

GUIDELINES FOR DEVELOPING A NATIONAL IMMUNIZATION STRATEGY (NIS)

FREQUENTLY ASKED QUESTIONS (FAQS), KEY CONCEPTS AND TERMS



**World Health
Organization**

This FAQ document is to be read alongside the NIS Guidelines. The aim is to update this periodically as additional questions come up from countries using the new guidelines and sharing their experiences along the way. If you have comments or additional questions, please reach out to the appropriate focal point from WHO, UNICEF or the Gavi Secretariat for assistance.

Part A: Introduction

A1. Why are new guidelines being introduced?

With the world entering a new decade, there are important **changes in the global health landscape** that have the potential to impact the way that countries develop their national immunization strategy (NIS). For instance:

- The **"Immunization Agenda 2030 – A Global Strategy to Leave No One Behind"** (IA2030) follows on from the Global Vaccination Action Plan (GVAP) to address key challenges in immunization over the coming decade. In applying the strategic priorities of IA2030, immunization programmes are expected to address coverage and equity gaps by tracking zero-dose children and engaging representatives of local communities and local health providers in designing interventions tailored to these groups. These new aspects are reflected in regional strategic frameworks (2021–2030) and will also need to be reflected and implemented at country level through the NIS.¹
- There is a renewed call for a **more integrated primary health care system** as the best and most affordable way to achieve Sustainable Development Goal (SDG) 3.8 on achieving universal health coverage (UHC) by 2030. In the IA2030, immunization has been emphasized as one of the possible entry points for strengthening primary health care (PHC) by integrating immunization services with other health interventions in areas such as human resources, surveillance, supply chain, data and vaccine safety. Capitalizing on this, the World Health Organization (WHO), together with health partners around the world, advocates for strengthening the link between countries' NIS and their national health sector development plans, in particular the PHC plan.²
- In recognition of the increasing and ever-critical role of domestic resources in funding immunization programmes, **a stronger focus on domestic budget negotiation** has been integrated into the process for designing a national immunization strategy that is **tailored to the expected resource envelope**. The aim is to engage in dialogue with the relevant government entities to ensure strong and sustained support for an adequate domestic budget for immunization.

A2. How have these changes in the global health landscape led to the development of NIS guidelines?

The NIS provides updates from previous immunization planning guidance in the following key areas:

- As regional immunization frameworks are revised to align with IA2030, the new strategic focus on issues such as **equity, gender-related barriers, data quality, surveillance and demand for vaccination**, are likely to take priority as well in countries' NIS.
- To respond to the call for a **more integrated primary health care system**, guidance in the new document will support country initiatives to improve integration at the service delivery level by involving health planning and budgeting focal points in the NIS development process.

1. For more information on IA2030 please visit: www.immunizationagenda2030.org.

2. From primary health care to universal coverage – the "affordable dream". Geneva: World Health Organization; 2017 (<https://www.who.int/publications/10-year-review/chapter-uhc.pdf?ua=1>, accessed 7 July 2021).

- Providing a **more targeted method for resource requirement estimation** will foster increased country ownership of the NIS and reduce the need for external support to complete a complex costing exercise.
- And lastly, developing a **budget** based on NIS priorities and a realistic expectation of available resources will contribute to more effective implementation of the countries' NIS.

A3. Are the NIS guidelines a significant departure from the comprehensive Multi-Year Plan (cMYP) approach?

The NIS builds on the experience of cMYP (in use by countries since 2005) and there are close links between the two. Both approaches:

- translate global and regional immunization agendas into tailored country immunization goals;
- provide direction to the actions of both the national health agency and external partners, and to investments in immunization in the country;
- promote integration of the development of the NIS into the development of the national health strategy; and
- are living documents that can be revised if and when there is a considerable change in circumstances either within, or external to, the country.

A4. What are the key changes from the previous cMYP approach?

Three key changes have been introduced into the new NIS guidelines:

1. **Scope:** While the cMYP has a broad focus covering all immunization activities, including operational aspects, the NIS takes a strategic focus on the main actions needed to bring change to the immunization programme and to improve programme outcomes substantially.
2. **Resourcing:** While the cMYP often has a big funding gap, the NIS is intended to be an aspirational and feasible strategy towards improved programme outcomes, with a more realistic expectation of committed resources. This is achieved by using a new targeted costing approach and a budget dialogue during, rather than after, the development of the NIS.
3. **Document detail:** A cMYP is often a long and detailed document and may sometimes be of limited use beyond its development phase. Due to the more strategic focus of the NIS and the targeted costing approach, NIS development should result in a streamlined final document of no more than 30 pages.

A5. Does the NIS replace the cMYP?

Yes, these NIS guidelines provide an update to the cMYP guidance and should be regarded as the current guidance for five-year national strategic planning. The new NIS.COST developed by UNICEF will replace the cMYP costing tool. Over the coming months, WHO and UNICEF will work to support the roll-out of this new guidance. During a transition period, and particularly in light of the COVID-19 pandemic, it is recognized that some countries may need more time and additional support to design their national immunization programme and to mobilize resources for immunization activities.

A6. Where does the NIS fit into country processes?

This question is best answered by Figure 1, which shows the timelines of national strategy from vision to implementation.

Figure 1. Timelines of national strategy, planning and development cycles



A7. How does the NIS support countries' decision making processes?

With ambitious IA2030 targets ahead, challenging context due to the COVID-19 pandemic and competing priorities for scarce resources, evidence based decision making and priority setting is even more key for countries. The NIS provides countries a framework to support strategic planning and as such is part of the key resources countries can leverage. The NIS supports efforts to guide and link programme review, strategic and operational planning, and decision making.

A8. To what extent has the COVID-19 pandemic influenced the NIS?

The COVID-19 pandemic has reminded the world of the power of vaccines to fight disease, save lives, and create a healthier, safer and more prosperous future. An urgent priority is the rapid and equitable scale-up of COVID-19 vaccines in all countries, as well as collective action to catch up on missed vaccinations and rebuild essential services. Rebuilding of immunization programmes will make a major contribution to strengthening PHC systems. Effective childhood and adult immunization programmes, including for COVID-19, will lie at the heart of resilient and sustainable PHC systems that will be central to future global health security. Moving forward, the NIS strategic focus on equity and integrated PHC services will be key to ensuring pandemic preparedness and resilience. In addition, and in recognition of the huge strain COVID-19 has put on health systems and national immunization programme staff, the transition to a new approach (from cMYP to NIS) may need to take account of countries' needs for additional time and technical support as they develop the NIS.

A9. What is the Immunization Agenda 2030?

The Immunization Agenda 2030: A Global Strategy to Leave No One Behind (IA2030)³ is a global vision and 10-year strategy for immunization, co-created by countries and development partners (**Figure 2**). IA2030 expands the scope of immunization issues covered in the Global Vaccine Action Plan (GVAP) by: 1) including a stronger focus on expanding the benefits of immunization throughout the life course; 2) ensuring that everyone, everywhere fully benefits from vaccines by increasing equitable access to and use of new and existing vaccines; 3) promoting integration of immunization services with other health interventions; and 4) re-emphasizing the need to tailor immunization strategies to the local context in order to understand and overcome barriers to immunization, including those that are gender-related, and to promote country ownership. The IA2030 strategy is underpinned by four core principles: it puts people in the centre, is led by countries, is enabled by data and is implemented through broad partnerships.

Figure 2. Vision and impact goals of the Immunization Agenda 2030



3. www.immunizationagenda2030.org

A10. Where can I find more detailed guidance on the IA2030 strategic priorities?

Each of the seven strategic priorities and four core principles of IA2030 are detailed in **technical annexes** to the IA2030 Vision and Strategy, providing countries with additional guidance and links to key resources. These are available via the IA2030 website by clicking [here](#).

A11. How can the IA2030 framework be applied to the development of an NIS?

The IA2030 goals are designed to inspire action for implementation at national, regional and global levels. For countries, this means setting country-specific targets and milestones for the IA2030 decade. For regions, it means contextualizing global goals and setting specific targets and milestones in **regional immunization frameworks**. For global partners it means aligning organizational strategies and indicators to support the attainment of the IA2030 goals.

When developing NIS objectives, countries are encouraged to **review each IA2030 strategic priority** in turn to identify those that are most relevant to the national situation. IA2030 recognizes that the relative importance of each strategic priority will differ by region and by country on the basis of the local context and that countries should choose their own relevant focus on the basis of their health priorities.

A12. What steps in the NIS development process can help improve integration with the Health Sector Strategic Plan?

In preparing the NIS, several steps can be taken to advance integration with the broader health system. First, ensure that the planned immunization actions are appropriately integrated into the PHC package and essential package of services. Participation in ministerial discussions on the development of the health sector strategy (HSS) is important to highlight the value of immunization in achieving PHC goals, as well as the immunization issues that require a health system-wide solution. In highly decentralized contexts, one may also need to consider alignment with provincial/state PHC strategies. It is important to find opportunities to participate in development to ensure that the immunization programme is appropriately represented in the resulting Health Sector Strategic Plan (HSSP). For example, the NIS Steering Committee can formally request a meeting on NIS with the national health strategy planning committee or equivalent to discuss how, specifically, to ensure that immunization is appropriately included in the national planning and budgeting processes.

A13. What are the key differences between the NIS and the annual operational plan?

An NIS does not include an annual operational plan (AOP), but the development of an AOP is a key component of NIS implementation. Key differences between the NIS and the AOP are summarized⁴ in **Table 1**.

4. Adapted from: Terwindt F, Rajan D. Strategic planning: transforming priorities into plans. Chapter 5 in: Schmets G, Rajan D, Kadandale S, editors. Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization; 2016.

Table 1. Differences between the National Immunization Strategy and the Annual Operational Plan

	National Immunization Strategy	Annual Operational Plan
Audience	Political and financial decision-makers	Immunization implementation agencies
Perspective	Medium- to long-term development	Short(er)-term interventions
Focus	Strategic direction for the immunization programme	Concrete activity implementation
Time frame	5-year document	1 year, sometimes up to 2–3 years on a rolling basis

Part B: Key concepts and terms

The following definitions are provided for the terms used in the NIS guidelines:

Longer-term vision (or goal)	A long-term (i.e. generally 10 years but the period should be aligned with country timelines) aim of the immunization programme that stakeholders envision, plan and commit to achieving. Goals are more qualitative than quantitative in nature and need to be ambitious in order to stimulate efforts to bring about change. Although the goals provide long-term direction for the current strategic period, the timeline for achievement could be longer than the current period. When goals are to be achieved over several strategic periods, it is important to ensure that the impetus required to reach them is maintained. For example: a goal could be "Reduce the number of unvaccinated zero-dose children by half by 2030."
Objectives	Statements of a desired future state, condition or purpose, which an institution, a project, a service or a programme seeks to achieve. Objectives are to be reached at the end of the NIS period (5 years). By achieving the objectives, the immunization programme will move closer to achieving the long-term goals. For example: to achieve measles elimination in an endemic country, one important step would be to interrupt and prevent measles virus transmission by closing the immunity gap with measles vaccine. An example of the objective of the current strategic period could be: "Reach and maintain coverage of measles-containing vaccine 2nd dose (MCV2) at 95% nationwide by focusing on extending services to areas with a high number of underserved and marginalized communities." Progress in the performance of the immunization programme will be evaluated against the objectives through the targets and milestones.
Targets	Intermediate results as one moves towards an objective that a programme seeks to achieve within a specified time frame. A target is more specific than an objective and is typically expressed in quantitative terms to provide tangible measurement to the achievement of the objectives. For example: a target for measles elimination could be: "By the end of year 'x' the underserved and marginalized groups in each community have been identified, recorded and provided with at least one vaccination session per week based on the microplanning that the District Health Office has developed and implemented with each community covered by the district."
Strategies	In this document, "strategies" are the changes to the immunization programme that will result in progress towards the objectives. A strategy describes how to achieve the objectives, by identifying the main opportunities for, and barriers to, achieving the objectives, and addressing the root causes of the barriers. For example: strategies could be aligned to national as well as sub-national objectives, such as : National objective: "By 2025, zero incidence of any type of poliovirus infection, and incidence < 5 cases per million population for endemic measles and rubella virus infection" could be described at both national and regional levels: • Strategy 1: National Government ensuring its commitment to regional/global elimination and eradication goals by enhancing VPD surveillance, control and outbreak response Subnational Objective: By 2025, provincial VPD, AFP and AFR surveillance data reported to NHIS reach more than 80 % timeliness and completeness, and AFP rate is above required standard level • Strategy 2: Strengthening VPD, NNT, AFP and AFR cases detection and investigation throughout all provinces.

Main interventions	These are the components of a strategy included in the NIS. As such, they are not as detailed a description as provided for activities in the Annual Operation Plan, but capture, at a higher level, what is need in terms of key actions to put in place the strategies and achieve the desired change. Using the same example as above: for Strategy 1: National Government ensuring its commitment to regional/global elimination and eradication goals by enhancing VPD surveillance, control and outbreak response, the main interventions could include: • All stakeholders giving high-priority in increasing routine immunization coverage to avoid VPD outbreaks, and communicating around deterring outbreaks responses high cost and high burden • Strengthening VPD, NNT, AFP and AFR surveillance system, and extending Field Epidemiologist Training Program (FETP) to VPD, NNT, AFP and AFR surveillance Exploring better integration of VPD, NNT, AFP and AFR surveillance with the overall diseases surveillance system, and setting up standard surveillance performance indicators monitored through regular evaluation, survey, assessment and review
Annual Operational Plan	An AOP is used to list the key activities carried out on a routine basis that are often budgeted annually or on a 2–3-year rolling basis. The main objective of an operational plan is to guide a team, section or department in its routine work to maintain the gains in programme performance and to carry out the desired changes proposed by the NIS through implementing concrete activities. The NIS Guidelines are accompanied by a new and targeted costing approach to serve the NIS process as well as associated guidance on AOP development.

More information on commonly used concepts and terms can be found in the WHO Health Systems Strengthening Glossary.⁵

Part C: NIS development process



1. Preparation

1.1. Can an ICC serve as a Steering Committee?

The NIS Steering Committee is the senior governance body responsible for setting the long-term vision and NIS objectives based on the situation analysis and national health priorities, aligned to regional strategies and the global immunization agenda. The NIS Steering Committee will oversee the NIS development process, providing direction as needed and ensuring discussions with key decision-makers, such as the director of the division overseeing the development of the National Immunization Plan, or other representatives of the Minister of Health. Given the Steering Committee's governing role, its membership should reflect a diversity of interests and perspectives. A well-functioning and representative immunization coordinating committee (ICC) or other existing mechanism should be considered to take on this role in order to leverage what is already in place. The list of stakeholders that are typically part of the Steering Committee are provided in the guidelines.

1.2. What if my country does not have technical working groups for the NIS content development?

If there are no existing technical working groups or other mechanisms that can be leveraged for the development of the NIS, the Steering Committee could consider convening timebound groups of technical experts specifically for the development of the NIS content, or could bring in experts periodically when needed for consultation workshops or other events.

5. https://cdn.who.int/media/docs/default-source/documents/health-systems-strengthening-glossary.pdf?sfvrsn=b871d95f_4

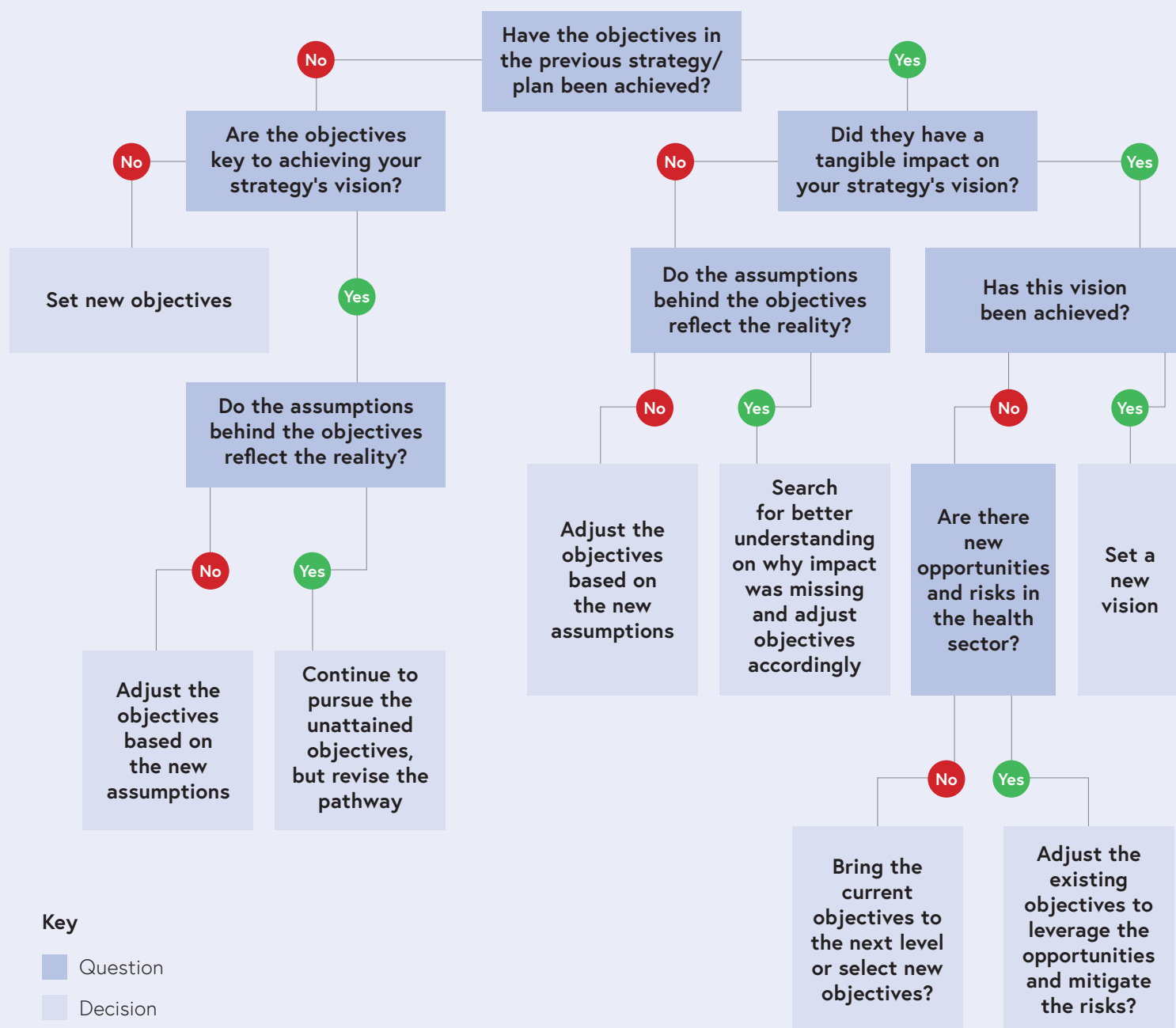


2. Situational analysis

2.1. How can a review of objectives from the previous strategic period be used for the NIS?

If the country does not want to change certain objectives before it has attained them, a good way to devise new approaches to achieve the original objective is to review the previous key activities and their impact on achieving the objective. The decision tree in Figure 3 can help you to think through the possible revision of objectives from a previous strategic period.

Figure 3. Revising objectives at between NIS strategic periods





3. Strategy development

3.1. How does one set a long-term vision with aspirational targets?

It is important to set a vision that is aspirational enough to motivate stakeholders to work towards achieving certain outcomes over the longer-term, even beyond the period covered by the NIS. Such a vision may capture the following elements:

- global and regional vaccine-preventable disease elimination targets, such as those included in the Immunization Agenda 2030 (IA2030);
- national targets for vaccine coverage;
- national targets for introducing a new vaccine with high coverage nationwide;
- national targets for vaccine-preventable disease reductions;
- a national Electronic Immunization Registry (EIR) with real-time recording of vaccines on handheld devices;
- full electronic linking of EIR and CRVS;
- all communities linked to vaccination services in health facilities through a remunerated Community Health Work network;
- real-time visibility of vaccine stocks and cold chain equipment functionality at all levels of the immunization system;
- vaccination status checked for all children at start of school start and children who lack vaccine doses or vaccine documentation receive catch-up doses as appropriate.

3.2. How can countries align with global and regional immunization strategy goals?

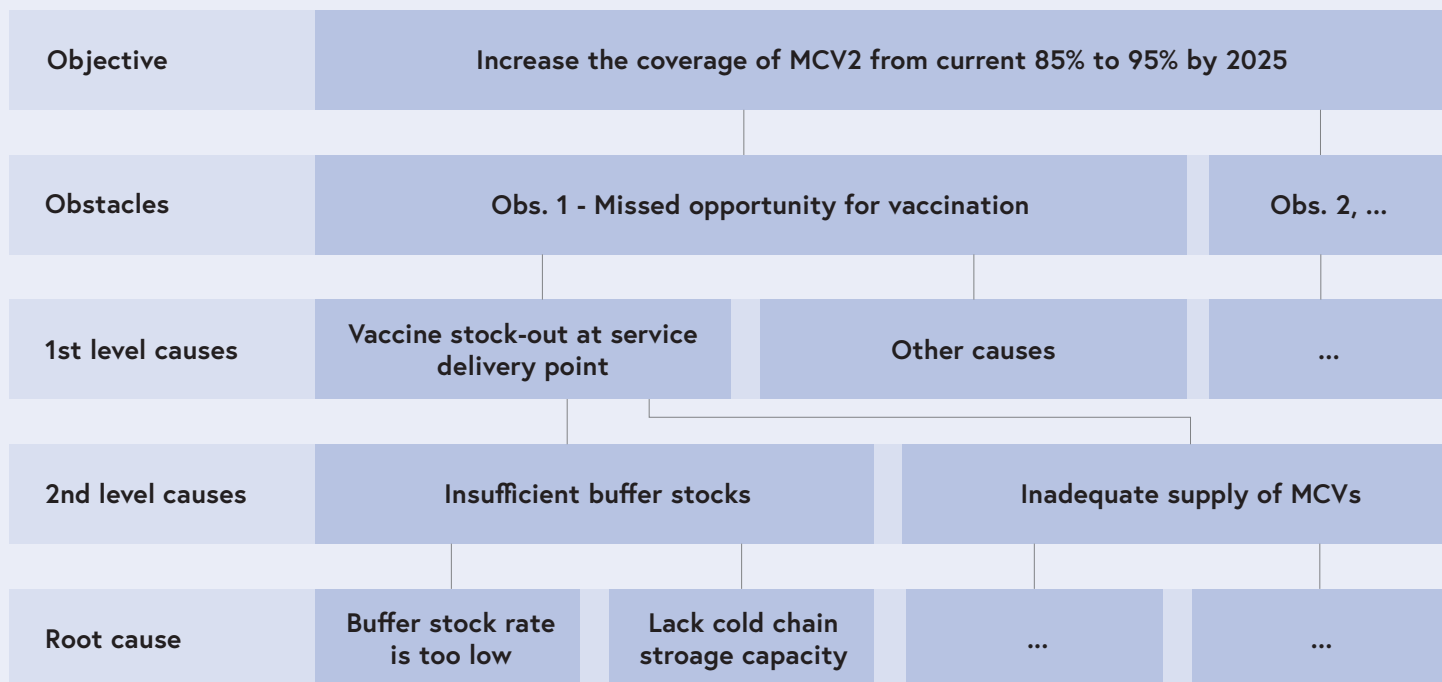
IA2030 provides a long-term strategic framework that is intended to inspire and align the activities of community, country, regional and global stakeholders. The framework is composed of seven strategic priorities and four core principles, so regions and countries can identify those most relevant to their national situation, "weighting" each strategic priority according to its relative importance. Countries might consider a visual presentation of their priority focus for the upcoming strategic period, thereby helping to define the NIS objectives while aligning them with a regional or global vision.

3.3. How does one carry out root cause analysis?

An example could be a country that is working towards the measles elimination goal. Assuming a country's main objective for the current NIS period is to increase the coverage of MCV2 to 95% by 2025:

- A first step would take place during the group consultation and situation analysis to identify the barriers. It is possible that one of the main barriers to achieving this objective may be the high number of missed opportunities for vaccination.
- The next step will be to understand why there is such a high number of missed opportunities for vaccination – i.e. the cause of the barrier – and to ascertain whether it is due to frequent vaccine stock-outs at service delivery levels, or because health workers did not recommend MCV2 for the eligible children arriving at the health facility.
- By answering these questions, the first level of cause is obtained. Continuing to ask the question "Why did this happen?" will unearth the root cause of the barrier and reveal a point at which a concrete step can be taken to address the cause, as depicted in **Figure 4**.

Figure 4. "Why did this happen?" Doing a root cause analysis



3.4. Can you provide an example of designing strategies (coherent set of actions) to create solutions for improvements we seek in the NIS objectives?

A country has identified vaccine stock-outs as the biggest barrier to high vaccine coverage. After studying the situation, it was found that the vaccine stock-outs were mostly due to delays in vaccine procurement and distribution. The Ministry of Health decided that the main change to bring to the immunization programme would be: "high efficiency of vaccine procurement and its distribution by using best practices at every step".

The following key activities were put forward on the basis of what will be needed (actions) from different components of the immunization system in order to jointly create the change:

- **Policy:** Modify the vaccine procurement law to procure vaccines through UNICEF.
- **Vaccine forecasting and procurement planning.**
- **Data:** Increase the timeliness of the data report by extending immunization reporting through the health information system to the remote areas.
- **Supply chain:** Increase the frequency of vaccine distribution from once a month to twice a month.
- **Funding:** Reduce the time for funding disbursement from three months to two months.
- **Human resources:** Improve health workers' knowledge on cold chain and waste management practices by providing refresher training to all mid-level managers.
- **Vaccine demand:** Ensure that target populations receive mobile telephone messages on the availability of vaccine to avoid unnecessary health centre visits in the event of stock-out of vaccines.

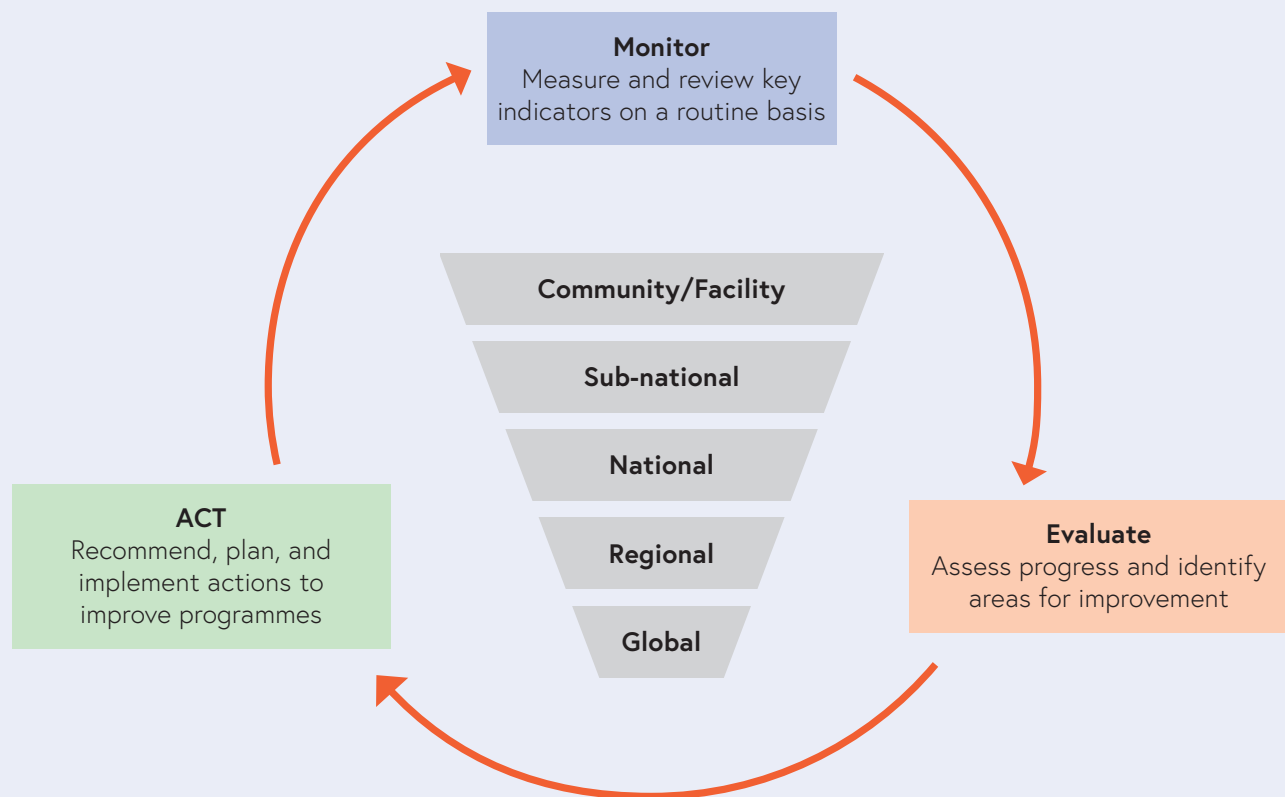


4. M&E framework

4.1. What is meant by monitoring, evaluation and action cycles?

Development and implementation of effective monitoring, evaluation and action (ME&A) cycles at all levels will encourage immunization programme stakeholders continuously to ask the questions: 1) How are we doing? (Monitor); 2) How can we do it better? (Evaluate); and 3) Who is responsible for doing what to make improvements? (Act). Key components of ME&A cycles include the national M&E framework with action-based indicators that are tailored to the immunization programme level and linking of M&E indicator data to ownership and accountability mechanisms (**Figure 5**).

Figure 5. Linking the cycles of monitoring, evaluation and action



4.2. In terms of process steps, is it important that M&E come ahead of the resource estimation?

As noted in the guidelines, the strategy development, M&E framework, NIS resource estimates and budget dialogue are four steps that are closely linked and iterative in nature. The M&E framework development step has been positioned closest to the strategy development piece because defining how progress will be measured can inform the strategic thinking. It helps to frame the different types of information around vision, objectives, targets and the strategies needed to achieve these. And during the subsequent steps for resource estimates and budget dialogue, it helps to articulate the type of improvements sought by the NIS (and also how these will be monitored). That said, countries may wish to focus more time on M&E only after the costing and dialogue steps, once all that information is consolidated. What is important is that each of these steps are critical to inform how the final strategy is presented.

4.3. What type of indicator can help track NIS progress?

After setting the objectives of the strategy, each immunization component should have a set of actions that contribute to the achievement of each objective by responding to the opportunities and obstacles identified. When developing the actions from each immunization component, it is important to set SMART (specific, measurable, achievable, relevant and timebound) indicators to track progress towards the results.⁶ For instance, an indicator such as "increase the completeness and quality of vaccination data" cannot be measured objectively. However, an indicator that states "in one year (timebound), the district public health offices (who) will have received timely reports (relevant) from 95% (measurable and attainable) of their health facilities, including those run by private providers and NGOs, that are validated by district officers" will facilitate accurate monitoring.

4.4. What information is needed to define an indicator?

NIS indicators can be developed with the following information, taking account of differentiation at each level (national, subnational, health facility and community):

- List the key actions by level and programme component.
- Develop and assign one or two SMART indicators to each action. Each indicator should have the following elements:
 - definition
 - measurement approach
 - calculation
 - data source for the numerator and denominator
 - stakeholder(s) responsible for data collection and measurement and action based on indicator results
 - frequency of data collection and reporting.
- Ensure, where possible, that indicators correspond to indicators described in the national M&E framework for the health sector, as well as to global (IA2030) and regional targets for immunization.
- Specify in the M&E framework and plan the data sources and the means by which the data will be verified.

4.5. How does one develop indicator baselines and targets to define how monitoring will be evaluated?

The development of accurate baselines for NIS indicators will enable tracking of progress and also support the development of indicator targets. Using baseline analysis and historical analysis, future targets should be developed that are realistic and achievable in relation to the baseline result. The details about analysis and interpretation and frequency of evaluation should be specified in the M&E framework to help define how results of monitoring will be evaluated. See Annex 4 for an example template for a NIS monitoring matrix.

6. Adapted from SMART indicators – Save the Children website. See: <https://sites.google.com/site/savethechildrendme/Home/smart-indicators> (accessed 7 July 2021).



5. Resource estimates

5.1. Why is it important to assess resources required to implement the NIS?

A comprehensive assessment of resources required to implement the NIS is needed in order to ensure that sufficient financial resources are available to implement the plan. A shortfall may indicate that the plan needs to be revised within the financial limitations that exist. Or it may highlight areas where additional investments are needed to ensure effective implementation, guiding decision-makers on the financial consequences of approving the plan and allocating funds. It is also important to secure funding from Ministry of Finance and external donors.

5.2. Why build a NIS around the available resources?

The goal is to develop a NIS with high probability for successful implementation. That means the level of ambition should match the expected level of resources to fund the strategies. A NIS that includes ambitious objectives yet has little chance of being funded is not a realistic NIS and thus presents a risk of failure. On the other extreme, a NIS that is too constrained by existing resources available from domestic or external sources could be too limiting and not aspirational enough. It could dampen ambition and leave little room for potential funding becoming available in the near future. This NIS development step and the NIS.COST tool to support it includes an important prioritization process. Through this prioritization planning, countries can focus on immediate funding for the highest priority strategies, while keeping 'low priority' ones in the NIS, noting that these are not absolutely key to the success of the NIS implementation in its first years of implementation. By including all strategies, countries capture the ambition and provide a strategic direction for the outer years – to be funded first should new resources become available. It is important the NIS makes these clear distinctions and prioritizes the strategies against the resource mapping.

5.3. Does the NIS.COST application provide a cost estimate for the entire immunization programme?

No, the NIS.COST was developed to estimate the costs of the NIS and ensure that the resource requirements are aligned with the budget process in the respective country. Costing the full programme can be very useful, but represents a different type of exercise and is not typically used for the NIS development. Guidance for this can be found at <http://immunizationeconomics.org/methods>

5.4. Where can I find more information about the NIS costing approach?

The instructions for the NIS costing approach are integrated into the NIS.COST application.

5.5. What about external funding?

In many low-income and lower-middle-income countries, the immunization programme has received substantial financial and technical support from overseas development aid for health, of which two major initiatives are Gavi, the Vaccine Alliance and the Global Polio Eradication Initiative (GPEI). However, these funding sources are time-limited and once they

are no longer available – e.g. when countries transition out of Gavi support or as GPEI winds down its operations⁷ – countries will be obliged to mobilize additional resources to fill this funding gap. This change in funding needs to be prepared for in advance, and special attention should be paid to this when a country develops its NIS.



6. Budget dialogue

6.1. How does one form realistic expectations of future budgets when faced with a lack of information or uncertainty?

Medium-term government budget formulation (e.g. MTEF) can be a helpful source of information as well as future donor support, although this may not be well defined. If there is no clear agreement on additional future resources, then the historical trend should be used to inform future levels.

6.2. How might we tailor the messaging for the budget dialogue discussions?

For the **Minister of Health**, the value of the investment in the NIS could be based on:

- **The burden of vaccine-preventable diseases in the country:** The reduction of vaccine-preventable diseases (VPDs) and prevention of outbreaks is a valuable argument in countries where VPDs are still a major cause of mortality and morbidity, especially for fragile populations, or at a time when there are major VPD outbreaks.
- **The contribution of immunization to the national health strategy:** Immunization is an integral part of essential health services and is critical to strengthening and expanding PHC to help reach UHC goals. The contribution of this immunization investment to the national health strategy and SDGs should be clearly evaluated and articulated. The NIS, for instance, could highlight the cost-effectiveness of immunization, emphasizing that it can reduce the cost of treatment of VPDs.
- **The country's commitments to the regional and global immunization goals:** As these commitments have high political visibility, showing the contribution of the investment in the NIS is an argument that can draw favourable political attention.

For the **Minister of Finance**, the value of the investment in the NIS could be based on: 1) **its contribution to national policy priorities** (e.g. poverty reduction, the well-being of fragile populations, UHC and SDGs, in addition to the cost-effectiveness of vaccination); and 2) **immunization as the public health intervention** that has the greatest coverage and that can be leveraged as an underpinning element for government goals that are beyond health, such as increasing the well-being of the most fragile population groups.

For external funders, it is important to help them understand the rationale and prioritization behind the NIS and the expected impact that external funding will have on national immunization programme performance as well as on immunization and health outcomes.

7. See: <http://polioeradication.org/polio-today/preparing-for-a-polio-free-world/transition-planning/> (accessed 7 July 2021).



7. Approval and endorsement

7.1. Would the NIS ever be revised in advance of its 5-year period?

Once completed and approved, the NIS should continue to be a dynamic document and, as such, rules are needed on what to do if, and when, the environment or assumptions behind the NIS change. Only significant changes would trigger a revision of the NIS. Country stakeholders should discuss the threshold for revision on the basis of their specific country contexts. For example, a 1% increase of the budget for vaccine procurement due to increased vaccine prices could cause some countries to abandon the introduction of a new vaccine and require a revision to the NIS, but in other countries a 1% increase may not have a big impact.

7.2. What sorts of changes might prompt this?

The original NIS might need revision when **the situation changes positively** (e.g. additional funding, beneficial health sector reform, new political commitment, etc.). The scope of the NIS could then be revised to take advantage of these opportunities and increase the benefit to the immunization programme. Conversely, **when the situation changes negatively** (e.g. unexpected decrease in funding, VPD outbreaks, political instability, and the emergence of new diseases such as Ebola or COVID-19), the scope of the NIS might need to prioritize or deprioritize certain actions.

