



REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH

EPI MULTI YEAR PLAN OF ACTION

2017-2022

In collaboration with



**World Health
Organization**

EPI Plan of action

Introduction

Policies are important in organizational management and performance, but will only make a distinction if they are successfully implemented. Policies must be turned into actions and influence the practical, day-to-day operations of the system. For that, it is imperative to transform the national immunization policy into a multiyear plan (4 years plan), with priority activities identified and as well as a financial sustainability proposal.

In the last decades, the immunization program has helped in lowering child morbidity and mortality from vaccine preventable diseases (VPDs), has prevented the reemergence of polio in Lebanon, and has contributed in achieving Millennium Development Goals (MDG) 4 and 5. For that, the immunization remains one of the government's highest priority programs. A national immunization policy document was developed in 2017 and got endorsed through a stakeholder meeting; it highlighted the need for integrated equitable immunization services targeting mostly the poor and marginalized population. The comprehensive multi-year plan 2018-2021 entails a multitude of activities for the next three years aiming to achieve the immunization goals expressed by the Government national immunization policy document, all along taking into consideration the Global Immunization Vision and Strategy (GIVS). The objectives, strategies and activities set forth in the plan provide the framework required to meet the goal of reducing infant and child mortality by enhancing access of children to quality immunization services, introducing new vaccines, maintain previous achievements and strengthen routine immunization.

The current multi-year plan has been developed through an extensive discussion and participation of the national EPI, the NGOs network, scientific societies and partner agencies. The development of the plan derives from the main axes identified in the national immunization policy document and sets milestones, activities with timeline, indicators and the associated rough estimation of direct costs.

Vision, mission and goal of the national immunization program

Vision

The risk of occurrence of vaccine preventable diseases (VPD) is reduced, and the country maintains its polio free and neonatal tetanus statuses; and eliminates measles.

Mission

To improve health and well-being of the population through the reduction of VPD related morbidity and mortality, in line with the Sustainable Development Goal, namely target 3.2

Goal

The Expanded Programme on Immunization's mission is to reduce infant morbidity and mortality rates due to vaccine preventable diseases by providing quality immunization services. Optimize access to quality vaccination services to all the population, mainly the most vulnerable one

Immunization program objectives and targets

The primary objective of the national immunization program in next 4-year cycle is to achieve at least 95% national coverage for all vaccines/antigens and at least 90% coverage in all administrative units

The specific objectives are as follows:

1. Achieve and maintain at least 95% national vaccination coverage for all antigens, and more than 90% in every district
2. Ensure Effective Vaccine Management and access to vaccine of assured quality
3. Harmonize and unify the national vaccination calendar
4. Maintain polio free status
5. Maintain maternal and neonatal tetanus elimination status
6. Achieve measles elimination
7. Accelerate control of vaccine-preventable diseases through the introduction of new and underutilized vaccines
8. Enhance VPD surveillance
9. Continue to expand immunization beyond infancy

The national program success by 2021 is measured by the achievement of the following **performance targets**:

| Expected result | Performance Indicator | Target |
|--|---|--------|
| Immunization coverage is high and sustained | DTP3 containing vaccine coverage (national) | >95% |
| | Hep B birth dose coverage (national) | >97% |
| | Pol3 coverage (national) | >95 |
| | MCV2 coverage (national) | >95 |
| | PCV coverage (national) | >95 |
| Inequity in immunization is over | Percentage of districts or equivalent administrative area with DTP3 coverage \geq 95% | 90% |
| | Percentage of districts or equivalent administrative area with DTP3 coverage \geq 80% | 100% |
| | Difference in DTP3 coverage between the highest and lowest wealth quintiles | <2% |

| Expected result | Performance Indicator | Target |
|--|--|------------|
| | Penta3 coverage difference between the children of educated and uneducated mothers/care-takers | <2% |
| Vaccines are administered timely as defined by the vaccination calendar | Fully immunized children | >92% |
| | DTP1-DTP3 drop-out rate | <3% |
| | MCV1-MCV2 drop-out rate | <3% |
| Effective vaccine management meets best international standards | The country scores against each EVM criteria above 80% at each level (national sub-national) | 100% 90% |

Milestones

| Objectives | 2018 | 2019 | 2020 | 2021 |
|--|--|---|---|---|
| Achieve and maintain at least 95% national vaccination coverage for all antigens, and more than 90% in every district | Achieve IPV coverage above 95% in 26 districts | Achieve DTP3 coverage above 90% in 26 districts | Maintain DTP3, IPV coverage | Maintain DTP3, IPV coverage |
| Ensure access to vaccine of assured quality and with Effective Vaccine Management | 15 districts scoring above 80% on all EVM criteria | 20 districts scoring above 80% on all EVM criteria | 26 districts scoring above 80% on all EVM criteria | 20 districts scoring above 90% on all EVM criteria |
| Harmonize and unify the national vaccination calendar | X | Revision of the national immunization calendar in the public sector | Harmonization of the national immunization calendar with the private sector | Vaccination calendar unified and harmonized and implemented |
| Maintain polio and neonatal tetanus free statuses | Zero case of CVDPV2 Zero case of WPV | Zero case of CVDPV2 Zero case of WPV | Zero case of WPV | Zero case of WPV |
| Strengthen the EPI organization and functions | EPI technical committee TOR and composition are revised | EPI technical committee meeting four times a year | EPI technical committee meeting four times a year | EPI technical committee meeting four times a year |
| Achieve measles elimination | Achieve MCV2 coverage of 85% in 26 districts | Achieve MCV2 coverage of more than 90% in 26 districts | Achieve MCV2 coverage of more than 95% in 26 districts | Achieve and maintain measles elimination standard surveillance performance indicators |
| Accelerate control of vaccine-preventable diseases through the introduction of new and underutilized vaccines | Achieve a PCV coverage of 75% in all districts and 85% in 15 districts | Achieve a PCV coverage of 85% in all districts | Achieve a PCV coverage of 85% in all districts and 90% in 15 districts | Achieve a PCV coverage of 90% in all districts Introduce Rota vaccine |

| | | | | |
|---|---|--|--|--|
| Enhance VPD surveillance | Maintain AFP rates above 5 Expand pneumo sentinel surveillance | Maintain AFP rates above 5 Maintain pneumo sentinel surveillance Initiate rota sentinel surveillance | Maintain AFP rates above 5 Maintain pneumo sentinel surveillance Expand rota sentinel surveillance | Maintain AFP rates above 5 Maintain pneumo sentinel surveillance Maintain rota sentinel surveillance |
| Continue to expand immunization beyond infancy | Continue the school based vaccination monitoring in 26 districts | Introduction of DTaP in adolescent | Introduction of adult vaccination (third age) | Introduction of adult vaccination (third age) |

Objective 1: Achieve and maintain at least 95% national vaccination coverage for all antigens, and more than 90% in every district

Performance Indicators

- Percentage of districts with vaccination coverage >90% for each antigen
- Percentage of districts with drop-out rates less than 2 percent DPT1-DPT3
- Percentage of outreach sessions conducted against scheduled

| Strategy 1: Increase access to vaccination by implementing REC micro planning in every district | | | | | |
|---|------------------|-------------|-------------|-------------|-----------------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| District offices develop their annual immunization microplans including outreach sessions to the ISs | X | X | X | X | MOPH |
| Assess the microplans of 26 districts | X | X | X | X | MOPH |
| Conduct an independent assessment of the district microplanning capacities | X | | | | WHO, UNICEF |
| Develop a strategy to integrate immunization in a child centered program and other family health activities | | X | | | WHO, UNICEF, MOPH |
| Periodic intensification of routine immunization through a week of outreach activities | X | X | X | X | MOPH |
| Cost in US\$ | 150,000 | 170,000 | 150,000 | 150,000 | |

| Strategy 2: Enhance human resources capacity for immunization management | | | | | |
|--|------------------|-------------|-------------|-------------|-----------------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Revise, develop, print and distribute training materials on immunization (Flip chart and others) | X | | X | | WHO, UNICEF, MOPH |

| | | | | | |
|---|---------|--|---|--|-------------------|
| Conduct a TOT on EVM | X | | X | | WHO, UNICEF, MOPH |
| Conduct an EVM training in 26 districts | X | | X | | WHO, MOPH, UNICEF |
| Cost in US\$ | 250,000 | | | | |

| Strategy 3: Review program performance at both central and peripheral levels | | | | | |
|---|-----------|--------|--------|--------|----------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Share and review annual plan with EPI partners and HDO | X | X | X | X | MOPH |
| Conduct monthly review meetings at the health facility level with local community leaders | X | X | X | X | MOPH, WHO |
| Conduct monthly review meetings at the district level involving vaccinators and take necessary corrective action at local level | | X | | X | MOPH |
| Cost in US\$ | 24,000 | 24,000 | 24,000 | 24,000 | |

| Strategy 4: Strength communication, social mobilization and advocacy activities | | | | | |
|--|-----------|---------|---------|---------|-------------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Assess the current Communication and advocacy strategy | | X | | | UNICEF |
| Initiate a continuous mass media communications campaign using various channels | | X | X | X | MOPH, WHO, UNICEF |
| Include immunization indicator during social auditing [LSEP] | | X | X | X | MOPH |
| Include immunization advocacy material in every health event | | X | X | X | MOPH, Orders |
| Cost in US\$ | | 100,000 | 100,000 | 100,000 | |

| Strategy 5: Strengthen immunization data analysis, monitoring, and use at all levels | | | | | |
|--|-----------|------|------|------|----------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Conduct data analysis at the health outlets level for immediate use | | X | X | X | MOPH |
| Identify need & conduct training on data analysis, and training on interpretation and use of data for action | | X | X | X | WHO, MOPH |
| Provide computers to PHC network, border sites and UNHCR centers and tablets for EPI health outlets | | X | X | X | UNICEF |

| | | | | | |
|--------------|--|---------|--------|--------|--|
| Cost in US\$ | | 100,000 | 50,000 | 50,000 | |
|--------------|--|---------|--------|--------|--|

| Strategy 6: Strengthen immunization services in municipalities | | | | | |
|--|-----------|---------|---------|---------|----------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Pilot an integrated immunization governance model with a selected number of municipalities | X | | | | WHO, MOPH |
| Conduct training of municipalities on developing and implementing immunization microplans | X | | | | MOPH |
| Expand the governance models to include more than 500 municipalities | | X | X | X | MOPH |
| Review and monitor implementation of micro plan in municipalities that have completed micro planning | | | X | X | MOPH |
| Cost in US\$ | 175,000 | 200,000 | 250,000 | 250,000 | |

| Strategy 7: Strengthen supportive supervision and monitoring activities | | | | | |
|--|-----------|--------|--------|--------|-------------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Review and update tools for monitoring and supervision | | X | | | MOPH |
| Disseminate the tools through training workshops | | X | | | MOPH, UNICEF, WHO |
| Conduct a monthly visit of the central EPI team to the HDO | | X | X | X | MOPH |
| Conduct a quarterly visit by the HDO to the Health outlets | | | X | X | MOPH |
| Cost in US\$ | | 50,000 | 25,000 | 25,000 | |

| Strategy 8: Ensure adequate and sustainable financing for the immunization program | | | | | |
|---|-----------|-------|--------|------|-------------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Explore the establishment of an immunization trust fund | | X | X | | WHO, MOPH |
| Advocate for a municipality immunization budgetary fund | | | X | X | MOPH, MOI, UNICEF |
| Cost in US\$ | | 5,000 | 10,000 | | |

Objective 2: Ensure access to vaccine of assured quality and an Effective Vaccine Management

Performance Indicators

- Reported numbers of stock out at health outlets level
- Percentage of health outlets submitting complete and timely reports ^{[[]]}_{SEP}
- Vaccine wastage rate ^{[[]]}_{SEP}
- Percentage of health outlets reporting AEFI including zero reporting ^{[[]]}_{SEP}
- Number of severe AEFI cases reported within 24 hours ^{[[]]}_{SEP}

| Strategy 1: Strengthen the vaccine management system | | | | | |
|---|------------------|-------------|-------------|-------------|-----------------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Review and implement the policy for forecasting, procuring, storing and distributing vaccines and related logistics | | X | | | WHO, UNICEF, MOPH |
| Adopt a standard for budget allocation for cold chain and vaccine management (Procurement, Transport, Distribution, Repair and Maintenance) | | | X | X | MOPH |
| Introduce and adopt national strategic guideline on cold chain and vaccine management system | X | | | | WHO, MOPH |
| Enhance the use of the national guideline on cold chain and vaccine management system | X | | | | MOPH |
| Explore various methods of medical waste disposal | | X | X | X | MOPH |
| Cost in US\$ | 30,000 | 15,000 | 15,000 | 15,000 | |

| Strategy 2: Strengthen cold chain systems at all levels | | | | | |
|---|------------------|-------------|-------------|-------------|-----------------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Coordinate with a bio-medical firm for maintenance of cold chain equipment, conducting quarterly visits and reporting | | X | X | X | MOPH |
| Conduct quarterly supervisory visits by regional refrigerator ^{[[]]} _{SEP} technicians to districts and health outlets | | X | X | X | MOPH |
| Recruit a biomedical engineer as part of the central EPI team | X | X | X | X | MOPH, UNICEF |

| | | | | | |
|--------------|--------|--------|--------|--------|--|
| Cost in US\$ | 12,000 | 36,000 | 36,000 | 36,000 | |
|--------------|--------|--------|--------|--------|--|

| Strategy 3: Increase the capacity of cold chain staff | | | | | |
|--|-----------|--------|--------|--------|------------------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Train basic-level staff to operate, and maintain cold chain equipment at sub-centers | | X | X | X | MOPH, Bio medical firm |
| Cost in US\$ | | 25,000 | 25,000 | 25,000 | |

Objective 3: Harmonize and unify the national vaccination calendar

Performance Indicators

- Presence of a unified public calendar
- Update of the private public joint vaccination calendar guidelines

| Strategy 1: Unify the immunization public calendars | | | | | |
|---|-----------|--------|-------|-------|----------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Conduct a thorough review of the available calendar in the public sector and suggest a unified calendar with the private sector | | X | | | WHO, MOPH |
| Carry out a stakeholder meeting to endorse the calendar | | | X | | MOPH |
| Print and disseminate the agreed upon calendar | | | X | X | MOPH |
| Train on the new agreed upon calendar (as par of the EVM training) | | | X | | |
| Cost in US\$ | 15,000 | 10,000 | 5,000 | 5,000 | |

Objective 4: Maintain polio, neonatal tetanus free status

Performance indicators:

- Number of environmental sampling with WPV
- AFP rate at district levels

| Strategy 1: Achieve and sustain immunity levels to prevent any poliomyelitis outbreak | | | | | |
|---|-----------|------|------|------|-------------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Conduct IPV and OPV SIAs in selected cadasters | | X | X | X | MOPH, WHO, UNICEF |
| Conduct IPV outreach sessions in ISs and selected communities | X | X | | | MOPH, WHO, UNICEF |

| | | | | | |
|--|-----------|-----------|-----------|-----------|-------------------|
| Maintain vaccination at the borders and at the UNHCR registration booths | X | X | X | X | MOPH, IOM, UNICEF |
| Cost in US\$ | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | |

| Strategy 2: Respond adequately and timely to outbreak of poliomyelitis with appropriate vaccine | | | | | |
|---|-----------|--------|------|------|----------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Finalize the polio preparedness plan | X | | | | WHO, MOPH |
| Train 26 HDOs on the polio preparedness plan | X | X | | | WHO, MOPH |
| Cost in US\$ | 30,000 | 26,000 | | | |

| Strategy 3: Maintain AFP surveillance achievements | | | | | |
|--|-----------|---------|---------|---------|----------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Maintain district based AFP surveillance | X | X | X | X | MOPH, WHO |
| Expand the polio environmental sampling | X | X | X | X | MOPH, WHO |
| Cost in US\$ | 150,000 | 150,000 | 150,000 | 150,000 | |

| Strategy 4: Enhance deliveries in the presence of skilled attendants among refugees | | | | | |
|---|-----------|--------|------|------|-------------------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Sensitization campaigns to advocate for safe motherhood and deliveries | X | X | | | UNFPA, LSOG, MOPH, MOSA |
| Cost in US\$ | 50,000 | 50,000 | | | |

Objective 5: Strengthen the EPI organization and functions

Performance Indicators:

- Number of the EPI technical committee meetings ^[1]_{ISEP}

| Strategy 1: Improve the function and competencies mix of the EPI technical committee | | | | | |
|--|-----------|------|------|------|----------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Expand the expertise in the EPI technical committee | X | | | | MOPH |
| Develop terms of reference for the EPI technical committee | | X | | | MOPH, WHO |
| Cost in US\$ | 0 | 0 | | | |

Strategy 2: Enhance the performance of the Polio certification committees

| Key activities | Timelines | | | | Responsibility |
|--|-----------|------|------|------|----------------|
| | 2018 | 2019 | 2020 | 2021 | |
| Reinforce the timeliness of the certification committee meetings | X | X | X | X | MOPH |
| Cost in US\$ | 0 | | | | |

| Strategy 3: Expand the monitoring and supervision capacities of the HDO | | | | | |
|---|-----------|--------|------|------|----------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Development of guidelines and tools for the district monitoring and supervision | | X | | | WHO, MOPH |
| Training the HDOs on the guidelines and tools | | X | | | MOPH |
| Cost in US\$ | | 30,000 | | | |

Objective 6: Achieve measles elimination

Performance Indicators:

- Percentage of district with measles coverage of >95% ^[1]_[SEP]
- Measles incidence rate below 2 per 100, 000
- Elimination standard surveillance performance indicators ^[1]_[SEP]

| Strategy 1: Achieve and sustain immunity levels to reduce measles incidence to elimination level | | | | | |
|---|-----------|-----------|-----------|-----------|-------------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Disseminate the strategy guideline for measles elimination ^[1] _[SEP] | X | | | | WHO, MOPH |
| Achieve >95% coverage for MCV-1 ^[1] _[SEP] | X | X | X | X | MOPH, UNICEF, WHO |
| Provide second opportunity of measles vaccine through routine or outreach follow up targeting children 9 months to under 15 years of age at National level, including ISs | X | X | X | X | MOPH, UNICEF, WHO |
| Cost in US\$ | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | |

| Strategy 2: Investigate all suspected measles outbreaks with program response | | | | | |
|---|-----------|------|------|------|----------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |

| | | | | | |
|--|---------|---------|---------|---------|----------------------------|
| Investigate all suspected measles outbreaks followed by appropriate response | X | X | X | X | MOPH |
| Distribute and implement case management protocol to all health facilities, Pediatricians, FMs and GPs | X | X | X | X | MOPH, Scientific Societies |
| Cost in US\$ | 150,000 | 150,000 | 150,000 | 150,000 | |

| Strategy 3: Expand measles case based surveillance | | | | | |
|---|-----------|--------|--------|--------|----------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Expand case based surveillance sites based on elimination strategic guideline | X | X | X | X | MOPH |
| Cost in US\$ | 50,000 | 50,000 | 50,000 | 50,000 | |

Objective 7: Accelerate control of vaccine-preventable diseases through the introduction of new and underutilized vaccines

Performance Indicators:

- Number of new or underused vaccine introduced in national immunization program during cMYP period

| Strategy 1: Introduction of new and under-used vaccines in NIP | | | | | |
|--|-----------|--------|--------|---------|----------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Scale up the PCV coverage rates | X | X | X | X | MOPH |
| Introduce rota vaccine | | | | X | MOPH, WHO |
| Cost in US\$ | 50,000 | 50,000 | 50,000 | 850,000 | |

Objective 8: Enhance VPD surveillance

Performance Indicators:

- Mumps and Rubella case investigation
- Number of reported pneumo and rota cases

| Strategy 1: Expand VPD surveillance | | | | | |
|--|-----------|--------|--------|--------|--|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Initiate sentinel surveillance for Pneumo and Rota | | X | X | X | MOPH, Syndicate of hospitals, Scientific Societies |
| Cost in US\$ | | 50,000 | 50,000 | 50,000 | |

| Strategy 2: Strengthen staff capacity to accommodate additional laboratory surveillance procedures | | | | | |
|---|------------------|---------------|---------------|---------------|-----------------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Continue to provide support for RHUH lab (test kits, reagents, and other support) | X | X | X | X | WHO, MOPH |
| Review ^[L] _[SEP] Of laboratory activities | X | X | X | X | MOPH |
| Training of laboratory staff | X | X | X | X | WHO, MOPH |
| Cost in US\$ | 75,000 | 75,000 | 75,000 | 75,000 | |

Objective 9: Continue to expand immunization beyond infancy

Performance Indicators:

- Number of districts with school immunization program

| Strategy 1: Expand School based immunization | | | | | |
|---|------------------|----------------|----------------|----------------|-----------------------|
| Key activities | Timelines | | | | Responsibility |
| | 2018 | 2019 | 2020 | 2021 | |
| Enroll schools in immunization programs | | X | X | X | MOPH, MOE |
| Cost in US\$ | | 100,000 | 100,000 | 100,000 | |

Financial plan

There is considerable uncertainty over the future resources available for the immunization, mainly the incurred cost by the burden of the Syrian crisis. Three possible scenarios for the future growth in the available resources are currently envisaged: a 'low case,' a 'middle case,' and a 'high case. These scenarios will derive from the sequencing of future developments related to Paris, 4, the progress in the Syrian reconciliation and the return of the Syrian refugees. The suggested strategies and respective activities can be prioritized in terms of their importance to scale up existing interventions and to introduce new ones. Decisions on introducing and scaling up interventions will in practice be made in the context of the annual budget discussions within the government, the local partners and the international society. This section **projects future costs** (based on assumptions about the input required) **and would pave the pass towards estimating and analyzing the gap between the future financial resource requirements and existing financing for National Immunization.** The baseline scenario is for the year 2017 and the future projections cover the cycle 2018-2021.

The table () below presents the baseline indicators for 2017.

| Baseline indicator | Expenditure in 2017 |
|---|--|
| Total immunization Expenditures | |
| Campaign AIA activities | |
| Vaccines | 72,500 USD |
| Equipment | |
| HR | 826,744 USD |
| Communication and Advocacy | 612,648 USD |
| Routine immunization | |
| vaccines | 12,000,000 USD |
| Cold chain operation | 500,000 USD |
| Cold chain equipment's | |
| Health Promotion activities | 200,000USD |
| Central EPI staff | Central Public Health officers 4*2000*12= 96,000 USD |
| | Central IT team 3*1200*12= 43,200 USD |
| | Central IT developer 2*2000*12= 48,000 USD |
| | Logistics officers 6*1000*12=72,000 USD |
| District EPI staff | Regional Public Health officers 8*2000*12= 192,000 USD |
| Total shared costs (other HS components) | |
| Others | |
| Total | |

The table () underneath gives the resource requirements for 2018, 2019, 2020, 2021, by priority (red mandatory, yellow important, and green as not necessary), sources of funding, and the division of the funding sources between secure and probable funding excluding the shared cost of the health system.

Table ()

| Activities | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|------|--|--|---|--|
| Objective 1 <u>Achieve and maintain at least 95% national vaccination coverage for all antigens, and more than 90% in every district</u> | | | | | |
| Strategy1: Increase access to vaccination by implementing REC micro planning in every district | | <ul style="list-style-type: none"> Public health officers at district level Independent assessment entity recruited Communication specialist to develop messages Outreach teams Supplies (including cold chain) Vaccines MVU | <ul style="list-style-type: none"> Outreach teams Supplies (including cold chain) Vaccines MVU | <ul style="list-style-type: none"> Outreach teams Supplies (including cold chain) Vaccines MVU | <ul style="list-style-type: none"> Outreach teams Supplies (including cold chain) Vaccines MVU |
| Strategy2: Enhance human resources capacity for immunization management | | <ul style="list-style-type: none"> Technical expert to develop training material Venue, catering for the TOT on EVM Venue, catering and decentralized training in districts Contract with printing house | | <ul style="list-style-type: none"> Trainer to provide refresher training Venue, catering for the TOT on EVM Venue, catering and decentralized training in districts Venue, catering and decentralized training in districts Contract with printing house | <ul style="list-style-type: none"> Training on the unified national calendar |
| Strategy 3: Review program performance at both central and peripheral levels | | <ul style="list-style-type: none"> Venues for meeting at district level Printing material | <ul style="list-style-type: none"> Venues for meeting at district level Printing material | <ul style="list-style-type: none"> Venues for meeting at district level Printing material | <ul style="list-style-type: none"> Venues for meeting at district level Printing material |
| Strategy4: Strengthen communication, social mobilization and advocacy activities | | | <ul style="list-style-type: none"> Media Expert to develop and implement the mass media campaign Media expert committee Advocacy material | <ul style="list-style-type: none"> Continue mass media campaign | <ul style="list-style-type: none"> Continue mass media campaign |

| | | | | | |
|---|--|--|---|---|---|
| Strategy5: Strengthen immunization data analysis, monitoring, and use at all levels | | | <ul style="list-style-type: none"> • Enhance existing data collection and analysis system • Trainer on data collection and analysis • Venues and catering for training | | |
| Strategy6: Strengthen immunization services at Municipalities | | <ul style="list-style-type: none"> • Technical expert to develop training material • Venue, catering for the training on microplanning | <ul style="list-style-type: none"> • Technical expert to update training material • Venue, catering for the training on microplanning | <ul style="list-style-type: none"> • Technical expert to update training material • Venue, catering for the training on microplanning • M&E central team | <ul style="list-style-type: none"> • Technical expert to update training material • Venue, catering for the training on microplanning • M&E central team |
| Strategy 7: Strengthen supportive supervision and monitoring activities | | | <ul style="list-style-type: none"> • Venue, catering for the training on updated tools • Operational costs of field visits by the EPI central team | <ul style="list-style-type: none"> • Operational costs of field visits by the EPI central team | <ul style="list-style-type: none"> • Operational costs of field visits by the EPI central team |
| Strategy 8: Ensure adequate and sustainable financing for the immunization program | | | | <ul style="list-style-type: none"> • Expert to develop advocacy strategy | <ul style="list-style-type: none"> • Expert to evaluate the impact of the advocacy strategy |
| Objective 2 : <u>Ensure access to vaccine of assured quality and an Effective Vaccine Management</u> | | | | | |
| Strategy 1:Strengthen the vaccine management system | | <ul style="list-style-type: none"> • Expert to develop national strategic guideline • Training on national guideline • Venue, catering for the training on guidelines | | <ul style="list-style-type: none"> • Expert to develop advocacy strategy | <ul style="list-style-type: none"> • Expert to evaluate the impact of the advocacy strategy |
| Strategy 2:Strengthen cold chain systems at all levels | | | | | |
| Strategy 3: Increase the capacity of cold chain staff. | | | <ul style="list-style-type: none"> • Expert to develop training material on cold chain maintenance | <ul style="list-style-type: none"> • Expert to update the training material • Venue, catering for the training on cold chain maintenance | <ul style="list-style-type: none"> • Expert to update the training material |

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| | | | <ul style="list-style-type: none"> • Venue, catering for the training on cold chain maintenance | | <ul style="list-style-type: none"> • Venue, catering for the training on cold chain maintenance |
| Objective 3 : <u>Harmonize and unify the national vaccination calendar</u> | | | | | |
| Strategy 1: Unify the immunization public calendars | | | <ul style="list-style-type: none"> • Expert to review the Public and private immunization calendars | <ul style="list-style-type: none"> • Venue, catering for meeting of stakeholders | <ul style="list-style-type: none"> • Contract with printing house |
| Objective 4: <u>Maintain polio and neonatal tetanus free status</u> | | | | | |
| Strategy 1: Achieve and sustain immunity levels to prevent any poliomyelitis outbreak | | <ul style="list-style-type: none"> • Vaccinators in border and UNHCR registration sites • Vaccines and supplies • Enhancing Electronic data collection system • Operational costs | <ul style="list-style-type: none"> • Vaccinators • Training (venue, catering) • Printing materials • Transportation • Vaccines and supplies • M&E team • Vaccinators in border and UNHCR registration sites • Vaccines and supplies • Enhancing Electronic data collection system • Operational costs | <ul style="list-style-type: none"> • Vaccinators • Training (venue, catering) • Printing materials • Transportation • Vaccines and supplies • M&E team • Vaccinators in border and UNHCR registration sites • Vaccines and supplies • Enhancing Electronic data collection system • Operational costs | <ul style="list-style-type: none"> • Vaccinators • Training (venue, catering) • Printing materials • Transportation • Vaccines and supplies • M&E team • Vaccinators in border and UNHCR registration sites • Vaccines and supplies • Enhancing Electronic data collection system • Operational costs |
| Strategy 2: | | <ul style="list-style-type: none"> • Trainer • Training materials • Venue, catering for the training on Polio preparedness plan | <ul style="list-style-type: none"> • Venue, catering for the training on Polio preparedness plan | | |
| Strategy 3: Maintain AFP surveillance achievements | | | | | |
| Strategy 4: Enhance deliveries in the presence of skilled attendants among refugees | | <ul style="list-style-type: none"> • Expert to develop advocacy plan • Staff to disseminate the messages | <ul style="list-style-type: none"> • Staff to disseminate the messages | | |
| Objective 5: <u>Strengthen the EPI organization and functioning</u> | | | | | |
| Strategy 1: Improve the function and competencies mix | | | | | |

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| of the EPI technical committee | | | | | |
| Strategy 2: Enhance the performance of the polio certification committees | | | | | |
| Strategy 3: Expand the monitoring and supervision capacities of the HDO | | | <ul style="list-style-type: none"> • Expert to develop guidelines and tools for district monitoring and supervision • Training material to be developed • Venue, catering for the training on the monitoring and supervision tool | | |
| Objective 6: Achieve measles elimination | | | | | |
| Strategy 1: Achieve and sustain immunity levels to reduce measles incidence to elimination level | | <ul style="list-style-type: none"> • Vaccinators for ISs • Vaccines and supplies • Enhancing Electronic data collection system • Operational costs | <ul style="list-style-type: none"> • Vaccinators for ISs • Vaccines and supplies • Enhancing Electronic data collection system • Operational costs | <ul style="list-style-type: none"> • Vaccinators for ISs • Vaccines and supplies • Enhancing Electronic data collection system • Operational costs | <ul style="list-style-type: none"> • Vaccinators for ISs • Vaccines and supplies • Enhancing Electronic data collection system • Operational costs |
| Strategy2: Investigate all suspected measles outbreaks with program response | | <ul style="list-style-type: none"> • Vaccinators • Vaccines and supplies • Enhancing Electronic data collection system • Operational costs | <ul style="list-style-type: none"> • Vaccinators • Vaccines and supplies • Enhancing Electronic data collection system • Operational costs | <ul style="list-style-type: none"> • Vaccinators • Vaccines and supplies • Enhancing Electronic data collection system • Operational costs | <ul style="list-style-type: none"> • Vaccinators • Vaccines and supplies • Enhancing Electronic data collection system • Operational costs |
| Strategy 3: Expand Measles case based surveillance | | | | | |
| Objective 7: Accelerate control of vaccine-preventable diseases through the introduction of new and underutilized vaccines | | | | | |
| Strategy 1: Introduction of new and under-used vaccines in NIP | | | | | |
| Objective 8: Enhance VPD surveillance | | | | | |
| Strategy 1: Expand VPD surveillance | | | | | |
| Objective 9: Continue to expand immunization beyond infancy | | | | | |

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| Strategy 1: Expand school based immunization | | | | <ul style="list-style-type: none"> • Training on introduced vaccines • Venue, catering for the training on the newly introduced vaccines • Vaccines for elderlies • Supplies | <ul style="list-style-type: none"> • Vaccines for elderlies Supplies |
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