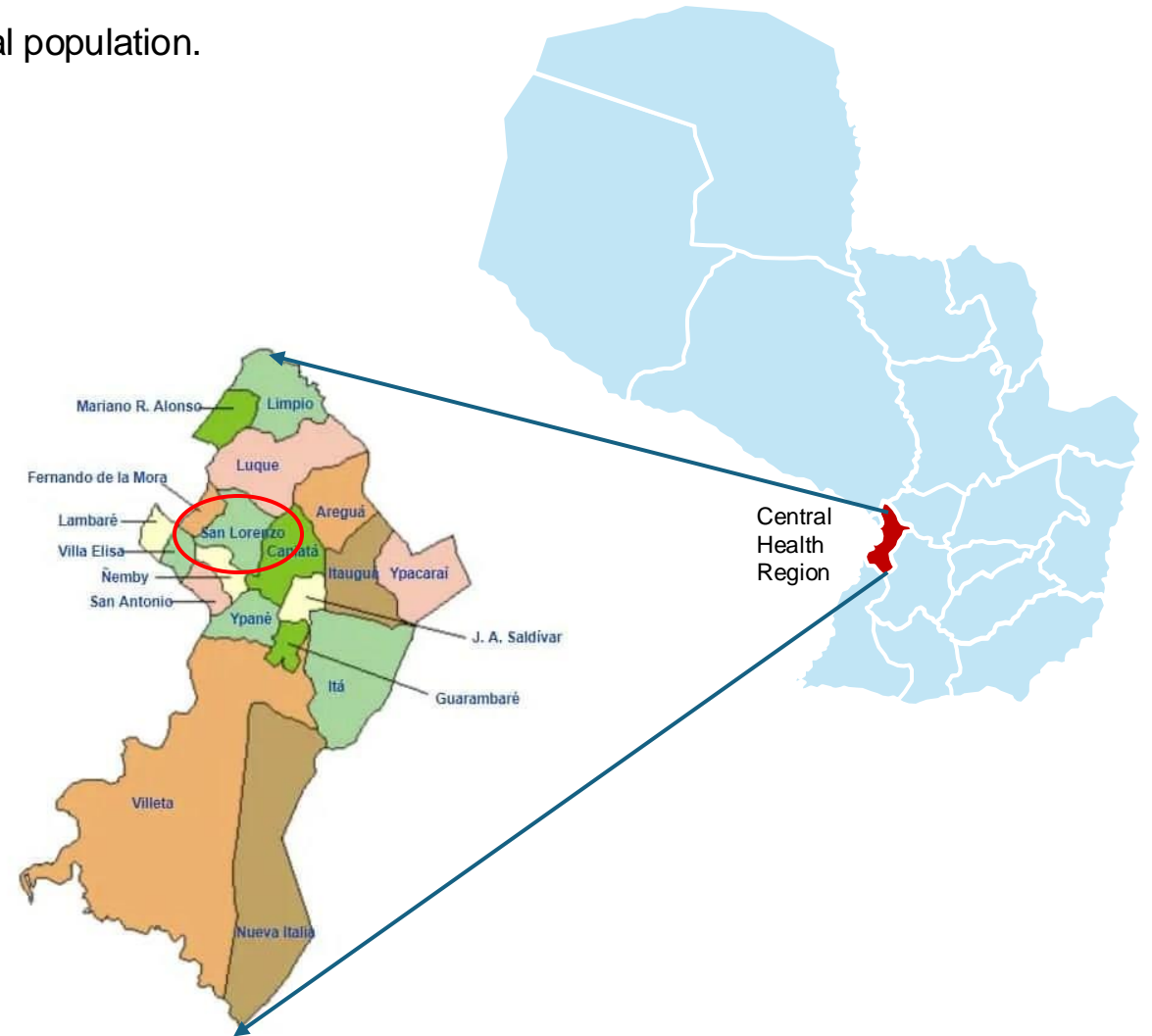
- The Central Sanitary Region concentrates 31% of the country's total population.

Population distribution estimated using geospatial approximations of the population under 5 years old based on satellite images from WordPop



Maps that identify regions with high population density

- The San Lorenzo district accounts for 11% of the Central Sanitary Region.
- The pilot is being carried out in the 14 public health services (13 family health units and 1 regional hospital) that have a vaccination center in the San Lorenzo district.





Pilot programming in the 14 health services of the San Lorenzo district of the Central Region

Selection of health regions where micro-planning will be implemented in the first half of 2025

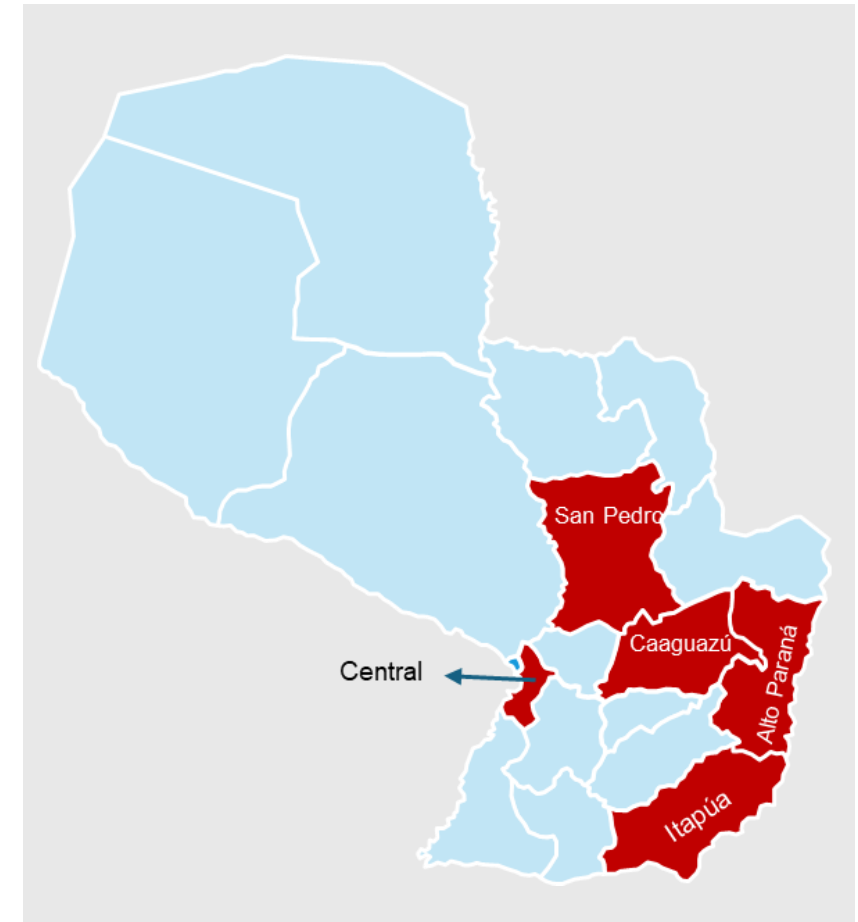
Risk stratification* according to coverage with Hexa3 and attrition rate between Hexa1/Hexa3, 2024

Attrition	Vaccination coverage		
	<80%	80 a 94%	≥95%
0% a 5%	High irrigation: <ul style="list-style-type: none"> • Central (31%) 	Medium risk: <ul style="list-style-type: none"> • Capital (6%) • Canindeyú (4%) • Anchovy (2%) 	Low risk: No region
Negative or >5%.	Very high risk: <ul style="list-style-type: none"> • Alto Paraná (13%) • San Pedro North (4%) • San Pedro South (3%) • President Hayes (2%) • Missions (2%) 	High risk: <ul style="list-style-type: none"> • Caaguazú (8%) • Itapúa (7%) • Concepción (4%) • Cordillera (4%) • Guairá (3%) • Paraguari (3%) • Amambay (3%) • Caazapá (2%) • Ñeembucú (1%) 	Medium risk: <ul style="list-style-type: none"> • Upper Paraguay (0.3%)

*Methodology for prioritization of zones according to their risk of risk available at: <https://iris.paho.org/handle/10665.2/34511>
 The percentage of the hexavalent vaccine target population (<1 year) is shown in parentheses next to each health region.

Micro-planning will be implemented in 5 health regions selected according to risk conditions (low coverage, high dropout rate, high population concentration, border with other countries, among others).

Sanitary regions where micro planning 2025 will be carried out



Thank you very much!



<https://pai.mspbs.gov.py/>