

**Immunization Practices Advisory Committee
Operational Strategy (2016-2018)**

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Acronyms

2YL	2nd Year of Life
BMGF	Bill and Melinda Gates Foundation
CDC	Centers for Disease Control and Prevention (USA)
cPAD	Compact Pre-Filled Auto-Disable Injection System
CTC WG	Controlled Temperature Chain Working Group
DOV	Decade of Vaccines
DCVMN	Developing Country Vaccine Manufacturers Network
ECBS	Expert Committee for Biological Standardization
EMP	Essential Medicines and Health Products [WHO Department]
EPI	Expanded Programme on Immunization [WHO Division]
GACVS	Global Advisory Committee on Vaccine Safety
GAVI/Gavi	GAVI Alliance (formerly the Global Alliance for Vaccines & Immunization)
GIVS	Global Immunization Vision and Strategy
GRISP	Global Routine Immunization Strategies and Practices
GVAP	Global Vaccine Action Plan
IFPMA	International Federation of Pharmaceutical Manufacturers & Associations
IVB	Immunization, Vaccines and Biologicals [WHO Department]
IPAC	Immunization Practices Advisory Committee
iSC	immunization Supply Chain [link]
IVIR-AC	Immunization and Vaccines related Implementation Research Advisory Committee
MSF	Médecins Sans Frontières or Doctors Without Borders
DT WG	Delivery Technologies Working Group
NOM	New Operating Modality
PATH	(Formerly Program for Appropriate Technology in Health)
PDVAC	Product Development for Vaccines Advisory Committee
PSPQ SC	Programmatic Suitability of Vaccine Candidates for Prequalification – Standing Committee
REC	Reach Every Child [strategy]
SAGE	Strategic Advisory Group of Experts on immunization
SWOT	Strengths, Weaknesses, Opportunities & Threats [analysis]
TAG	Technical Advisory Working Group
TechNet	TechNet-21.org website [TechNet Forum]
TLAC	Technical and Logistics Advisory Committee
UNICEF	United Nations Children’s Fund
VPPAG	Vaccine Presentation and Packaging Advisory Group
VP-WG	Vaccine Packaging Working Group
WHO	World Health Organization
WG	Working Group

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Executive summary

This document provides a two-year Operational Strategy for the Immunization Practices Advisory Committee (IPAC), with the intent of prioritizing and guiding the operational work of the Committee and optimizing its contribution to global immunization practices.

IPAC was established in 2010, tasked with providing the World Health Organization (WHO) high quality, evidence- and experience-based, independent advice and recommendations to strengthen and improve the delivery of immunization programmes at the country level and to realize the goals of the Global Vaccine Action Plan (GVAP). It reports to the WHO Director of the Department of Immunization, Vaccines and Biologicals (IVB)

The focus of IPAC's advice to WHO is on best practices and current evidence that relate to the implementation of immunization programmes, including their integration within the broader health system. IPAC has no executive or regulatory function and is coordinated by a Secretariat based at WHO-Headquarters in Geneva, Switzerland. Ongoing objectives for IPAC include ensuring that programmatic guidance is appropriately channeled into three priority thematic areas across existing streams of work; Innovation and Strategy, Operations and Tools and Technologies. (These three areas of work are referred to as *Core Areas* in this document.)

A 2015 external evaluation of IPAC¹ found that the Committee is highly regarded for its expertise and advice on the programmatic, operational and logistics management of immunization programmes. However, the evaluation also found that much more clarity was needed on IPAC's role in the global immunization community. The evaluation also strongly recommended the establishment of a multiyear IPAC strategic plan. In response, the IPAC Secretariat and IPAC leadership have now developed this two-year Operational Strategy. The Operational Strategy comprises a Purpose Statement and Operational Goals as follows:

Purpose

The purpose of the IPAC Operational Strategy is to strengthen the Committee's efforts to aid in the successful implementation of the Global Vaccine Action Plan (GVAP 2011-2020) and improve its support and advice to the WHO/IVB Director with the review and/or formulation of immunization practices, operational standards, tools and technologies.

Operational goals

1. IPAC advice (document feedback, research and project suggestions, etc) and products (document endorsements, programmatic recommendations, position statements, etc.) are used and add value to the work of WHO IVB and relevant immunization partners; and
2. IPAC advice and products support the goals of GVAP.

The Operational Strategy details Priority Activities across the three IPAC thematic Areas, along with related mechanisms and outcomes/performance indicators. These areas consist of: a) Innovation and Strategy, b) Operations, and c) Tool and Technologies. A summary SWOT

¹ *Evaluation of the Immunization Practices Advisory Committee (IPAC)*, performed by BigThink Partners, November 2015.

(Strengths, Weaknesses, Opportunities and Threats) analysis of IPAC's role in the global immunization arena is also provided.

To implement the Operational Strategy, the following steps and timeline are recommended:

1. Review, endorsement and commitment to the Operational Strategy by WHO, IPAC Members	July 2016
2. Benchmark and establish mechanisms to track identified performance indicators	August 2016
3. Agree on priorities and tasks within IPAC	August 2016
4. Implementation of strategic communications about IPAC by Secretariat	September 2016 (and on-going)
5. Conduct a rapid interim progress check on initial tasks	December 2016
6. Conduct mid-term progress monitoring of select performance indicators	July 2017
7. Conduct a comprehensive final evaluation	December 2018

Introduction

Purpose, objectives and evolution

IPAC was created in 2010² to support, advise and to aid in the successful implementation of the Global Vaccine Action Plan (GVAP 2011-2020.)³ As stated in its Terms of Reference (February 2013), IPAC's purpose is to support and advise the WHO Immunization, Vaccinations and Biologicals (IVB) Director with the review and/or formulation of immunization practices, operational standards, tools and technologies necessary:

- To reach and sustain high level immunization coverage at district and national levels as stated in GVAP; and
- To provide immunization services of high quality to the recipients of vaccines.

GVAP sets five goals for the Decade of Vaccines (2011–2020) for a world in which all individuals and communities enjoy lives free from vaccine-preventable diseases, as follows:

- Achieve a world free of poliomyelitis;
- Meet global and regional elimination targets;
- Exceed the Millennium Development Goal 4 target for reducing child mortality;
- Meet vaccination coverage targets in every region, country and community; and
- Develop and introduce new and improved vaccines and technologies.

The contributions of IPAC help support and facilitate the implementation of routine strengthening activities as articulated in the WHO Global Routine Immunization Strategies and Practices (GRISP), a companion document to the GVAP.

IPAC membership

IPAC currently consists of 15 Members who are recognized experts in the field of immunization. Each of the members serves in their personal capacity—they do not represent their organizations—and provide a broad range of expertise pertinent to immunization programs, including logistical, operational, and programmatic knowledge.

In addition to the 15 core Members, IPAC also includes five partner agencies representatives who serve as permanent non-voting observers. These are the U.S. Centers for Disease Control and Prevention (US-CDC), the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), the Developing Countries Vaccine Manufacturers Network (DCVMN), PATH, and the United Nations Children's Fund (UNICEF). The observing members are invited to all IPAC meetings and are included in all closed sessions, barring any that pose a conflict of interest.

² IPAC replaced a previous similar entity, the Technologies and Logistics Advisory Committee (TLAC) that was created in 2008. TLAC's original purpose was to advise the WHO IVB Director on gaps and constraints, recommend strategies and policies, review innovations and research in technology and systems, and provide recommendations for the Expanded Programme on Immunization (EPI). In 2009 WHO restructured and transitioned TLAC to the IPAC to focus more on programmatic issues and less on regulatory considerations. This transition from TLAC to IPAC also had the intention to convert the committee into an advisory group on immunization practices and strategies to strengthen routine immunization. IPAC expanded upon TLAC's role to focus on practical and operational aspects aimed at helping to achieve GVAP and GIVS.

³ GVAP was endorsed by the 194 Member States of the World Health Assembly in May 2012 and was the product of the DoV Collaboration that brought together development, health and immunization experts and stakeholders.

Secretariat

The WHO IVB Director assigns WHO IVB Staff to form the IPAC Secretariat. The main role of the Secretariat is to provide administrative and technical support to IPAC to ensure that IPAC's terms of reference are met and that all processes pertaining to IPAC's work run smoothly.

Funding

IPAC has been funded by a grant from the Bill and Melinda Gates Foundation (BMGF) since its inception in 2010. Current IPAC funding is part of a larger grant that covers a range of WHO IVB technical and operational costs. The current total grant is for USD \$4 million over 3 years (2014-2017), of which IPAC's operational costs are included amongst other WHO IVB programs.

Operational structure

As of 2014, IPAC has adopted a new operating modality. The new operational structure continues to allow for Secretariat support to all activities and for the IPAC Chair to lead IPAC meetings and online forum discussions, interact with the WHO Secretariat regularly, and represent IPAC at the all appropriate WHO meetings, e.g., each of the meetings of the Strategic Advisory Group of Experts on immunization (SAGE), the Product Development for Vaccines Advisory Committee (PDVAC), and the Immunization and Vaccines related Implementation Research Advisory Committee (IVIRAC).

This new operational structure further allows for an increasingly responsive and dynamic Committee, capitalizing on a more efficient and virtual approach to dialogue, enabled by the online IPAC Discussion Forum hosted on TechNet. Consequently, the cost- and planning-intensive face-to-face meetings have been shifted to a decreased frequency of every 12 to 18 months. In addition, a new IPAC Quarterly Bulletin developed by the Secretariat is distributed to all IPAC members and observers, to communicate important information and topics outside of the meetings and teleconferences, as well as a regular way to share updates on progress and discussions occurring in the respective working groups on which IPAC members are active on behalf of the Committee.

WHO IVB is increasingly tasking IPAC Members to SAGE working groups and various other committees and working groups in an effort to include IPAC's field perspective, and program and operational expertise in these groups on an as needed basis. Smaller, more time-limited sub-groups may be formed to provide advice to IVB, or other committees and groups. (SAGE and other committees and working groups are discussed below.)

IPAC continues to employ three thematic areas (hereafter referred to as *Core Areas* in this document), as defined in the Committee's 2013 Terms of Reference. These are: *Innovation and Strategy*, *Operations*, and *Tool and Technologies*. Key work areas or strategies of each that IPAC provides guidance to are described below:

1. Innovation and Strategy
 - a. Operationalizing policy recommendations made by SAGE and other WHO advisory committees into recommended practices to enable their effective implementation in countries;
 - b. Developing and reviewing immunization delivery strategies, including strategies for integration and strengthening of immunization programmes within the broader health systems context;

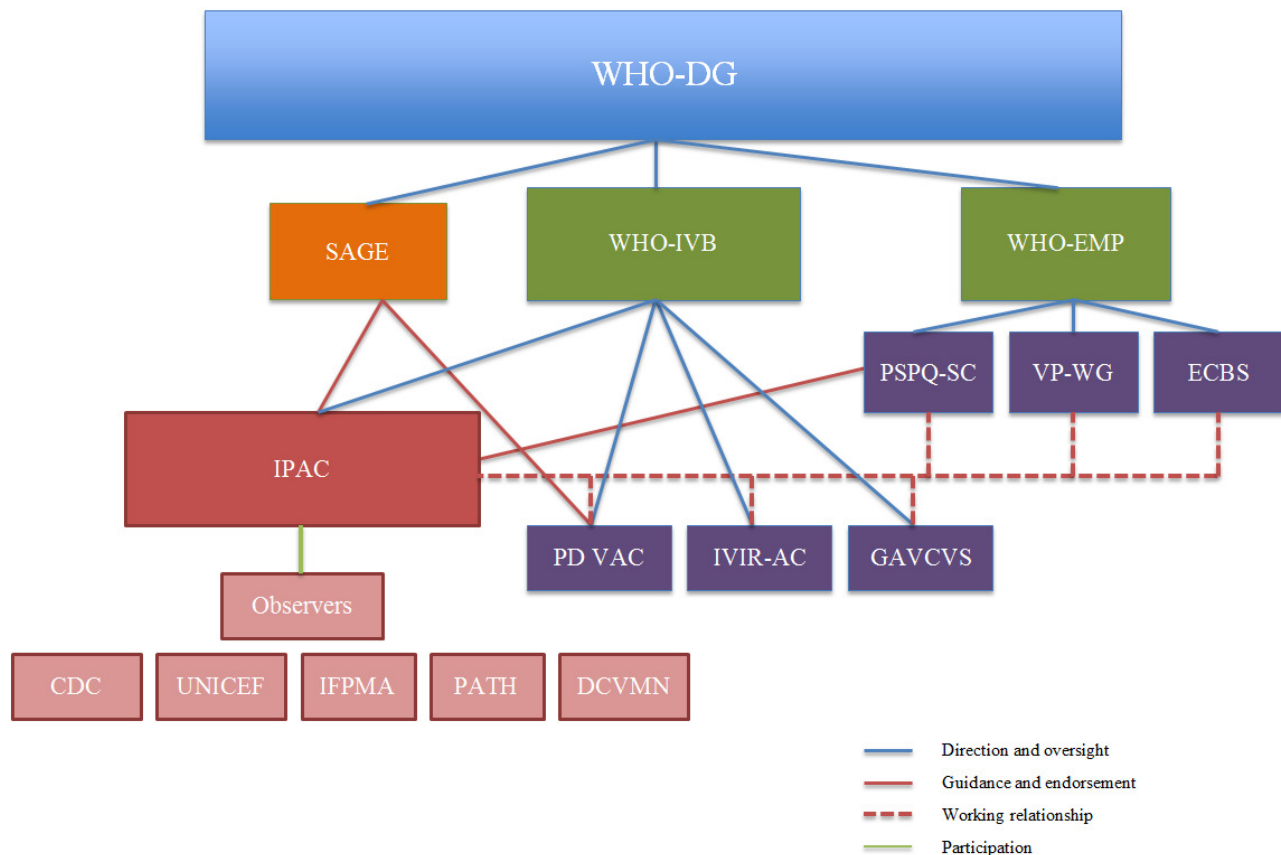
- c. Identifying opportunities for integration of new vaccine delivery with other disease control interventions;
 - d. Monitoring and evaluating strategies, including through data collection, analysis and use.
- 2. Operations
 - a. Managing immunization programmes, including planning, monitoring and supervising;
 - b. Planning for the introduction of new or revised immunization schedules;
 - c. Managing human resources, including through capacity building and training;
 - d. Managing vaccine supply system operations, including those related to cold chain, equipment and transport;
 - e. Developing information systems for improved immunization delivery, logistics etc.
 - f. Ensuring financial sustainability, including through identification of measures to increase cost-effectiveness.
- 3. Tools and technologies
 - a. Identifying and implementing innovative technologies, tools and systems to strengthen immunization programmes;
 - b. In collaboration with other advisory bodies, improving vaccine packaging and presentation in relation to the programmatic suitability of vaccines for use in the public sector;
 - c. Reviewing vaccine supply system assessment tools;
 - d. Designing tools to support immunization planning, financing, monitoring and evaluation.

Two new IPAC working groups have been established, the **Delivery Technologies** working group (DT WG) and the **Controlled Temperature Chain** working group (CTC WG). These two working groups operate as subject-specific working groups that feed recommendations back to IPAC for final approval and endorsement.

Position in the global immunization arena

IPAC has an important mandate within the global immunization arena, and is highly regarded for its expertise and advice on the programmatic, operational and logistics management of immunization programmes. However, as indicated by the 2015 external evaluation, IPAC lacks a distinct recognized voice in the global immunization community, which may be attributed to how IPAC relates to other expert committees and groups through complex levels of interactions that are not always well understood, articulated nor communicated. IPAC's principal relationships are with WHO IVB, as its advisory committee, and with SAGE, by informing it on immunization practices issues (organogram on page 9).

IPAC Organizational Relationships



Relationship to WHO IVB

IPAC's principal responsibility and relationship is to support and advise the WHO IVB Director in the three core areas—Innovation and Strategy, Operations, and Tools and Technologies. Recent WHO IVB Director guidance to IPAC Members advised that approximately 80% of IPAC recommendations should deal with operational matters, innovation and tools/technologies and these recommendations are made to the WHO IVB Director directly, while the additional 20% of IPAC's work deals with strategic matters and requires further discussion and endorsement from SAGE before consideration and adoption by the WHO IVB Director. The Director reviews and approves all IPAC recommendations before they are formally endorsed as WHO supported positions. This responsibility and relationship necessitates frequent interaction between the IPAC Chair and the Secretariat.

Relationship to SAGE

SAGE is the principal advisory group to the WHO Director-General on global immunization policies and strategies. IPAC's Terms of Reference require that IPAC regularly review SAGE outcomes, report to SAGE on IPAC activities, and that IPAC recommendations that could potentially lead to policy changes be presented to SAGE. IPAC recommendations that deal with strategic matters require further discussion and endorsement by SAGE before consideration and adoption by the WHO IVB Director. IPAC is also tasked (via the Secretariat) with sharing any guidelines and strategies emerging from the Committee with WHO Regional Technical Advisory Groups (TAGs) so that they can be adapted and

optimized to reflect the unique needs and contexts of each region. Regional TAGs are invited to all IPAC meetings as observers.

SAGE makes overall policy recommendations on vaccine use, while IPAC is frequently called on to address operational issues that are mainly product specific. This is particularly the case for matters linked to the Programmatic Suitability of Prequalified Vaccines (PSPQ), new delivery technology, and CTC.

Relationship to other WHO Committees and Groups

IPAC has formal relationships with numerous WHO committees and groups treating immunization-related subject matter.

- The **Programmatic Suitability of Prequalified Vaccines Standing Committee (PSPQ-SC)**, established in 2010, advises and is tasked by the WHO Department of Essential Medicines and Health Products (EMP) within the WHO Health Systems and Innovation (HIS) Cluster to review WHO-referred exceptions to the programmatic suitability of prequalified vaccines process and provide recommendations to WHO. While the PSPQ-SC is an independent Committee, its decisions require IPAC endorsement. It consists of ten members, of which at least two are also IPAC members.

IPAC has working relationships with other advisory committees covering complementary aspects of immunization programs:

- The **Expert Committee on Biological Standardization (ECBS)** was established in 1947 to provide detailed guidelines and recommendations pertaining to the manufacturing, licensing, and control of vaccines, blood products, and biotechnology products. IPAC may request consultations with or be consulted by ECBS, brokered through the respective Secretariats, as appropriate. ECBS advises and is tasked by WHO EMP.
- The **Global Advisory Committee on Vaccine Safety (GACVS)** was established in 1999 to enable WHO to respond promptly, efficiently, and with scientific rigor to vaccine safety issues. GACVS sends periodically published safety reports for vaccine products to IPAC and that informs IPAC about programmatic issues related to vaccine safety. IPAC may also request consultations with, or be consulted by, GACVS. The biannual GACVS meetings always include IPAC participation.
- The **Immunization and Vaccines Related Implementation Research Advisory Committee (IVIR-AC)**, established in 2011, advises the WHO IVB Director on various aspects of immunization policies and practices implementation research, priority and agenda setting, research guidance, and best practices. IVIR-AC and IPAC Chairs are advised to participate in each committee's meetings in order to ensure a better understanding of issues discussed. Should overlapping technical areas emerge in the operational research arena, the respective Secretariats will collaborate to prevent duplicity.
- The **Product Development for Vaccines Advisory Committee (PDVAC)** provides strategic advice and recommendations to WHO related to vaccines at the Phase 2 stage of clinical evaluation or earlier. Established in 2014, the committee's remit is for disease areas where there is substantial disease burden in low and middle income countries, no vaccines or products currently exist, and there is some ongoing product development activity which may benefit from guidance from WHO. WHO expects that IPAC's new Delivery Technologies Working Group (DT-WG) and Controlled Temperature Chain Working Group (CTC-WG) could benefit from PDVAC inputs,

and that the IPAC Secretariat should make efforts to keep PDVAC informed of these working groups' progress and outputs.

- The **Vaccine Packaging Working Group (VP-WG)**, under the direction of WHO EMP, was established in 2016 as a result of the reorganization of the former **Vaccine Presentation and Packaging Advisory Group (VPPAG)** into separate working groups.⁴ VP-WG has no accountability to IPAC, although it should consult IPAC for programmatic guidance.

Strengths Weaknesses Opportunities & Threats Analysis

Through interviews, an on-line survey and other analyses, the 2015 external evaluation of IPAC also identified elements of IPAC's past work and operations, and perceptions of its work and operations that provide for an analysis of IPAC's strengths, weaknesses, opportunities and threats. A summary SWOT analysis derived from those findings is provided at Annex A.

IPAC Operational Strategy (2016-2018)

The following Operational Strategy is summarized in Annex B with related mechanisms, outcomes/performance indicators, and timelines.

Purpose

The Purpose of IPAC is to aid in the successful implementation of the Global Vaccine Action Plan (GVAP 2011-2020) and support and advise the WHO Director of the Department of Immunization, Vaccines and Biologicals (IVB) with the review and/or formulation of immunization practices, operational standards, tools and technologies necessary.

Operational goals

1. IPAC advice and products are used and add value to the work of WHO IVB and relevant immunization partners; and
2. IPAC advice and products support the goals of GVAP⁵.

Priority topics

The following priority topics and activities are outlined for each of three IPAC Core Areas for the 2016-2018 period:

1. Innovation and Strategy
 - a. Integration
 - i. Provide technical input/programmatic feedback on appropriate strategies for integration of immunization delivery with other health programs, as well as broader health system strengthening that aims for universal coverage under the Sustainable Development Goals

⁴ VPPAG's reorganization into separate working groups was fully endorsed by IPAC and principally a response to the call from the 2015 IPAC Evaluation for the Committee to clarify and streamline its functions. The newly established Delivery Technologies Working Group (DT-WG), formerly a subgroup to VPPAG, has since transitioned to the status of IPAC subgroup, operating in parallel to the most recently established IPAC Controlled Temperature Chain Working Group (CTC-WG).

⁵ Support of GVAP goals will also include support of GRISP objectives.

- b. Controlled Temperature Chain (CTC)
 - i. Establish CTC working group including representation from partner institutions (UNICEF, MSF, Gavi);
 - ii. Provide advice on strategic direction;
 - iii. Prioritize candidate vaccines; and
 - iv. Develop vaccine-specific roadmaps
- 2. Operations
 - a. 2nd Year of Life (2YL)
 - i. Define priority activities
 - b. Needles/Syringe practices (including Intradermal Delivery and Fractional Doses)
 - i. Review data and progress; and
 - ii. Define priority activities, including new evidence generation if warranted.
 - c. Strengthening Community Engagement/Demand
 - i. Provide strategic and programmatic feedback
 - d. Implementation
 - i. Develop implementation framework for field adaptation of vaccine policy recommendations
 - e. Equity & Coverage (Reach Every Child (REC) strategy, immunization Supply Chain (ISC) link, Urban Vaccination, etc.
 - i. Provide strategic guidance; and
 - ii. Provide technical input/programmatic feedback.
 - f. Urgent unanticipated operational issues
 - i. Provide support to urgent guidance as needed
- 3. Tools and technologies
 - a. Total System Effectiveness
 - i. Review and endorse framework for evaluating trade-offs of new vaccines, technologies or interventions in a system's approach and focusing on efficacy and safety, and also on coverage, operational and product cost efficiency;
 - b. New Delivery Technology
 - i. Review progress/outputs of DT working group;
 - ii. Review study outcomes
 - iii. Prioritize devices.
 - c. Programmatic aspects of new delivery technologies, such as patches
 - i. Provide technical input/programmatic feedback; and
 - d. Application of new technologies to health worker training and education
 - i. Provide strategic guidance

Mechanisms

IPAC will conduct priority activities during this period through three principal mechanisms or methods of conducting work:

1. **Thematic subjects.** IPAC-driven Working Groups will be assigned specific thematic subjects, e.g. DT and CTC. These will contribute to relevant technical areas within WHO and immunization partners, managed by the Secretariat.
2. **Document review and generation.** With Secretariat facilitation, WHO IVB will assign both WHO internal and external documents to IPAC for review, feedback and guidance. In some situations, IPAC will initiate the development of new

communication products for advocacy or information, where a pressing need is identified.

3. **Participation in immunization working groups.** WHO IVB is tasking IPAC Members to support the review of programmatic issues affecting SAGE working groups and various other committees and working groups as necessary. IPAC members are encouraged to consider applying for membership on such groups.

Performance Indicators and Outcomes

Key outcomes specific to IPAC's Core Areas Priority Activities will be tracked as follows:

1. Innovation and Strategy
 - a. Integration technical input/programmatic feedback provided
 - b. CTC WG established, OCC position clarified, and vaccine-specific roadmaps developed.
2. Operations
 - a. 2YL priority activities identified
 - b. Needles/Syringe practices priority activities identified
 - c. Feedback provided on Strengthening Community Engagement/Demand
 - d. Framework for vaccine policy recommendations developed
 - e. Equity & Coverage guidance and feedback provided
 - f. Support to other urgent operational guidance provided as needed.
3. Tools and technologies
 - a. Total System Effectiveness framework reviewed and endorsed
 - b. DT WG established and devices prioritized
 - c. Feedback on programmatic aspects of NDT (e.g. patches) technical input/programmatic is provided
 - d. Application of new technologies to health worker training and education guidance provided

IPAC Operational Strategy performance will also be benchmarked, tracked and evaluated using the same or similar metrics and online survey and interview modalities in the 2015 external evaluation of IPAC. The following outcomes/performance indicators are suggested, with the 2015 external evaluation benchmarks indicated in brackets:

- a. IPAC's value to the field of immunization and to WHO IVB
 - i. [88%) responded that IPAC adds value to the field of immunization and 86%) said that IPAC adds value to WHO IVB.]
- b. IPAC's effectiveness in supporting the goals of GIVS and GVAP
 - i. [45% said IPAC is effective in supporting the goals of GIVS and GVAP]
- c. IPAC's relationship to SAGE
 - i. [57% said IPAC's relationship/positioning with SAGE and other advisory groups is unclear]
- d. IPAC has necessary expertise on the committee to fulfill its mandate
 - i. [55% said IPAC has the necessary expertise on the committee to fulfill its mandate]
- e. IPAC use of TechNet forum
 - i. [50%) indicated that they understand the purpose of the IPAC group on the TechNet site, and the 85% majority indicated they do not fully utilize the site.]
- f. IPAC documentation and dissemination of decisions and recommendations

- i. [57% said IPAC documents and disseminates decisions and recommendations as needed.]
- g. Ratings on IPAC's overall effectiveness, efficiency, usefulness and quality of IPAC work/recommendations
 - i. [60% rated IPAC good or better in overall efficiency (the degree to which the amount of work performed matched the actual outcome):
 - ii. [61% rated IPAC good or better in overall effectiveness (the degree to which IPAC successfully produces desired outcomes)]:
 - iii. [71% rated IPAC good or better in overall quality (the value of IPAC recommendations)]
 - iv. [69% rated IPAC good or better in overall usefulness]

Implementation steps

To implement the Operational Strategy, the following steps and due dates are identified:

1. Review, endorsement and commitment to the Operational Strategy by WHO, IPAC Members and stakeholders [July 2016];
2. Benchmark and establish mechanisms to track the performance indicators [August 2016];
3. Agree on priorities and tasks within IPAC [August 2016 and on-going];
4. Implementation of strategic communications by Secretariat [September and ongoing]
 - a. IPAC website update [September 2016 and on-going]
 - b. WHO announcement and dissemination of the Operational Strategy to:
 - i. IPAC partner agencies [September 2016]
 - ii. WHO Regional and Country Offices [September 2016]
 - iii. IPAC-related WHO Committees and groups [September 2016]
 - iv. Other stakeholders [September 2016]
 - v. TechNet Forum announcement [September 2016],
 - c. Activities to increase use and participation in the TechNet Forum [September 2016 and on-going]
 - d. Activities to expand dissemination and increase readership of the IPAC Bulletin [September 2016 and on-going];
5. Conduct an interim progress check on initial tasks, including those identified in Step 3 (above) [December 2016].
6. Conduct mid-term progress monitoring on select performance indicators [July 2017]; and
7. Conduct a comprehensive final evaluation [December 2018].

Annexes

Annex A: SWOT Analysis

IPAC Role in Global Immunization Arena Strengths, Weaknesses, Opportunities & Threats Analysis	
Strengths	Weaknesses
<ul style="list-style-type: none"> IPAC's mandate is well understood by the global immunization community IPAC's advice to WHO and contributions to immunization operational practices are widely viewed as successes There is a clear, demonstrated needs for IPAC's advice to WHO and the global immunization community WHO and stakeholders, including the Bill & Melinda Gates Foundation are committed to IPAC's Purpose and value to WHO and the field of immunization 	<ul style="list-style-type: none"> IPAC's purpose, role and achievements related to other WHO immunization committees or working groups, especially SAGE, are not sufficiently clear and not effectively communicated IPAC lacks a recognized voice in the global immunization community IPAC has lacked internal cohesiveness amongst its Members Across IPAC, WHO, Observer and Partner respondent groups, IPAC is viewed as lacking country-level impact, regional and country expertise or lacking regional- and country-level inputs The New Operating Modality is not fully operationalized There has been slow uptake of available communication technologies, i.e., TechNet Forum
Opportunities	Threats
<ul style="list-style-type: none"> The New Operating Modality (NOM) can optimize IPAC's strengths and address its weaknesses IPAC's operational structure is transitioning to one that is: <ul style="list-style-type: none"> More formalized and with a higher profile and clarity of purpose within WHO and with SAGE, other WHO-sponsored groups, and other immunization partners More agile and responsive to current WHO needs Less resource-intensive and more virtual, taking maximum advantage of available communication technologies, i.e. TechNet Forum Strengthens regional and country-level immunizations practices expertise and support Specific IPAC performance benchmarks are being established; IPAC work and the NOM will be evaluated within the next two years 	<ul style="list-style-type: none"> WHO has had disparate views across a variety of IPAC issues, including its role, impact and value Perceived lack of support for IPAC work in SAGE Perceived lack of strategic insight amongst IPAC Members about IPAC future directions IPAC Membership is evolving, difficult to recruit highly qualified members with adequate representation across groups

Annex B: IPAC Operational Strategy (2016-2018) Summary

Core Areas and Priority Activities	Mechanism			
	Thematic subjects OUTPUTS Recommendations & new data	Document Review OUTPUTS Feedback & guidance	Working groups participation OUTPUTS Programmatic perspective adequately represented	Notes
Innovation & Strategy				
Integration ▪ Provide technical input/programmatic feedback	✓	✓		Includes maternal vaccination/maternal and child health
CTC ▪ Establish CTC-WG including representation from partner institutions ▪ Provide strategic feedback ▪ Prioritize candidate vaccines ▪ Develop vaccine-specific roadmaps	✓		✓	IPAC Subgroup (CTC-WG)
Operations				
Missed Opportunities ▪ Provide strategic guidance on framework		✓		
2nd Year of Life (2YL) ▪ Define priority activities	✓	✓		Includes life-course
Needles/Syringe practices (incl. Intradermal Delivery) ▪ Review data and progress ▪ Define priority activities	✓			

Strengthening Community Engagement/Demand <ul style="list-style-type: none"> Provide strategic and programmatic feedback 		✓		Links with DoV-WG agenda
Vaccine Shortages <ul style="list-style-type: none"> Provide strategic and programmatic guidance 		✓	✓	
Implementation <ul style="list-style-type: none"> Develop framework for vaccine policy recommendations 				
Equity & Coverage (REC, iSC link, Urban Vaccination, etc.) <ul style="list-style-type: none"> Provide strategic guidance Provide technical input/programmatic feedback 		✓		
Tools & Technologies				
Delivery Technologies <ul style="list-style-type: none"> Review progress/outputs of DT-WG Prioritize devices Review study outcomes	✓		✓	IPAC subgroup (DT-WG) to provide regular updates to Committee & seek input and endorsement of outputs
Total System Effectiveness <ul style="list-style-type: none"> Review and endorse framework for evaluating trade-offs of new vaccines, technologies or interventions in a system's approach and focusing on efficacy and safety, and also on operational and product cost efficiency 		✓		Linked to DT –WG work above
Application of new technologies to health worker training and education <ul style="list-style-type: none"> Provide strategic guidance 	✓	✓	✓	Linked to DT-WG work above
Programmatic aspects of new delivery technologies, such as patches <ul style="list-style-type: none"> Provide technical input/programmatic feedback 	✓	✓	✓	