

# GUIDELINES ON INTERAGENCY COORDINATING COMMITTEES

**JUNE 2022** 

#### **Guidelines on Interagency Coordinating Committees**

ISBN: 978-929023470-8

#### © WHO Regional Office for Africa 2022

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <a href="https://creativecommons.org/licenses/by-nc-sa/3.0/igo">https://creativecommons.org/licenses/by-nc-sa/3.0/igo</a>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

**Suggested citation**. Guidelines on Interagency Coordinating Committees. Brazzaville: WHO Regional Office for Africa; 2022. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <a href="http://apps.who.int/iris.">http://apps.who.int/iris.</a>

**Sales, rights and licensing.** To purchase WHO publications, see <a href="http://apps.who.int/bookorders">http://apps.who.int/bookorders</a>. To submit requests for commercial use and queries on rights and licensing, see <a href="http://www.who.int/about/licensing">http://www.who.int/about/licensing</a>.

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Designed and printed in the WHO Reginal Office of Africa, Brazzaville, Republic of Cong

## **CONTENTS**

ACRONYMS	iv
ACKNOWLEDGEMENTS	v
1. INTRODUCTION	1
2. PURPOSE, TARGET AUDIENCES AND CONTENT	2
3. ICC SITUATIONAL ANALYSIS IN WHO AFRICA REGION, 2018	3
4. CRITICAL FACTORS FOR AN EFFECTIVE ICC	7
5. MANAGING AN ICC	28
6. MONITORING AN ICC	32
7. SUSTAINING YOUR ICC	34
References	35
Annex 1: Sample ICC TORs	37
Annex 2: Sample ICC SOPs	41
Annex 3: Sample ICC meeting agenda	46
Annex 4: Sample outline of ICC meeting minutes	47
Annex 5: WHO AFR ICC situational analysis (2018) survey form	49

#### **ACRONYMS**

**AFRO** WHO Regional Office for Africa **CBO** community-based organization

**CDC** U.S. Centers for Disease Control and Prevention

**CMYP** Comprehensive Multi-Year Plan

**CSO** civil society organization

**DQIP** Data Quality Improvement Plan DQS Data Quality Self-Assessment

EPI Expanded Programme on Immunization

Gavi The Vaccine Alliance **HPV** human papillomavirus

**HSCC** Health Sector Coordination Committee

**HSIS** health system and immunization strengthening

**ICC** Interagency Coordinating Committee

JSL John Snow, Inc.

MoF Ministry of Education MoF Ministry of Finance MoH Ministry of Health

nongovernmental organization NGO

National Immunization Technical Advisory Group **NITAG** 

NVI new vaccine introduction

PHC primary health care

SIAs supplementary immunization activities

**SOPs** standard operating procedures

**TORs** terms of reference UN United Nations

**UNICEF** United Nations Children's Fund

**USAID** United States Agency for International Development

**VPDs** vaccine-preventable diseases WHO World Health Organization

2YL second year of life

#### **ACKNOWLEDGEMENTS**

The WHO Regional Office for Africa (AFRO) Immunization and Vaccine Development Team gratefully acknowledges John Snow, Inc. (JSI) for its assistance in developing these guidelines as well as participants in the January 2019 Regional Immunization Technical Advisory Group side meeting for their contributions to the development of these guidelines.

#### Compiled and edited by:

- Dr Benido Impouma, MD, MPH Regional Director WHO/UCN, Brazzaville, Congo
- 2) Dr Pamela Mitula, MD, MPH Coordinator of AFRO VPD Unit ai, Brazzaville, Congo
- 3) Professor Andre Arsene Bita Fouda, MD, MBA, MPH, PhD Regional meningitis control officer, Brazzaville, Congo
- 4) Dr Julien Hyacinte Kabore, MD, MPH Regional Hepatitis control officer, Brazzaville, Congo
- 5) Dr Sidy Ndiaye MD, MPH Regional NITAG officer, Brazzaville, Congo
- 6) Dr Blanche-philomene ANYA Melanga, MD, Pediatrician WHO Representative, Niamey, Niger
- 7) Dr Richard Mihigo, MD MPH Coordinator of AFRO VPD UNIT, Brazzaville Congo
- 8) Dr Eshetu Shibeshi Messeret, MD, MsC Immunization officer, ISTESA, Harare, Zimbabwe

#### 1. INTRODUCTION

#### **Background and Context**

In African countries, the immunization department within the Ministry of Health (MoH) is generally referred to as the "Expanded Programme on Immunization" (EPI). Responsible for all aspects of vaccination to prevent, control, eliminate and eradicate disease, the country-level EPIs are guided by World Health Organization (WHO) standards. Effective oversight and coordination of immunization programmes by government and partners are critical to achieving national immunization goals, including improving vaccination coverage and equity. National coordination forums, including interagency coordinating committees (ICCs) and health sector coordinating committees (HSCCs) – although the name may vary from country to country – play an essential role in this work.

ICCs emerged as an important collaboration mechanism with the Global Polio Eradication Initiative, as it started implementation in Africa in the midand late 1990s. ICCs subsequently expanded to include all major components of immunization within the EPI. They have become the prevailing model for operational relations between the MoH and its international and national partners to improve coordination among them in support of EPI and control of vaccine-preventable diseases (VPDs).

The ICC plays a key role for the national EPI team to support priority plans and actions identified at the national level, in coordination with a country's bilateral and multilateral partners. However, the composition and level of functioning of ICCs vary among countries. Likewise, the linkages differ between countries' ICCs and national polio committees, measles committees, national immunization technical advisory groups (NITAGs), and HSCCs. A recent assessment conducted in the WHO African Region (AFR) shows that some countries do not have an ICC for immunization.

To date, there is a lack of detailed immunization ICC guidelines, apart from orientations provided in a few documents (e.g. in the EPI Mid-Level Manager Training Module 2: "Role of the EPI Manager" and the Gavi website. (<a href="www.gavi.org/support/process/apply/additional-guidance/#leadership">www.gavi.org/support/process/apply/additional-guidance/#leadership</a>). To fill this gap, WHO/AFRO's Immunization, Vaccine and Development Unit has developed these Immunization ICC Guidelines (2019) to help countries establish and strengthen their national ICCs.

ICC Guidelines

https://www.afro.who.int/publications/mid-level-management-course-epi-managers

#### 2. PURPOSE, TARGET AUDIENCES AND CONTENT

The **purpose** of this document is to provide countries with practical guidance on the membership, functions, operations, management, monitoring and sustainability of ICCs. It is primarily designed as a resource for MoHs and immunization partners to improve their mutual planning and coordination.

These guidelines are not intended to be prescriptive. Rather, they are a general guide for adaptation and use by national immunization programmes, whether a country's immunization ICC is well-established and active, dormant, or not yet established. The guidelines are intended to be a user-friendly and practical resource that can be updated as needed and is based on input from WHO/AFRO countries and partner organizations.

The **target audiences** for these ICC guidelines are national EPI Managers, MoHs, bilateral and multilateral immunization partners, civil society and ICC members.

These guidelines are organized around the following content areas:

- A summary of the ICC situational analysis in WHO/AFRO, 2018, describing the status of ICCs in the African Region.
- Critical factors for an effective ICC, including mission and terms of reference (TORs) of ICCs, modalities for creation of ICC; leadership; member criteria and selection; membership rules; committee size; meeting frequency; expectations of members; tracking and supporting the EPI work plan; decision-making vs. informational meetings; follow-up on action points; linkages with Immunization ICC subcommittees; linkages with internal and external programmes; role, composition, and standard operating procedures (SOPs) of subnational ICCs; and technical and strategic ICCs.
- **ICC management**, including funding, assignment of tasks, scheduling meetings, agenda-setting, meeting rules, developing meeting minutes and action points, support and administrative functions.
- ICC monitoring, including assigning staff to monitor, maintaining log of action points for each meeting, conducting an annual internal review and using indicators to monitor functionality.
- ICC sustainability, including communication with members, participation, monitoring, updating TORs as needed, linking with other programmes, being a proactive vs. a reactive committee and using evidence-based decisions.

## 3. ICC SITUATIONAL ANALYSIS IN THE WHO AFRICAN REGION, 2018

In 2018, John Snow, Inc. (JSI) conducted an in-depth situational analysis on ICCs in the WHO African Region (AFR) on behalf of WHO. The analysis was comprised of a self-reporting online survey, literature review and key informant interviews. Information from the analysis was used to inform the development of these WHO guidelines with a view to helping countries establish, re-establish, or strengthen their ICCs<sup>2</sup>.

The survey (see Annex 5) was sent to all EPI Managers, as well as to UNICEF and WHO focal points, in all 47 AFR countries. The survey was developed by JSI on behalf of WHO. A request was made for EPI Managers, UNICEF and WHO focal points to complete one joint survey for each country. The survey was also sent to the internal JSI immunization listserv which included national, country-based staff, asking those who were ICC members to complete the survey. A total of 58 surveys were completed, representing a total of 44 of the 47 AFR countries.

The situational analysis reflects the various functionalities of the ICCs in WHO AFR as reported in the survey and shows that there are some well-established and effective ICCs. Respondents note an interest in further guidance and capacity-building to improve and strengthen the ICC with a view to ensuring that it is a positive and valuable body for the immunization programme and the overall health system.

Below is a summary of key findings from the analysis and recommendations based on the findings. In addition, respondents' suggestions for ICC best practices are included below.

#### **Key findings:**

- ICC context: Forty-nine out of 58 total respondents said their country
  had an ICC, representing 36 countries. There are eight countries that
  do not have an ICC. Of the 49 respondents who indicated their
  country had an ICC, 46 said it was active. Three countries' ICCs were
  not active or were not conducting regular meetings. Only one
  country said they had an ICC but did not have TORs. Surveys from
  three countries were not completed.
- ICC functions: The reasons given for the establishment of ICCs and their primary functions were varied but could be categorized into five

ICC Guidelines

<sup>&</sup>lt;sup>2</sup>: Report available upon request from WHO: Situational Analysis on Inter-Agency Coordinating Committees in the 47 WHO/AFRO countries

topic areas: advocacy, coordination, governance, financing and technical guidance.

- ICC responsibilities: All ICCs approve new vaccine introductions (NVIs) and discuss coverage or results of immunization activities. Ninety-four per cent approve Gavi support and 88% review campaign and supplemental immunization activities (SIAs).
- Planning and recording: The majority of ICCs have agendas (88%), produce minutes (92%) and have action points (73%) for each meeting. Several countries provided examples of ICC meeting minutes. A review of these meeting minutes revealed that they included a list of all participants in attendance and those absent, a formal adoption of previous meeting minutes, as well as a summary of discussions held and decisions reached during the meeting. However, follow-up action points were not always included, and when they were, the minutes sometimes failed to designate the organizations responsible and timelines for completion.
- Frequency of meetings: Seventy-six percent of respondents said ICC meetings were planned to take place four times a year, while 27% replied that meetings occurred four times in the last 12 months and 29% replied that meetings occurred three times a year. Other committees met monthly (4%), five times a year (14%), two times a year (16%), once a year (8%) or not at all (2%).
- Membership: The EPI Manager is a member in all ICCs. Most ICCs also have the Minister of Health or Director General, WHO Immunization focal point, a UNICEF representative and nongovernmental organizations (NGOs) as members. Between 70-80% of ICCs include the Director of Child Health or Family Health, WHO/CDC surveillance officer and the Ministry of Finance (MoF) as part of the membership. Civil society and other bilateral partners are members in 78% of ICCs.
- TORs: Nearly all (96%) survey respondents reported having ICC TORs.
   Of those reporting having TORs, one third said their TORs were updated
   within the past two years, while approximately the same number said
   their TORs had either never been updated or they did not know the
   last time the TORs had been updated.
- Linkages with other committees: More than half of all ICCs have formal linkages with a Polio Eradication National Certification Committee (55%), NITAG (53%), National Polio Advisory Committee (53%) and National Regulatory Authority (51%). Forty-seven percent have formal linkages with a Health Systems Coordination Committee, 39% with the

Vaccine Safety Committee and 35% with a National Verification Committee for Measles.

- Level of ICC maturity: Forty-nine percent thought their ICC was wellestablished (i.e. meets regularly and takes appropriate decisions to lead the programme), 39% thought it was ad-hoc (established but meets irregularly), while 12% thought it was nascent or beginning (recently re-designed or has new membership).
- Decision-making: The majority of respondents noted that their ICC makes decisions by consensus. Proposals are presented in a plenary and members can make recommendations to the chair to modify or change the proposal.

#### Recommendations from the situational analysis:

- I. The **purpose**, **mission and functions** of the immunization ICC should be clearly understood by the members, as there may be confusion between the immunization ICC and other interagency coordinating bodies.
- 2. When establishing or updating the **TORs**, membership should be defined and roles and responsibilities clearly outlined for members/organizations, including attendance continuity.
- 3. A comprehensive and carefully selected **membership** (with a defined listing of members/organizations) can help the immunization ICC include key members from the health sector.
- 4. Ensure that the ICC is **managed** efficiently and effectively by a clearly designated chair. Meeting agendas should be prepared with member input and shared in advance. Minutes and action points from the ICC meetings should be recorded and distributed in a timely manner to all members.
- 5. A **monitoring system** for the ICC (including deliverables and timelines) should be in place to follow up on actions points, ensure that they are completed and track accountability by the responsible people.
- 6. Define and establish processes for the ICC to obtain **resource assistance** (e.g. financial, organizational development, and capacity building in management and coordination) when needed.

#### **ICC Best Practices**

Respondents to the Immunization ICC situational analysis were asked to describe best practices which help to make their committees effective and well-functioning. Below are selected responses:

- Minister of Health as chairperson, regular attendance by Minister of Health, high level of commitment;
- Reaching decisions by consensus, with all members having an equal voice to express viewpoints;
- Sharing documents for endorsement with sufficient lead time to receive input from key partners;
- Joint decision-making with shared responsibilities;
- Having government funding for all ICC meetings, mobilizing resources for specific events or tasks;
- Ensuring regularly planned and well-organized meetings with agendas sent out ahead of time;
- Involving a broad range of stakeholders and ministries, NGOs to continue to be engaged and further valued as members;
- Ability and process to inform in advance and ensure a quick response by the ICC;
- Having ICC meetings as a binding activity, with members prioritizing regular attendance.

#### 4. CRITICAL FACTORS FOR AN EFFECTIVE ICC

#### 4.1. Mission, objectives, functions and TORs

**Mission**: The mission of immunization ICCs is to improve the coordination of government and partners in support of immunization programmes as well as prevention and control of VPDs. The ICC serves a programmatic oversight and coordination role to the MoH's EPI on implementation of vaccine and immunization policy in alignment with the national EPI annual workplan. The ICC should not be considered as an organization, but rather as a structure whose purpose is to complement and support the activities performed by the MoH's EPI team.

**Objectives:** The objectives of an ICC are to:

- Provide strategic direction, oversight, and policy advice on design, implementation, monitoring and evaluation of the EPI and related health sector programmes, ensuring these are aligned with the government's immunization Comprehensive Multi-Year Plan (cMYP) and annual EPI workplan;
- 2. Ensure a coherent view on strategy, planning, funding and performance of the EPI within the context of the broader health system;
- 3. Promote complementarity and harmonization of activities and investments among stakeholders in a coordinated manner;
- 4. Promote linkages of the EPI with the broader health system, including relevant and mandatory participation from different sectors;
- 5. Strengthen the commitment and capacity of stakeholders at all levels to advocate and support vaccination service delivery;
- 6. Address and resolve any emerging issues related to immunization programme strategy and implementation;
- 7. Ensure that the EPI and the coordination of the programme remains government-owned and government-led at all levels.

**Functions:** The primary functions of ICCs fall within five broad categories: coordination, governance, technical guidance, advocacy and financing. These functions are summarized below:

**Coordination:** Ensure coordination of government and partner organizations' activities in support of immunization programmes;

**Governance:** Endorse government policies on immunizations and help to ensure government's prioritization of the immunization programme; **Technical guidance**: Provide a technical oversight role and guidance for the planning, implementation, monitoring as well as evaluation of

routine immunization and SIAs to achieve high and equitable coverage;

**Advocacy**: Promote awareness and support for immunization at all levels;

**Financing**: Create long-term visibility on resources and facilitate resource mobilization as well as endorse country applications for immunization grants and help to monitor grants.

**TORs:** Well-functioning ICCs should have clearly defined TORs which outline the committee's major aims and objectives. It is recommended that TORs be reviewed annually under the leadership of the MoH and revised by the ICC members, as needed. This is to ensure that they are updated and that all members are familiar with these TORs. (See Annex 1 for an example of a country's ICC TORs.)

#### The TORs should include:

- Objectives and mandate of the ICC;
- Membership composition, selection process and membership rules (e.g. attendance, participation expectations and term limits);
- Meeting rules (frequency and timing of meetings, setting agendas);
- Decision-making procedures (including quorum, presence of chairperson, voting rules for approving different types of decisions);
- Support functions (including who is responsible);
- Roles and organizational structure of the ICC secretariat (or its equivalent);
- TORs of subcommittees and/or working groups (if applicable);
- Monitoring the ICC on a regular basis.

#### 4.2. Technical and strategic ICCs

MoHs and their partners throughout Africa have established ICCs to continually ensure and increase vaccination coverage/rates in the face of VPD outbreaks. These coordinating committees help with financing and planning/monitoring of the vaccination system, responding to VPD outbreaks (measles, polio, cholera, etc.), strengthening the health system as well as responding to emergencies and disasters. The role of the ICC is to provide technical support and mobilize partner resources for immunization programmes as well as coordinate their interventions to better support the in-country health system and immunization activities.

In many African countries, the ICC at the central level has been established and structured in two distinct ways, namely a technical immunization ICC that focuses on day-to-day EPI needs and a higher-level, "strategic" ICC that addresses immunization along with other health priorities and partnerships (see Figure 1). These ICCs are complementary but serve different purposes.

The technical ICC includes technical officers/focal points (the EPI Manager and his/her staff) as well as vaccination, communication, logistics and other focal points within EPI partner organizations (WHO, UNICEF and others). The technical ICC and its subcommittees or working groups (as described in section 4.3) regularly discuss the various technical challenges that the EPI faces; develop and submit proposals to Gavi; organize programme reviews and performance monitoring; identify challenges; and draft technical documents as well as specific recommendations for improvement. These documents are then submitted to the higher-level, strategic ICC for discussion, validation and decision-making.

The strategic ICC is often composed of representatives of government (MoH, MoF, Ministry of Education (MoE), etc.), heads of United Nations (UN) agencies (WHO, UNICEF, UNFPA, etc.), heads of diplomatic missions/embassies, representatives of international NGOs as well as heads of other institutions involved with health and development in the country. The strategic ICC covers high-level decision-making and approvals, mobilizing resources and coordinating partners' interventions to better support programmes, including the EPI. The strategic ICC also ensures monitoring and on-going programme performance oversight, receiving proposals made by the technical ICC and making the final decisions.

Note: Some countries (particularly those with larger populations and decentralized government funding structures) have also established subnational ICCs. These are beneficial for more effective management and coordination of the contributions of various partners at subnational level (e.g. provincial/regional/state) who provide direct technical assistance to health districts as well as facility and community levels. These subnational ICCs follow a similar structure to the national ICC (strategic and/or technical), with TORs, subcommittees, regular meetings and agreed decision-making processes.

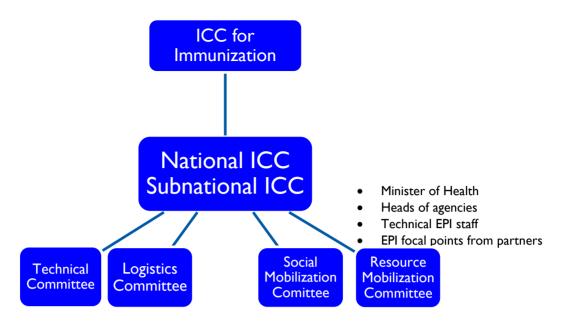


Figure 1. ICC organizational chart for immunization

#### 4.3. Linkages with Immunization ICC Subcommittees

To most effectively address the challenges of the country's immunization programme, the ICC is best organized into subcommittees (e.g. technical, logistic, social mobilization and resource mobilization). These subcommittees or working groups could include a subset of ICC members and additional representatives with expertise in these particular domains. The TORs for each subcommittee should be developed and presented by the subcommittee chairperson to the technical ICC members for discussion and validation, and revisited/updated as needed; for example, when new programme innovations or vaccines are being integrated.

Table 1 offers some suggestions for the subcommittee TORs based on their functions and responsibilities. These can be adapted to suit country-specific contexts:

Table 1. ICC subcommittees and suggested TORs based on responsibilities

Subcommittees	TORs for different subcommittees
Technical	<ul> <li>Ensures that cMYP is available and up-to-date</li> <li>Monitors and revises annual workplan</li> <li>Assists with microplanning process</li> <li>Liaises with subnational levels to support implementation of policies and strategies</li> <li>Provides oversight to ensure that sessions are implemented according to plan (fixed, outreach, mobile – as applicable)</li> <li>Addresses technical priorities and approaches. For example, RED, 2YL, missed opportunities for vaccination, NVI, urban immunization and equity, mid- and annual review meetings, monthly monitoring meetings, data quality and DQS (DQIP, as applicable), capacity building and supervision</li> </ul>
Logistics	<ul> <li>Conducts monthly analysis of EPI management tools, stock management and supply chain for vaccines</li> <li>Distributes vaccine and other supplies (i.e. autodisable syringes and diluent syringes, data tools)</li> <li>Updates and maintains cold chain equipment inventories and maintenance</li> <li>Manages/monitors storage capacity by level of health system and human logistics management capacity, etc.</li> </ul>
Social mobilization/ communication	<ul> <li>With technical subcommittee, identifies poorperforming districts (high number of unimmunized children, high drop-outs and outbreaks) based on information from programme reviews, monitoring meetings and different surveys</li> <li>Analyzes and addresses reasons for poor coverage and high drop-out rates and tailors communication support to help address poor access, community links with services, poor utilization, refusals, health system, demand or hesitancy issues</li> <li>Develops approaches to overcome challenges (community partnership, engagement of civil society, develop specific messages, education materials, liaise with multiple media, etc.)</li> </ul>
Resource mobilization	<ul> <li>Assists technical committee with analysis of poorperforming areas that lack financing or partner support and define needs (cold chain materials, transport material, etc.)</li> <li>Identifies new partners and conducts advocacy for the EPI as well as for districts and/or areas without support</li> <li>Monitors overall financial flows and prioritizes poorperforming areas for distribution of needed materials and resources</li> </ul>

Once validated by the ICC, the TORs will serve as a guide for members of each subcommittee. Subcommittees may meet every two weeks (and communicate regularly via telephone/email/SMS/other) to monitor and review the challenges identified and solutions during the implementation of activities. The conclusions of their discussions will be presented by the subcommittee representatives during the monthly technical ICC meeting.

#### 4.4. Linkages with internal and external programmes

The ICC described in this guide is focused as a coordination structure for the EPI. Its role is to coordinate the resources of EPI partners with the government with a view to supporting immunization activities in the country. It also plays a role in validating and making decisions in the process of planning and implementing immunization activities in the EPI (refer to subsequent sections in this document).

As part of the broader health system, the immunization programme does not function autonomously. It works in close collaboration with other MoH programmes, other government sectors, multilateral and bilateral programmes, internationally-supported projects, NGO/community-based organizations (CBOs), faith-based organizations, etc. Table 2 is an illustrative summary of immunization linkages with some internal and external programmes and organizations.

Table 2. Immunization linkage with other programmes and organizations

Organization	Link to immunization activities
Other MoH	Potential programmes: Health system programme,
programmes	family planning programme, diarrhoeal disease programme, cervical cancer and women's health programmes, water sanitation and hygiene, communication and health promotion division, school health programme, integrated disease surveillance and response  Link: Strengthen routine immunization system, family planning integration with immunization services, rotavirus, HPV, and cholera vaccine introduction, polio eradication initiative, integrated disease surveillance and response, and emergency and outbreak preparedness committees
Other government	Potential partners: Ministry of Planning and
sector	Management, MoE, Ministry of Local Government, trusted elected officials (e.g. parliamentarians, governors, mayors and local officials at subnational levels and in decentralized systems) <u>Link</u> : Ensure sector-wide planning and financial sustainability for immunization and broader health

	and any their contract of the second
	system, liaise with ministries of local governments (e.g. territorial administration and governors)
Parliamentarians and elected/nominated officials	Potential representatives: Trusted government and community nominated officials, such as parliamentarians who can represent national and subnational levels, governors, mayors, chiefs, provincial/district heads.  Link: Advocate and make decisions for vaccine procurement and vaccination programme operational costs; advocate for budget line for immunization programme and activities
International supported projects	Types: Bilateral, multilateral or international organization-affiliated projects that help with financing and technical inputs  Link: Strengthen the health system to deliver immunization services
NGOs/CBOs	Potential partners: Various community-based/oriented, humanitarian, health and social sector, and civil society associations and networks that may have national representatives and/or work at subnational levels.  Link: NGO/CBO are likely to work with different programmes to improve health delivery and linkages with communities (micro planning, service delivery, communication, community partnerships, etc.)
Faith-based groups	Potential partners: Religious organizations and/or leaders who represent the array of formal/informal and traditional faiths in the country may provide immunization and integrated services in areas with poor access <u>Link</u> : Improve access to and use of immunization services and assist with local resources
Other professional associations and programmes, civil society	Potential representatives: Professional councils (medical and nursing), national regulatory associations, health journalists and media networks, membership organizations (such as Rotary, Lions, other business/market/trade associations)  Link: Represent communities that may have public and private sector affiliations and interests, also offering possible links with NITAG and other business, health, and social sector advisory groups for financial, advocacy and mobilization support

If the ICC for immunization is not functional, ensuring that immunization priorities are actively included in these broader health initiatives is critical. The MoH, EPI Manager and key partners like WHO, UNICEF, and other international and civil society organization (CSO) representatives can also

help to advocate in these health sector groups to ensure that there is an ICC or dedicated coordination body for immunization.

#### Benefits of linking ICC for immunization with other MoH programmes and **CBOs/NGOs**

To assist with strengthening and sustaining the immunization programme as part of the health system (see also Section 7: Sustaining Your ICC), the ICC should also be linked with other maternal and child health areas. For broader primary health care (PHC) and in line with universal health coverage,<sup>3</sup> the ICC can liaise with representatives from across the life-course (for example with nutrition, HIV/AIDs and malaria task forces) and for interventions across the continuum of care (safe pregnancy and delivery, newborn care, child health, adolescent health, cancer prevention, etc.). The membership and relationships will be adapted and tailored by each country, as they have different committees/coordination for the array of other health interventions and to support the needs of varying target populations. The linkages with multisector coordination has increasing importance, with vaccines against human papillomavirus (HPV), meningitis, yellow fever, tetanus-diphtheria, typhoid, etc. that are targeting older age groups and need to be part of broader prevention, control and treatment strategies that include multiple interventions. Also, for health system strengthening and human resource capacity, coordination is important between different initiatives, such as Gavi, Global Fund, Global Financing Facility and others.

As with the immunization ICC, these other task forces are composed of organizations and include several various partner (communication, logistics, service delivery and others) within their structure. As the lead for the immunization ICC, the chairperson can also ensure coordination across committees and task forces. Through these partnerships, joint meetings and information-sharing can be conducted, bringing together NGOs, government, civil society and partner organizations to: build and reinforce health capacity in the country; identify and coordinate key interventions; target behaviors and standardize communications and community engagement; align/integrate service delivery approaches (as feasible and practical) to ensure quality of care.

The HSCC is broader than the ICC, as it addresses the array of health priorities, including immunization. The vaccination programme cannot be functional if the health system does not work. The HSCC has a broader mandate as the national coordinating body of the public health sector within the country and is complementary to the ICC. These bodies need to have committed members who participate actively and function professionally with trust and integrity, from the members themselves as well as with the governments, communities and people that they represent.

<sup>&</sup>lt;sup>3</sup> https://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc)

Strong coordination between the ICC and the HSCC will increase the likelihood that immunization and other preventive public health functions will remain strong within broader health system polices and approaches.

#### 4.5 ICCs and NITAGs

It is useful to understand the differences between ICCs and another important national immunization group that operates in many countries, the

#### Snapshot: ICC linked with HSCC

In several countries, the immunization ICC is structured as shown previously in Figure I, section 4.2. The central level ICC led by the Minister of Health is also represented in the HSCC, along with other Ministry heads, funding and technical partner organizations as well as other representatives (see Table 2). The HSCC meets on a quarterly basis, with an agenda that is set by the members at least one week in advance and will include immunization priorities that have been communicated and added to the agenda by the immunization ICC for informational updates and/or decision-making (e.g. if financing or multisector approvals are needed). Other technical working groups also feed into this coordinating body.

Government representatives chair the HSCC and may rotate (e.g. between Ministers or their delegates). Permanent members/organizational representatives are responsible for decision-making, with other members participating in open sessions, such as immunization ICC representatives when a new vaccine is being considered for introduction.



Figure 2. HSCC linkages

NITAG. Below is a description of the role, functions and membership of the two groups.

As noted, the ICC serves a programmatic oversight and coordination role to the MoH's EPI on implementation of vaccination and immunization policy and in alignment with the national EPI annual workplan. Its mission is to improve the coordination of government and partners in support of immunization programmes and control of VPDs. It is a structure whose function is to complement and support activities performed by the MoH's EPI team. It is an implementing and decision-making body.

A NITAG, on the other hand, serves a consultative and advisory role. The group serves as a resource, providing technical and scientific guidance and recommendations to national policy-makers and programme managers to enable them make evidence-based immunization-related policy and programme decisions, such as the modification of vaccination schedules or the introduction of new vaccines. Unlike the ICC, the NITAG does not make programmatic decisions. Rather, it provides recommendations which leaders from agencies supporting immunization activities can use to make programme decisions (see Table 3).

There is also variation in the composition of the two groups. **ICCs** are led by the MoH. Several MoH departments typically participate in the ICC, including EPI, Finance and/or Budget, Planning, Nutrition, Maternal and Child Health, PHC and Epidemiology. Other organizations which support and implement immunization activities also participate: bilateral and multilateral organizations, NGOs, foundations, foreign government donor partners, civil society and faith-based organizations, and academic institutions. **NITAGs** are composed of national experts from various disciplines – pharmacology, pediatrics, epidemiology, immunology, infectious diseases and health economics – rather than participants from immunization-implementing organizations. Comprehensive resources and guidance for NITAGs can be found on the WHO website and the NITAG Resource Center site.<sup>4</sup>

<sup>&</sup>lt;sup>4</sup> links: https://www.who.int/immunization/sage/national\_advisory\_committees/en/; http://www.nitagresource.org/

Domains	ICC	NITAG
Area of expertise	Implementing body for resource mobilization, advocacy, programme orientation, technical guidance and monitoring implementation	Gather, generate, and analyse evidence (on disease burden, vaccine safety, epidemiological issues related to all VPDs, NVI, etc.) to advise on policy and programme decisions
Role in decision-making on national immunization policy	The main objective of the ICC is to coordinate and support planning, implementation and advocacy for funding of immunization activities  However, in some contexts, in the absence of NITAGs, ICCs are called upon for advice on certain issues related to immunization policies	Advises MoH and makes recommendations as a consultative body. However, does not have decision-making authority or executive powers
Membership	The Minister of Health is often the chairperson. Members from MoH departments, technical and donor agencies, EPI and partners involved in the implementation  Note: Does not require a minimum representation of scientists	Wide range of national experts: clinical physicians (pediatricians, adult physicians, geriatricians), epidemiologists, specialists in infectious diseases, microbiologists, public health, immunologist, vaccinologist, health economists, health systems managers  Chair does not report directly to the MoH  Members focus on their areas of expertise and do not represent specific institutions (to avoid conflicts of interest)

## 4.6. Role, composition and SOPs of subnational ICCs

At the subnational level (notably in larger population countries), there may be thematic ICC subcommittees such as technical, logistics, social

<sup>&</sup>lt;sup>5</sup> Adapted from WHO Mid-Level Management Course for EPI Managers

mobilization and resource mobilization. Depending on the availability of staff, each thematic subcommittee is comprised of 4-10 representatives coming from the EPI and partners. The thematic subcommittees would also use indicators and EPI SOPs to guide and monitor their functionality (see Table 6 for indicators and Annex 2 for SOPs).

#### 4.7. Support functions (composition and role of secretariat)

The strategic ICC, made up of government representatives, heads of development agencies and NGO representatives international), identifies new partners, advocates for and mobilizes local resources for the EPI. In collaboration with the technical ICC, the strategic ICC defines rules and procedures for the management of ICC operations. It coordinates partner resources and interventions to better support the national immunization programme. The strategic ICC reviews EPI-related documents, proposals (cMYP), recommendations from bi-annual and annual reviews, Gavi-funded proposals, etc. In ICCs in larger population countries, these documents and recommendations are first drafted by the different technical ICC subcommittees and finalized by the technical ICC who will present them to the strategic ICC for validation and approval before transmitting them to other entities involved in the decision-making and implementation process (mainly donors). Smaller population countries may have an ICC that is both technical and strategic, with variation on subcommittees depending on ICC membership.

When the strategic ICC is discussing immunization priorities, the EPI Director often acts as the secretariat and, as such, proposes meeting dates, solicits agenda items from members, circulates the agenda in advance, keeps meeting records and action points, and shares them with participants as well as the immunization technical ICC.

Strategic ICC meetings are often held once every three to six months (depending on the country and context). However, in an emergency, the Minister or other members may convene a special meeting. The periodicity of the meetings should be defined and revisited by each ICC per the country's context and needs.

The immunization technical ICC is composed of programme and technical staff, focal points of partner agencies and NGOs, and meets at least on a monthly basis. (This varies by country and is often more frequent when special activities, such as disease-specific vaccination campaigns or NVIs are taking place). Although it is beneficial to have the Minister of Health also lead the immunization technical ICC, frequently this responsibility is given to the Director General of Health and/or to the EPI Manager. The EPI Manager or a member of his/her team should be the designated secretariat for this

immunization technical ICC and manage the day-to-day responsibilities such as setting and sharing agendas for input by members, calling meetings, inviting participants, taking notes, sharing minutes and actions, tracking implementation of actions points and ensuring information flow to members (see Section 5).

#### 4.8. National EPI annual workplan support

The ICC's activities and decisions should be in alignment with the national EPI annual workplan and cMYP (where applicable). To achieve this alignment, progress toward the workplan's objectives should be presented and reviewed regularly at committee meetings.

The EPI planning process typically starts during the last quarter of the year with an annual review meeting. In-depth situation analysis is conducted with involvement of key technical ICC members (technical staff from EPI, EPI focal points from partners, civil society and NGO representatives, staff from internationally supported projects, etc.). Findings from this review help the team to identify the programme's priorities, define objectives and propose activities to be conducted to achieve the defined objectives.

A next step for the planning process is to propose budget estimates (and sources of funding). The macro-plan and budget estimates are then presented at the end-of-year ICC meeting (or equivalent, as agreed by the ICC) for approval.

The approved plan and budget (by MoH and partners) will be used by the EPI as the annual plan. On a quarterly basis, the plan will be tracked and revised, focusing on the monitoring of activities that were conducted and the funding released and accounted for with partners (see Table 4).

Table 4. Sample table for workplan tracking

Strategy Miles		Committed Budget by partner				Funding	Funding tracked	
/Group of activities	tones	Govt.	Gavi	WHO	UNICEF	Partner	released	

This table is shared and reviewed with partners on a regular basis during ICC meetings, led by the MoH, to update the information on the various members' funding commitments and released funding. Based on the revised table, the annual workplan can be revised as well. The decision-making process to prioritize and fund activities is discussed at the ICC meeting, based on findings and recommendations from the immunization ICC subcommittees.

#### 4.9. ICC creation modalities

If not already established, an ICC should be officially created by the Minister of Health through a formal decree or document. This document should state the committee's purpose, TORs, membership composition, roles and responsibilities as well as a description of how the committee will operate.

The creation and operations of an immunization ICC vary by country. Although the majority of countries in the WHO African Region have established an ICC, a few countries have not. Again, where there is an existing ICC, it may not work well. Many reasons may explain this situation, as discussed in section 3. The following ICC country categories have been identified (see Table 5).

Table 5. ICC country categories

Category	In-country ICC Characteristics
Existing and well- functioning ICC (Established)	ICC established (recently or not), TORs developed, members selected, regular meetings held, agendas developed with wide input, agendas disseminated in advance of meeting, minutes taken and formally approved, shared decision-making process in place
Existing non- functioning ICC (Ad hoc)	Members not suitable, irregular and ad-hoc on- demand meetings
Existing ICC and other committees (Established)	The country cannot justify having an immunization ICC along with other committees and proposes to merge them since their members' TORs are practically identical or similar
No ICC (Beginning)	Not a priority for the country. Other committees exist. National EPI already well-performing
No ICC but with intention to form one (Beginning)	Non-established ICC, but existing plans to do so

The status of the various ICCs/coordinating bodies in-country can be discussed and guidance provided (presence of several committees, not a country priority, already performing national EPI or simply because the country needs assistance setting-up an ICC).

For countries without an ICC but willing to establish/form/create one (but encountering difficulties), the following approaches may be useful:

- Propose a technical assistance visit (by WHO or another technical partner). The purpose of this visit would be to demonstrate to the government the need for a functioning ICC to improve and strengthen the EPI functions;
- Work with the EPI technical team and partners to develop the TORs;
- Propose the creation of an ICC at the MoH with support from other partners who are working in the country.

For countries with a non-functional ICC (irregular meetings, not suitable members, absence of TORs, etc.), the following approaches may be suggested for consideration by the EPI Manager with the Minister of Health (as well as WHO, UNICEF and other key partners):

 Propose a study tour to a country with a functional ICC, by the EPI Manager, a small group of key government officials and partners (as applicable and feasible). The purpose of the trip would be to visit the

- various ICC subcommittees, review their TORs and attend one of the meetings of the ICC and its subcommittees.
- Propose and prepare a technical assistance trip by WHO (or other technical partner with ICC experience) to the country. Use this opportunity to advocate with and sensitize the MoH and MoF authorities to involve them in the decision-making process and then to outline the process for developing the TORs, meeting protocols, etc.

For smaller countries that struggle with having numerous committees, sometimes with similar TORs, there are examples of countries that have successfully merged the ICC with another committee (see case study on next page). This integration can benefit both the ICC and other committees. For instance, the merger can make additional resources (financial and personnel) available to both, while the number of meetings can also be reduced, as members of these committees are often the same.

## Case Study: Merging the ICC into an existing committee (e.g. in smaller population countries)

In 2005, a country established its ICC with a mandate that covered governance, decision-making and technical coordination of the immunization activities in the country.

In 2015, a proposal was made to disband the ICC and fold its mandate within the HSCC because the membership overlapped and there were too many meetings among the two committees. In 2016, the ICC was merged into the HSCC.

The ICC's mandate still exists and in every HSCC meeting there is a standing EPI agenda item to discuss the issues that were previously covered under the ICC meetings. Some political negotiation is required to ensure the EPI agenda is included as part of the HSCC meeting agenda. The agenda is to be circulated two weeks ahead of time.

Integrating the ICC into the HSCC has been beneficial because it fosters integration with other programmes within the MoH:

- 1. It addresses cross-cutting issues that affect many programmes within the health sector;
- 2. It can address resource gaps where poorly-funded programmes can benefit from linkages with those that have more financing and other resources;
- 3. It is possible to identify donor commitment from other programmes and from other sectors that may provide useful expertise and resources to EPI.

Because the HSCC has sector-wide membership, discussions affecting other programmes are by default integrated. It has a technical committee charged with advising the HSCC and is responsible for following up on action points.

However, there are challenges that should be taken into consideration for other countries contemplating a similar approach:

- 1. It requires the ability to clearly articulate the programmatic issues for immunization;
- 2. Strong political advocacy is needed, as some of the HSCC members may be more politically-oriented;
- 3. The EPI Manager must work closely with the Minister of Health to actively and continually negotiate and advocate for the EPI programme;
- 4. Its effectiveness is based on the ability to coordinate multiple and diverse partners.

The HSCC has been effective in addressing immunization challenges due to its high-level membership. However, like other committees, competing demands make it difficult for all members to attend scheduled meetings. Well-managed meetings are a necessity to ensure good attendance.

#### 4.10. ICC Leadership

It is recommended that the ICC chairperson be someone in a leadership position in the MoH, such as the Minister of Health, the Permanent Secretary

for Health or the Director General of Services. This enables national EPI Manager to participate in the ICC actively. MoH leadership of the ICC facilitates ownership programme, encourages partnership, institutional memory provides consistency. enables Havina chairperson who is someone in an MoH leadership position also encourages high-level representation partners in the committee (heads of UN agencies, diplomatic missions, finance and technical partners), enabling decision-making during



Former Minister of Health of DRC, **Dr Leonard Mashako Mamba**. Photo credit: Lora Shimp, |SI

ICC meetings. Some countries may not be able to attract this high-level leadership from such senior and busy officials for a topic like immunization, which reinforces the need to ensure that select immunization topics raised at the ICC are also a part of discussions at higher-level HSCC meetings.

The ICC chairperson has a series of official functions and responsibilities as part of his/her role. These include the following:

- Coordinate and represent the ICC
- Serve as the official spokesperson for the ICC
- Convene the ICC members for the committee meetings
- Facilitate and lead the ICC meetings
- Sign documents related to the topics that the ICC coordinates, including meeting agendas and minutes
- Comply with and reinforce all the norms of the committee
- Propose the person(s) who will be responsible for secretarial matters, and define his/her functions and responsibilities
- Propose the members who will make up the ICC subcommittees
- Invite representatives from different organizations and sectors who can contribute to the achievement of the ICC's objectives to participate in meetings.

In addition to the official responsibilities, an ICC chairperson's leadership can make a critical difference in determining both how well the committee functions and its overall effectiveness. For example, the chairperson should try to:

- Establish an inclusive ICC partnership
- Share credit among the agencies comprising the committee as well as set a tone of mutual respect and appreciation for all the partners
- Ensure that ICC meetings are well-managed (e.g. announce meetings with sufficient advance notice; use clear agendas; use effective timemanagement; adhere to the agenda; and distribute meeting minutes to all partners)
- Share positive external feedback about the committee and the immunization programme
- Establish a system of checks and balances to aid with compliance and collaboration
- Foster a collegial work environment where opposing viewpoints are handled through good-natured debate.

#### 4.11. ICC membership and member expectations

ICCs are typically comprised of members from key organizations that support immunization and control of VPDs. As noted previously, the ICC is led by the Minster of Health as the chairperson. MoH departments participating in the ICC may also include EPI, Finance and/or Budget, Planning, Nutrition, Maternal and Child Health, PHC and Epidemiology, among others.

Partner members typically include bilateral and multilateral organizations (e.g. WHO, UNICEF, CDC, USAID and its relevant bilateral projects, World Bank, African Development Bank), NGOs (e.g. the Red Cross, Rotary International, Catholic Relief Services, Save the Children, JSI, PATH, CHAI, Médecins sans Frontières), foundations (e.g. the Bill & Melinda Gates Foundation), foreign government donor partners (e.g. the Government of Japan, the European Union), civil society and faith-based organizations, as well as associations and academic institutions (e.g., schools of medicine, pediatric and/or nursing association representatives). NGOs can play an important role to bring emerging issues to the ICC. The ICC chairperson may invite other public-, private- and commercial-sector representatives to contribute to the achievement of the committee's objectives. The ICC chairperson may also invite other government Ministries (e.g. education, finance, community development, etc.) depending on the agenda.

It is recommended that individual ICC members play leadership roles in their various organizations, which facilitates decision-making during ICC meetings. They should have technical, advocacy, governance, financing or other relevant expertise, so that they can make a significant contribution to the coordination and oversight roles they are expected to play through their participation on the committee.

Consistent and engaged participation by members is necessary for a highly functioning ICC. Members should try to attend all scheduled meetings. If they cannot attend, they should send a designate from their organization in their place.

#### 4.12. ICC size and meeting frequency

The size of the ICC will vary depending on the country and the national EPI's needs. The committee should not be so large that meetings and reaching consensus on decisions become unmanageable. At the same time, it is important to aim to be an inclusive committee with members who bring diverse perspectives, disciplines and experience from various government departments, NGOs, multilateral organizations, academia and civil society. In most African countries, the size of the ICC ranges from approximately 15 to 35 members. The MoH and ICC secretariat should establish a system for membership and decision-making (e.g. voting and agreement processes for consensus) and periodic review of active and inactive membership to ensure functionality.

Regular ICC meetings should be scheduled and held at least four times a year. Additional meetings should be called by the ICC chairperson, as needed, to deal with emerging or urgent issues or programme activities requiring extensive coordination, such as vaccination campaigns or NVIs. If the regular quarterly meetings prove to be too few to effectively achieve the ICC's TORs, more frequent regular meetings should be held. Technical ICC subcommittees (e.g. technical and logistics subcommittee, social mobilization and resource mobilization subcommittee) usually meet more frequently (monthly or semi-monthly).

#### 4.13. Revisiting ICC membership

As ICCs progress and evolve, it is natural for membership to fluctuate, given that organizational focal points, EPI Managers and MoH staff change, in addition to projects starting and ending. Along with regularly reviewing the TORs, there is a need for the ICC to also regularly review active and inactive members in order to reinforce TORs and membership commitments. This is also an opportunity to determine if and when new members may be needed. The importance of active participation in discussions, feedback and decision-making should be emphasized for collaboration, candid inputs and perspectives, and efficient decision-making. New members should be briefed on the mission and TORs of the ICC.

#### 4.14. Follow-up on action points

A perceived weakness of many ICCs is the lack of a mechanism for followup on action points decided upon at meetings. This lack of follow-up may reduce members' commitment to the ICC and their perceived seriousness about the committee. It is recommended that a review of action points from previous meetings and reporting of their status be a standing agenda item for all ICC meetings. Meeting minutes should be written and shared by the ICC secretariat in a manner where activities, actions and responsibilities are easy to monitor and report by the ICC members (see Section 5). In cases where progress on action points are time-sensitive and need to be reported between meetings, the ICC chairperson may assign the organization(s) responsible for the actions to report more frequently to an ICC subcommittee (or working group), for example via email or group forums (e.g. WhatsApp).

#### 4.15. Decision-making vs. informational meetings

The decision-making process begins with the ICC subcommittee meetings, which, through a detailed analysis of the situation, identify the problems and challenges of the EPI. Some illustrative challenges may include: insufficient government involvement in financing the EPI, lack of community partnership, logistical issues, poor quality of health services or the need for technical assistance. These observations should be brought to the attention of the ICC and discussed during technical meetings. Findings and proposed solutions are then presented during ICC strategic meetings for validation. Decisions are then communicated to all partners and health staff.

#### 5. MANAGING AN ICC

ICC management is the responsibility of the local MoH. In many countries, the MoH has established the ICC through a ministerial decree, with specific objectives and with the support of UN agencies (such as WHO and UNICEF). The decree defines the ICC's structure, appoints its members and describes its operation criteria.

Members discuss, clarify and agree on their roles and responsibilities, and should revisit these (and the membership) at least annually. It is preferable that the MoH take the lead and develop the EPI plan in collaboration with its partners. It shares the EPI's annual action plan and budget, presents the country's contribution by technical domain and solicits contributions from partners according to their areas of expertise and intervention.

#### 5.1. Funding

ICC management is the responsibility of the MoH in collaboration with the MoF (depending on the country). Some countries have advocated for a budget line item for the ICC either within the EPI or MoH budget. Advocacy with other donors and partners for providing funds to the ICC is another possible funding source.

#### 5.2. Scheduling meetings and meeting rules

The ICC chairperson can establish a tentative annual schedule for ICC meetings early in the year and agree upon this with the ICC members in the first meeting of the year (or before the end of the previous year). Quarterly meetings are recommended, but the schedule depends on the country context and priorities. The dates for regular meetings and for additional meetings may change due to programme needs or emerging/urgent issues and should be aligned with the annual workplan as much as possible. Committee members should be informed of additional meeting dates as early as possible beforehand to help ensure their participation. A regular communication system (e.g. email or other group list) maintained by the ICC secretariat can help with this.

As part of its operations, the ICC plans and holds a series of meetings during the year (planning and evaluation meetings, follow-up meetings, emergency sessions). Adherence to the schedule of meetings and their timing, as defined in the ICC's TORs, is recommended. When possible, schedule meetings at least one month in advance, especially if the Minister of Health is the chairperson. It is recommended that meeting dates be aligned with (and in advance of) key grant cycle events, such as a Gavi Joint Appraisal, Health System and Immunization Strengthening (HSIS) or NVI grant applications, World Bank or other financing cycles/opportunities.

#### 5.3. Support and administrative functions

The EPI, which often plays the role of ICC secretariat, organizes the meetings of the strategic ICC. The secretariat, in collaboration with the chairperson (and sometimes the cabinet of the minister) should be responsible for proposing meeting dates and venues, sending invitations, preparing and communicating the meeting agenda, taking notes, relaying action points and plans and sharing with all participants. The ICC secretariat should be responsible for ensuring the smooth running of the committee. In general, an annual calendar of meetings is available and shared with all members.

#### 5.4. Agenda setting and communication

The ICC meeting agenda should be developed by the MoH (and EPI) with input from committee members. Communication to ICC members about the meeting should include information about the meeting venue, date and time as well as the agenda and any reports or documents to be discussed. The agenda should identify items that are either a decision or an information point in order to facilitate follow-up. The agenda and meeting details should be sent to members at least one week before the meeting to provide them with time to review all the materials and come prepared for discussion and, if necessary, decision-making (see Annex 3 for an example of an ICC meeting agenda).

#### 5.5. Decision-making procedures

The TORs should define what constitutes a quorum for the ICC. A quorum is the minimum number of members who must be present at a scheduled meeting in order to conduct business and make decisions in the name of the group. This may be the presence of half plus one of its members or some other number that is mutually agreed upon. Decisions that require more complete membership should be clearly noted in the minutes that are then immediately shared with the full ICC membership with a timeframe for actions and responses/concurrences.

It is recommended that rules be established with the ICC membership on how decision-making will be done by the ICC. Reaching consensus or using a simple majority are two examples practiced by ICCs (see Figure 3). A consensus requires that a group reach a decision which has been agreed upon by a collective. For the decision to be fully supported going forward, it is necessary that group members participate in the decision-making process, including those with minority opinions. On the other hand, majority rule does not require that the full group reach an agreement or a compromise. A decision is reached by receiving a simple majority of votes. The decision-making procedure and rules should be clearly outlined in the TORs.

Other decision-making procedures should be incorporated in the TORs, including:

- The presence of the chairperson (or approved alternate) for any decision to be taken
- Voting rules for approving different types of decisions. For example, defined distribution of votes among members to ensure an equitable balance of voices (potentially capping votes of donors and ensuring a minimum number of votes for CSOs) or minimum share of votes to make different decisions



Figure 3. Example of ICC decision-making process

#### 5.6. Meeting minutes and action points

The meeting minutes serve as the official record of the meeting. For this reason, an experienced note-taker should be assigned the task of writing these with a defined and agreed upon format. Minutes from each ICC meeting should be recorded and distributed to all meeting participants as well as ICC members who were absent, within five working days of the meeting, if possible.

The chairperson may decide that draft minutes of meetings be sent to members to allow them to provide input on the minutes. If so, the secretariat responsible for the minutes would consolidate the input to ensure timely finalization and endorsement of the minutes.

The meeting minutes should state the meeting place, date and time, names of participants who attended and the institutions they represent, names of those excused absent, as well as topics discussed and decisions made by the ICC, including whether a quorum was met. The meeting minutes should be signed by the chairperson and the Secretariat. Consider including a photo to document the presence of participants. See Annex 4 for an example of ICC meeting minutes.

For each agenda item, the minutes should contain a summary of discussions, agreements and action points/next steps. The action points should state tasks to be undertaken, persons or organizations responsible, as well as when the activities should be completed. For additional information about critical follow-up and tracking of progress on action points, see Section 4.14.

## 5.7 Communication

The ICC chairperson should be considered as the official who communicates on behalf of the committee. Therefore, formal communication about the ICC – whether to committee members, to the media, to politicians, or to external donors – should be done by the chairperson or by someone he/she has clearly designated and is recognized by the other ICC members.

## 6. MONITORING AN ICC

The ICC must function well in order to support the EPI (having active members and identifying new partners, holding regular meetings, implementing planned activities, etc. as defined in previous sections of this guide). The EPI Director needs to identify a point-person whose role will be to document key indicators and prepare a status report(s) on the functionality of the ICC to be shared, presented and discussed at ICC technical meetings. A list of suggested indicators for monitoring ICC operations organized into process and performance indicators can be found in Table 6. However, the list can be updated depending on country context.

#### Table 6. ICC Indicators

#### **Process Indicators**

#### **Functionality**

- a) Technical subcommittee meets regularly according to the agreed periodicity
- b) Number of meetings held (based on scheduled meetings)
- c) Meeting minutes with action points and recommendations available for each meeting
- d) Specific TORs for the ICC exists
- e) Existing subcommittees have TORs
- f) Membership selection and rules are clearly defined in TORs
- g) Nomination Act created (for beginning ICCs)
- h) Number of TORs development meetings planned (for beginning ICCs)
- i) Number of TORs development meetings held (for beginning ICCs)

## **Productivity**

- j) Percentage of action points/recommendations that have been implemented
- k) Activity reports for the subcommittees available

### **Performance Indicators**

- I) Presentation of EPI programme performance status at each meeting
- m) Number of reports discussed by the ICC at least one week before submission date (e.g. Gavi)
- n) Number of reports submitted on time (e.g. Gavi)
- o) Number of new or revised policies adopted based on ICC recommendation

Additionally, action points raised during ICC meetings should be tracked as part of accountability. At the end of each meeting, action points, responsible party and deadlines will be set for monitoring purposes (see Table 7). This table of action points will be attached to the minutes of the meeting.

# Table 7. Example table of action points

Action points by technical area	Responsible (Subcommittee)	Outcomes	Deadlines

## 7. SUSTAINING YOUR ICC

TORs and SOPs can assist with strengthening and maintaining the functioning of the ICC. If these were not done initially from the inception of this ICC coordinating body, they can be drafted and reviewed by the current membership. For functional ICCs, these procedures should be regularly discussed, revised and validated by the ICC leadership and members, such as every 1-2 years or when new members are being added. They should focus on:

- ICC structures and operation
- Communication with all members on the overall EPI country situation
- Active and permanent participation of all members including the chair of sessions
- Regular monitoring and annual evaluation of the programme
- Update of TORs according to new challenges
- Understanding how the (local) ICC can benefit from other programmes of the MoH, NGOs and CBOs, and strengthen the links
- Being proactive and responsive not only to external requirements but also to country-specific issues.

As vaccination coverage can vary from one year to the next, the underlying causes for this change may also vary each year. Each subcommittee may update its TORs based on varying EPI performance and as new strategies, approaches and programme updates occur.

With the involvement of other members during larger meetings such as the HSCC, the ICC is able to identify areas of funding for immunization, determine opportunities within the broader health system to keep immunization strong and explore new partnership ideas.

## References

The AMP WHO Collaborating Center on evidence-based policy making in immunization. HPID Unit. January 2016. "Evaluating National Immunization Technical Advisory Groups (NITAGs) performance: Practical Tool", v5.1. World Health Organization.

Bianchi, Carmine & Peters, Guy. (2016). "Measuring Coordination and Coherence: Assessing Performance Across the Public Sector". Conference: IJPA Symposium on: The Paradigm Shift from Output to Outcome Measures in the Public Sector. At Palermo.

Gavi, the Vaccine Alliance. "Joint Appraisals." March 31, 2015. Accessed February 27, 2019. https://www.gavi.org/support/process/joint-appraisals/.

Gavi, the Vaccine Alliance. "Additional Guidance by Topic." August 21, 2017. Accessed February 27, 2019. <a href="http://www.gavi.org/support/process/apply/additional-guidance/#leadership">http://www.gavi.org/support/process/apply/additional-guidance/#leadership</a>.

JSI, 2018. "Situational Analysis on Inter-Agency Coordinating Committees in the 47 WHO/AFRO countries". Available upon request and permission from WHO.

Julia Blau, et al. 2013. "Indicators to assess National Immunization Technical Advisory Groups (NITAGs)". Vaccine, vol. 31 (2653-2657).

Nelson, Dan and Lora Shimp. The Immunization Inter-agency Coordination Committee Model Example from DR Congo <a href="https://www.jsi.com/JSIInternet/Inc/Common/download\_pub.cfm?id=102">https://www.jsi.com/JSIInternet/Inc/Common/download\_pub.cfm?id=102</a> 80&lid=3

NITAGs Resources Center. Accessed February 27, 2019. <a href="http://www.nitag-resource.org/">http://www.nitag-resource.org/</a>

Steinglass, Robert. "How Can Gavi Strengthen the Role of ICC's in Achieving Country Immunization Objectives?" PowerPoint presentation. 3rd Gavi Partners Meeting, New Delhi, India, December 7-9, 2005.

World Health Organization. "Mid-Level Management Course for EPI Managers." Accessed February 27, 2019. <a href="https://www.afro.who.int/publications/mid-level-management-course-epi-managers">https://www.afro.who.int/publications/mid-level-management-course-epi-managers</a>.

World Health Organization. "National Advisory Committees on Immunization." November 23, 2018. Accessed February 27, 2019.

https://www.who.int/immunization/sage/national\_advisory\_committees/en/.

World Health Organization. "Universal Health Coverage (UHC)." December 5, 2018. Accessed February 27, 2019. <a href="https://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc)">https://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc)</a>.

World Health Organization, Regional Office for Africa. "Standard Operating Procedures: For Coordinating Public Health Event Preparedness and Response in the WHO African Region." March 2014.

# Annex 1: Sample ICC TORs<sup>6</sup>

The immunization ICC TORs should clarify the aims and objectives of the committee as well as describe a set of norms and practices for how its meetings will be conducted. This example outlines the components of an ICC TORs and provides suggested details to facilitate a well-functioning committee.

# Components of an ICC TOR:

The role of the ICC is defined through a formal TOR, signed and shared with all members, including:

- Objectives and mandates of the committee
- Membership composition, selection process and membership rules (e.g. attendance and participation expectations, term limits)
- Meeting rules (frequency and timing of meetings)
- Decision-making procedures (including quorum, presence of chair, voting rules for approving different decisions – see also Standing Operating Procedures in Annex 5)
- Support functions
- Roles and organizational structure of ICC secretariat (or equivalent)
- TORs for subcommittees and working groups (if applicable)

# Sample ICC Objectives:

- Provide strategic direction, oversight and transparency on the EPI and related health sector programmes to ensure sustainable coverage and equity of immunization
- Ensure a coherent view on strategy, planning, funding and performance of the EPI programme within the context of the broader health system
- Promote complementarity and harmonization of activities and investments among stakeholders
- Promote linkages of EPI with the broader health system
- Ensure that EPI and coordination of the programme remain government-owned and government-led.

37

<sup>&</sup>lt;sup>6</sup> Adapted from the Gavi Alliance on Country Coordination Forums

# Sample ICC membership

ICC membership	Examples
1. Committee Chairperson	Minister of Health
	Permanent Secretary
2. Members include at least one	
senior-level leader with decision-	
making authority from each of the	
following categories:	FRILL
• EPI	EPI Manager  Add Formula Political
Ministries related to budget,  figure significance and attention.	MoF and/or Budget
financial plans and other	
<ul><li>topics related to EPI financing</li><li>MoH planning departments</li></ul>	Planning department of
or divisions and other	MoH
directorates related to HSIS	HSIS coordinating unit in
	MoH
Ministries (other than MoH)	Ministry of Social Services
with high relevance to EPI	• MoE
implementation	Ministry of Devolution
Civil society most active in	Advocacy groups
immunization and	<ul> <li>Parent associations</li> </ul>
representing voices of	Faith-based groups
constituencies	
Key donors most active in	A few bilateral donors or
immunization, MCH, and/or	representatives of a
health system strengthening	functioning donor
in the country	coordination body
<ul> <li>Key implementing partners most active in immunization</li> </ul>	WHO     UNICEF
and health system	UNICLI
strengthening in the country	
Immunization experts	Academics
	Researchers
Chairperson of NITAG	
Representative of National	
Regulatory Authority (NRA)	
Private sector representatives	
involved in service delivery	

## Recommended selection process and membership rules:

The committee should define a rigorous member selection process and membership rules (including criteria and processes for members to be identified, selected, and removed; attendance and participation expectations; and term limits) as well as outline these in the TORs.

## Sample ICC meeting rules:

- The ICC shall meet at least four times per year
- Meetings shall be scheduled at least one month in advance
- Meeting dates will be aligned with key grant cycle events (e.g. HSIS/NVI grant application, Joint Appraisal)
- Additional ad-hoc meetings shall be scheduled when needed (e.g. key approvals, urgent or emerging issues, SIA planning and implementation).

# Sample decision-making procedures:

- Follow quorum as defined in the TORs
- Presence of the ICC chairperson (or approved alternate) to take any decision
- Voting rules for approving different types of decisions. For example, defined distribution of votes among members to ensure an equitable balance of voices (potentially capping votes of donors and ensuring minimum number of votes for civil society), minimum share of votes to make different types of decisions.

## Sample of support function description:

- Take minutes for each meeting and share with all ICC members within a defined time period after the meeting (e.g. five working days)
- Minutes should include a list of members who attended and whether the auorum was met.

## Additional support function recommendations:

Supporting the operations of the ICC requires significant preparation and follow-up. Dedicated staff capacity on the EPI team should be devoted to this. A dedicated ICC Secretariat is an option for countries to provide this support. The responsibilities include:

 "Content" activities (e.g. develop an agenda and documents to be read prior to a meeting; shape a coherent meeting document; track follow-up on decisions taken (potentially through an ICC dashboard)  Administrative activities: schedule meetings (place, date and invitation), collect and share documents to be read prior to meetings, share agenda in advance, organize meeting logistics (room, refreshments), create transparency on attendance and key decisions.

The following are suggested best practices for structuring an ICC Secretariat:

- EPI Manager (or deputy manager) takes the lead on "content" activities (e.g. follow-up on decisions with key stakeholders)
- Dedicated EPI team member(s) are in charge of administrative activities and supporting the execution of "content" activities.

ICC Secretariat or other groups dedicated to supporting the ICC is funded by the government in most cases. Exceptional support could be provided by ICC members, Gavi, and/or other donors (e.g. through time-bound funding, temporary capacity support, capability building through a secondee).

# **Annex 2: Sample ICC SOPs**

# Introduction

ICC SOPs assist in guiding operational norms to ensure that the ICC is functioning according to the TORs (quality) and following the agreed upon standards (consistency) to achieve the targeted objectives of the ICC.<sup>7</sup> To achieve the ICC's objectives, SOPs take into account different programmatic steps, including its establishment, specific ICC structures, identification of members as well as their roles and responsibilities.

# **Mission**

The mission of immunization ICCs is to improve the coordination of government and partners in support of immunization programmes as well as prevention and control of VPDs. The ICC serves a programmatic oversight and coordination role to the MoH's EPI on implementation of vaccine and immunization policy in alignment with the national EPI annual workplan.

ICCs can be strategic (to link with the broader health system and overarching priorities across sectors) and technical, with subcommittees at national and subnational levels (depending on country population size) to strengthen the overall national EPI. Each of these ICC structures must have specific TORs to ensure that responsibilities, roles and membership composition are well defined.

# **Procedures**

# Establishing and Strengthening ICCs (by ICC Category)

Depending on the stage of development, each ICC will require different actions to either establish, revitalize or strengthen their committee. The table below provides the various actions an ICC can take based on their status.

<sup>&</sup>lt;sup>7</sup> WHO, Regional Office for Africa. Standard Operating Procedures: For Coordinating Public Health Event Preparedness and Response in the WHO African Region. March 2014.

ICC Status Action	Countries without an ICC and that would like to establish one	Countries which are beginning/reforming an ICC (recently re-designed, has new membership or just starting)	Countries with established ICCs but that need to be revitalized (ad-hoc)	Countries with a <b>well-established</b> ICC
Description	It is understood that having an ICC would help to improve immunization performance but it has not been formalized.	These countries want to gain momentum with the ICC but need to move this forward.	These countries have an ICC that meets irregularly, members do not attend consistently, TORs are not clear, well-known or understood, some ICC structures are missing and/or the decision-making process is unclear.	A well-established ICC has a formalized structure at national (and possibly subnational) level. All structures meet regularly and take needed decisions and actions to guide the EPI programme, policies and strategies for addressing VPDs.
Actions	<ol> <li>Organize an ICC formation committee</li> <li>Request support from WHO to help the formation committee to establish the ICC</li> <li>Meet with political authorities to inform and sensitize them on how an ICC can improve the immunization programme</li> <li>Obtain a formal decree from the MoH to establish an ICC</li> <li>Request sample TORs from countries with wellestablished ICCs</li> <li>Develop TORs and select membership (tailored to the country's needs and allowing for holistic representation)</li> <li>Identify the ICC secretariat</li> </ol>	1) If there is a lack of political interest, request technical support from WHO or other partners to meet with key political authorities to help advocate for more participation on the ICC  2) Review the TORs and ICC membership, including with key donor and health/immunization partners  3) Organize study tour of potential ICC members to countries where ICCs are functioning well  4) Review, discuss and update/create TORs with members, as necessary	1) Request internal or external technical support from WHO and/or other partners to meet with key political stakeholders  2) Advocate with and engage key partners to join or reconfirm their membership in the ICC  3) Review and revise the TORs and update membership, as needed, to ensure that key members are part of the ICC and understand the SOPs  4) Encourage relationships with other health committees  5) Clarify roles and responsibilities of each partner and review membership responsibilities with ICC membership	1) Continue regular meetings, engaging additional partners when needed 2) Monitor key indicators on a continuous basis 3) Liaise with other health coordination bodies, as appropriate 4) Periodically review TORs, roles and responsibilities of all members and partners

## **Membership and Roles**

## 1) National level

## Membership:

At the central level, there should be national and subnational representatives from the following entities, with specific roles and varied affiliations:

- Ministerial level:
  - MoH, MoF, Ministry of Planning and MoE ICC is usually chaired by the Minister of Health who leads discussions and the decision-making process
- WHO: WHO Country Representative and his/her technical focal points
- UNICEF: UNICEF Country Representative and his/her technical focal points
- NGO Representatives
- CSO Representatives
- Other partners in the country, as agreed in the TORs and membership criteria

### Roles:

- Strategic ICC managed by Ministers and heads of agencies -Highest level ICC:
  - o Role: Decision making
    - validation of proposals
    - mobilization of resources
    - coordination of partners and their efforts.
- Technical ICC, managed by EPI manager and technical focal points from EPI and agencies - Mid-level ICC:
  - Role: Preparation of technical documents and proposals to present to Strategic ICC
  - Subcommittees: Managed by technical leaders in thematic areas (technical, logistics, social mobilization, communication, etc.)
    - Role: Conduct situation analysis, identify gaps, challenges, needs and budget to be discussed at the technical ICC.

# 2) Subnational level

Members should include representatives at the provincial/state/county level:

- MoH
- MoF
- International partners
- NGOs
- CSOs.

At the subnational level, provincial authorities and their partners will manage the provincial ICC. Their roles will be similar to those at national level:

- Identification and engagement of new members
- Mobilization of resources
- Coordination with government, other health committees and partners
- Decision-making process at their level and communication with national level.

# 3) ICC Secretariat

Each ICC should have a secretariat responsible for: coordinating meeting dates; soliciting agenda items from members; circulating the agenda and previous notes in advance to members; maintaining meeting records and monitoring and sharing action points with participants as well as the immunization technical ICC (see Sections 4.7 and 5.3).

#### **Documentation**

TORs (see Annex 1)

Each ICC should develop TORs as part of formally establishing the ICC. The TORs should outline the committee's major aims and objectives, and also include:

- Membership composition, selection process and membership rules
- Meeting rules (meeting frequency, timing and agenda)
- Decision-making and SOPs (including quorum, presence of the chairperson, voting rules for approving different types of decisions)
- Support functions (including who is responsible)
- Roles and organizational structure of the ICC secretariat (or its equivalent)
- TORs of subcommittees and/or working groups (if applicable)
- Indicators for monitoring purposes.
- Meeting agenda, minutes and action points (see Annexes 3 and 4)

- Meeting agendas should be developed with member input and circulated in advance of each meeting
- The agenda should include information about the meeting venue, date and time as well as any reports or documents to be discussed
- Minutes from each ICC meeting should be recorded and distributed to all meeting participants within five working days of the meeting for feedback and follow-up
- Minutes should contain a summary of discussions, agreements and action points (next steps)
- Action points should state tasks to be undertaken, persons or organizations responsible, and when the activities should be completed.

## Indicators

o Indicators for monitoring ICC operations should be established and organized into process and performance indicators to help assess ICC effectiveness and impact on an annual basis (see Table 6).

# Annex 3: Sample ICC meeting agenda

# **National Immunization Interagency Coordination Committee Meeting Agenda**

Date: [Date]

Time: 9:30 a.m.-11:30 a.m.

Location: Conference Room 201, Ministry of Health, [address]

Chairperson: [Name], Minister of Health

Rapporteur: ICC Secretariat

## Agenda items:

- 1. Welcome remarks and introduction of any new members
- 2. Review and approval of minutes from last ICC meeting
- 3. Review and update on status of action items agreed upon at last ICC meetina
- 4. Update on progress toward objectives of annual EPI workplan and discussion
- 5. Update on planning for EPI or SIA activities, or review of recent major activities (e.g. measles-rubella catch-up campaign planning, IPV introduction review, HPV introduction planning, EPI review, Joint Appraisal) and discussion
- 6. Update/review and status of major immunization grant applications and discussion
- 7. Reports from ICC subcommittees and discussion
- 8. Any other business
- 9. Meeting adjournment.

# **Annex 4: Sample outline of ICC meeting minutes**

# Minutes of the National Immunization Coordination Committee (ICC) Meeting Held (date) at (place)

**In attendance:** (listing here of names, organizations they represent and e-mail addresses of all members who attended the meeting).

**Absent:** (listing here of names, organizations they represent and e-mail addresses of all members who did not attend the meeting).

**Welcome remarks and member introduction:** (who opened/chaired the meeting, member introduction noted).

**Review of previous ICC meeting minutes and approval:** (minutes from last ICC meeting briefly reviewed, discussed as needed and whether approved).

**Status of action points from previous ICC meeting:** (listing of action points, responsible persons or organizations and discussion of status of each action item [not started, pending, or completed]. For items not started or that are pending, note challenges/reasons that action is not completed and new dates for completion of actions).

**Update on progress toward national EPI annual workplan objectives:** (summary of presentation by EPI Manager or designate on progress toward each of the objectives in the national EPI annual workplan; summary of discussion of the presentation; next steps, agreements, or commitments reached; and noting organizations responsible for any action items).

**Update on planning for EPI, campaign activities and review of recent major activities:** (summary presentation or report on planning or review of activities [e.g. EPI review, MR or other VPD campaigns, vaccine introduction, Gavi Joint Appraisal]; summary of discussions; next steps, agreements, or commitments reached; and noting organizations responsible for any action items).

Review and update status on major immunization grant applications or other financial/budget activities: (summary report on this item(s); summary of discussion; next steps, agreements, or commitments reached; challenges and solutions for implementation and accountability; and noting organizations responsible for action items).

Reports from ICC subcommittees: (summary of reports/presentations; summary of discussions; next steps, agreements or commitments reached; noting organizations responsible for any action items).

Summary of discussion of any other business (AOB): (including items discussed and next steps, agreements or commitments reached).

Meeting adjourned: (noting who adjourned the meeting and at what time; proposed date for next meeting).

# Annex 5: WHO AFR ICC situational analysis (2018) survey form

	Ghana	Sierra Leone
	Guinea	South Africa
WHO Inter Agency Co	Guinea-Bissau	South Sudan
WHO Inter-Agency Co	Kenya	
Survey	Lesotho	Swaziland
Thank you for taking the time to complete situation analysis to understand the currer	Liberia	Togo
region countries. The survey aims to gathe	Madagascar	Uganda
membership, the actions, responsibilities, experience providing insight into the curre		United Republic of Tanzania
ICC guideline as a resource countries can	Malawi	Zambia
responses if needed after submitting the s	Mali	Zimbabwe
1. In which country are you based? *	Mauritania	
Mark only one oval.	Mauritius	
Algeria	Mozambique	
Angola	Namibia	
Benin	Niger	
Botswana	Nigeria	
Burkina Faso	Rwanda	
Burundi	Sao Tome and Principe	
Cameroon	Senegal	
Cabo Verde	Seychelles	
Central African Republic		
Chad		
Comoros		
Congo		
Côte d'Ivoire		
Democratic Republic of the Congo		
Equatorial Guinea		
Eritrea		
Ethiopia		
Gabon		
Gambia		
2. What organization do you work with? (if the	his is a joint survey please list t	he organization of
each respondent) *		
2 What is the title of very summer as -th fi	if this	
3. What is the title of your current position (i is a joint survey please list the position of		
respondent)? *		

	0 - 2 years	3 - 5 years	6-10 years	more than 10 years	N/A
EPI manager					
UNICEF focal point					
WHO focal point	$\sim$	$\sim$	$\sim$	$\subseteq$	$\subseteq$
Other ICC member					
oes your country h	ave an ICC?	*			
fark only one oval.					
Yes Skip t	o question 6.				
No Skip to	question 19				
the ICC currently a fark only one oval.	active? *				
Yes					
◯ No					
Other:					
ny was the ICC crea	ated? What w	vere the reas	ons and obj	ective for forming an	ICC?
			-	ective for forming an	
			-		
			-		
n your own words, bi	riefly descrik	oe the primai	y functions		
n your own words, bu	riefly describ	ne the primar	y functions		
	riefly describ d chairperso ele of their po	n of the ICC'ssition.*	y functions		
Who is the designated Please indicate the tit Who is in charge of oneeting? Please indicated ind	d chairperso ele of their po rganizing ea cate the title	n of the ICC sition. *	y functions		
your own words, but the designater the tit the designater the d	d chairperso ele of their po rganizing ea cate the title	n of the ICC sition. *	y functions		

# **Terms of Reference**

	provide a time frame, for exan or 2 years ago) *	npie
When was the T Mark only one ov	OR last updated? *	
O-2 years	ago	
3-5 years	ago	
6 -10 year	rs ago	
over 10 ye	ears ago	
○ Never		
O not kn	ow	
Other:		
cut and paste th	em here. If you do not have t	meeting minutes to: <u>kelly_mcdonald@jsi.com</u> the TOR or minutes, please provide a name and
email of whom t	to contact for these. *	
1		_
to question 26.		
TOR		
Briefly indicate	why a TOR does not exist *	
		_
Does the ICC pla	an on creating a TOR? *	
Does the ICC pla	an on creating a TOR? *	
Does the ICC pla Mark only one ov	an on creating a TOR? *	
Does the ICC pla	an on creating a TOR? *	
Does the ICC plants only one over Yes	an on creating a TOR? *	
Does the ICC pla Mark only one ov Yes No Do not kn	an on creating a TOR? *	what are the reasons for not creating a TOR? *
Does the ICC pla Mark only one ov Yes No Do not kn	an on creating a TOR? *	

# Other committees

_	e oval.							
( ) Yes	Skip to	question 21	1.					
◯ No	Skip to	question 20						
O Do no	t know	Skip to qu	estion 20.					
20. <b>What is you</b> i	r suggest	on for esta	blishing a	n ICC in	your co	untry?	•	
Stop filling out this								
21. What is the i			ee? If ther	e is mor	e than o	ne, plea	se list all	*
22. Please desci	ribe the ir	nmunizatio	n support	the com	mittee(s	) provid	les. *	
			••					
	***************************************							
23. <b>Is your coun</b> <i>Mark only one</i>	ntry plann			>? *				
23. <b>Is your coun</b>	ntry plann			`? *				
23. <b>Is your coun</b>	ntry plann			??*				
23. <b>Is your coun</b> Mark only one  Yes  No	ntry plann			?? *				
23. <b>Is your coun</b> Mark only one  Yes  No	ntry plann e oval.			· · · · · · · · · · · · · · · · · · ·				
23. <b>Is your coun</b> Mark only one  Yes  No  Do no	ntry plann e oval.			??*				
23. <b>Is your coun</b> Mark only one  Yes  No	ntry plann e oval.			??*				
23. <b>Is your coun</b> Mark only one  Yes  No  Do no	ntry plann e oval. ot know	ing on form	ning an ICC		the reas	sons fo	r not crea	ating a IC
23. Is your coun Mark only one Yes No Do no	ntry plann e oval. ot know	ing on form	ning an ICC		the reas	sons fo	r not crea	ating a IC
23. Is your coun Mark only one Yes No Do no	ntry plann e oval. ot know	ing on form	ning an ICC		the reas	sons fo	r not crea	ating a IC
23. Is your coun Mark only one Yes No Do no	ntry plann e oval. ot know	ing on form	ning an ICC		the reas	sons fo	r not crea	ating a IC
23. Is your coun Mark only one Yes No Do no	ntry plann e oval. ot know	ing on form	ning an ICC		the reas	sons fo	r not crea	ating a IC

What is your suggestion for eith country? *	ner starting, re-energizing, or strengthening the ICC in yo
o filling out this form.	
	ving documents in the last 12 months? Please email two
	nents to: <u>Kelly_McDonald@jsi.com</u> .*
Mark only one oval per row.	
	Yes No Do not know
Agenda for each meeting	
Minutes for each meeting held	
Action points with responsible person(s)	
Memorandum of Understanding	
What is the PLANNED number of	of ICC meetings per year? *
Mark only one oval.	
Once a year	
2 times a year	
3 times a year	
4 times a year (quarterly)	
5 times a year	
Monthly	
Other:	
How often did the ICC meet in the	ne previous 12 months? *
Mark only one oval.	
One time	
2 times	
3 times	
4 times (quarterly)	
5 times	
Monthly	
Other:	
THE REPORT OF THE PARTY OF THE	
When was the last ICC meeting	neia? "
Are ICC meetings: *	
Are ICC meetings: * Mark only one oval.	
Mark only one oval.	head of time (annual schedule, recurring on a regular basis)
Mark only one oval.	

### 31. Please indicate the frequency of attendance of ICC members.\* Mark only one oval per row.

	Infrequent	Occasionally attends meetings	Always attends meetings	N/A (not a membe
Minister of Health or Director General				
Director of Child Health or Family Health			0	0
Ministry of Finance	$\subseteq$			$\subseteq$
Ministry of Education				
Ministry of Women & Social Affairs	0			
EPI Manager				$\overline{}$
UNICEF Child Health Programme Officer				
UNICEF Immunization Advisor				
WHO Immunization Focal Point				
WHO/CDC Surveillance Officer responsible for Polio				
USAID Mission's Health Officer responsible for Child Health portfolio				
Non-government organizations				
Community Organization Representative				
Civil Society Platform Representative				
World Bank				
CDC and/or STOP team Representative				
Bilateral partner (DFID, Coop Francaise or Belge, GTI, or other)				
Pediatric/medical association				
Faith based organizations				

	As needed	Once a week	Monthly	Quarterly	Once a year	2-3 times a year	4 or more times per year	N/A (do not have this sub committe
Technical								
Financial								
Supplemental Immunization								
New Vaccines								
Logistics								
Demand, Communication/Social Mobilization	$\bigcirc$	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	
Routine Immunization								
Data	$\overline{\bigcirc}$	$\Box$	$\overline{\Box}$	$\overline{\Box}$				$\overline{}$
Surveillance review committee								
a sub-committee is no								
elease select other immelationships. The name ommittee with the clos	nunization e of your est title.	n and hi commit *	ealth com	mittees wit	h which	n the ICC	C has de choo	lirect/form
Please select other imm elationships. The name ommittee with the clos flark only one oval per ro National Immunization	nunization e of your est title. w.	n and ho commit *	ealth com tee may h	mittees wit ave a diffe	h which	ı the IC e. Pleas	C has de choo	lirect/form se the Do not
Please select other immelationships. The name ommittee with the close fark only one oval per round part on National Immunization Advisory Group (NITAG	nunization e of your iest title. ww. Technical	n and ho commit *	ealth com tee may h	mittees wit ave a diffe	h which	ı the IC e. Pleas	C has de choo	lirect/form se the Do not
Please select other immelationships. The name ommittee with the close flark only one oval per round National Immunization Advisory Group (NITAGN National Regulatory Au Health System Coordin	nunization e of your iest title. w. Technical	n and ho commit *	ealth com tee may h	mittees wit ave a diffe	h which	ı the IC e. Pleas	C has de choo	lirect/form se the Do not
Please select other immelationships. The name ommittee with the close of ark only one oval per romagnetic on Advisory Group (NITAGN) National Regulatory Au Health System Coordin Committees	nunization e of your eest title. Technical 3) uthority nation	n and hocommit*	ealth com tee may h	mittees wit ave a diffe	h which	ı the IC e. Pleas	C has de choo	lirect/form se the Do not
Please select other immelationships. The name ommittee with the clos flark only one oval per round National Immunization Advisory Group (NITAG) National Regulatory Au Health System Coordin Committees National Certification C National Polio Advisory	nunization e of your est title. Technical 3) uthority nation committee	n and hocommit*	ealth com tee may h	mittees wit ave a diffe	h which	ı the IC e. Pleas	C has de choo	lirect/form se the Do not
Please select other immelationships. The name ommittee with the close of the close	nunization e of your est title. www. Technical a) uthority nation committee	n and hocommit*	ealth com tee may h	mittees wit ave a diffe	h which	ı the IC e. Pleas	C has de choo	lirect/form se the Do not

	. If a committee is not listed, please provide name and explain linkages.
37.	What other governmental or non-governmental organizations should be members of t
38.	Does the ICC also discuss integration of other programs along with immunization (e.g immunization and vitamin A in routine immunizations and campaigns, with distributio
	mosquito nets, with deworming, with HIV, etc.). If yes, please specify which programs.
39.	Please select all of the functions/responsibilities that take place in the ICC. What types decisions are made in the ICC? Select all that apply.*
39.	
39.	decisions are made in the ICC? Select all that apply. *
39.	decisions are made in the ICC? Select all that apply. * Check all that apply.
39.	decisions are made in the ICC? Select all that apply.*  Check all that apply.  Review work plans
39.	decisions are made in the ICC? Select all that apply. *  Check all that apply.  Review work plans  Approve GAVI support
39.	decisions are made in the ICC? Select all that apply.*  Check all that apply.  Review work plans  Approve GAVI support  Approve new vaccine introductions
39.	decisions are made in the ICC? Select all that apply.*  Check all that apply.  Review work plans Approve GAVI support Approve new vaccine introductions Approve reports
39.	decisions are made in the ICC? Select all that apply.*  Check all that apply.  Review work plans Approve GAVI support Approve new vaccine introductions Approve reports Joint reporting forms
39.	decisions are made in the ICC? Select all that apply.*  Check all that apply.  Review work plans Approve GAVI support Approve new vaccine introductions Approve reports Joint reporting forms Reports to Gavi
39.	decisions are made in the ICC? Select all that apply.*  Check all that apply.  Review work plans Approve GAVI support Approve new vaccine introductions Approve reports Joint reporting forms Reports to Gavi Review campaign/SIA activities Discuss coverage/results of immunization activities
39.	decisions are made in the ICC? Select all that apply.*  Check all that apply.  Review work plans Approve GAVI support Approve new vaccine introductions Approve reports Joint reporting forms Reports to Gavi Review campaign/SIA activities

	urity is the ICC? *
Mark only one oval.  Nascent/beginning (for examp	urity is the ICC? *
	urity is the ICC? *
Nascent/beginning (for examp	
	nle recently re-decigned or has now membership)
Ad-hoc (for example, establis	
	shed but meets irregularly)
<u> </u>	e, meets regularly and takes appropriate decisions to lead
orogramme)	
Please provide any comments reg	arding the level of ICC maturity
	and the second of the second o
Impact of ICC: As a result of ICC re	ecommendations, support, or influence has the follow
Impact of ICC: As a result of ICC re taken place. Please select all that a	
taken place. Please select all that a	
taken place. Please select all that a	
taken place. Please select all that a	
taken place. Please select all that a	apply. *
taken place. Please select all that a Mark only one oval per row.	apply. *
taken place. Please select all that a Mark only one oval per row. New polices Revised policies	apply. *
taken place. Please select all that a Mark only one oval per row.  New polices  Revised policies  Technical procedures	apply. *
taken place. Please select all that a Mark only one oval per row. New polices Revised policies	apply. *
taken place. Please select all that a Mark only one oval per row.  New polices Revised policies Technical procedures Improved planning and	apply. *
Mark only one oval per row.  New polices Revised policies Technical procedures Improved planning and coordination Improved funding	apply. *
New polices Revised policies Technical procedures Improved planning and coordination Improved funding Finances aligned/approved	apply. *
New polices Revised policies Technical procedures Improved planning and coordination Improved funding Finances aligned/approved EPI budgets approved	apply. *
New polices Revised policies Technical procedures Improved planning and coordination Improved funding Finances aligned/approved	apply. *

		ions are made wit			
What is y country?	rour suggestion fo	or either starting, r	e-energizing, or st	rengthening the ICC in	your
ln your o	pinion what is a b	est practice in you	r ICC?*		
Please pi	rovide any other o	omments or infor	nation regarding t	he ICC in your country.	

