T R A I N I N G 2

ANALYSIS OF IMMUNISATION IN THE CONTEXT OF HEALTH SYSTEMS AND THE POLICY DECISION-MAKING PROCESS

SECTION A

THE INFLUENCE OF THE HEALTH SYSTEM ON NITAG RECOMMENDATIONS

SECTION B

STAKEHOLDER ANALYSIS AND MAPPING

FOR
FACILITATOR

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INTRODUCTION

This training is presented in two sections A and B that are further introduced below.

TARGET AUDIENCE

- The secretariat, the Chair and members of the NITAG.

PREREQUISITE SKILLS/KNOWLEDGE

- Knowledge of NITAG mode of operations (sections A&B of Training 1) on NITAG establishment and operations

TRAINING MATERIAL

- PowerPoint presentation, instructions for the facilitator, summary for participant, templates and article references

SECTION A

THE INFLUENCE OF THE HEALTH SYSTEM ON NITAG RECOMMENDATIONS

FOR
FACILITATOR

PRESENTATION OF THE SECTION

This is an introduction to the concept of the health system and its building blocks; to understand how these influence immunisation programmes and how to use them in formulating NITAG recommendations. It explains the links between health systems and barriers to immunisation and the contextual factors related to policy advice to address these barriers.

The section includes a group exercise.

LEARNING OBJECTIVES

Knowledge and understanding of:

- The immunisation programme in the broader context of the health system;
- The structural environment within which immunisation-related decisions are being made and implemented;

And

- Improved capacity within NITAG to formulate relevant and influential recommendations, based on health system analysis.

1. HEALTH SYSTEMS AND HEALTH SYSTEM ANALYSIS

This section explains the concept of health system, its structure, and how the system works and how it contributes to health outcomes. To better understand the health system and its different parts the health system is usually broken down into "building blocks". The building blocks have been defined by WHO. The different building blocks are also explained in more detail. Together these building blocks constitute the "health system" (in a country, region, or district). The interrelationship of the building blocks is explained in more detail in this section. The deconstruction of the health system into building blocks helps to explain decision-making and the decision-making process in the system.

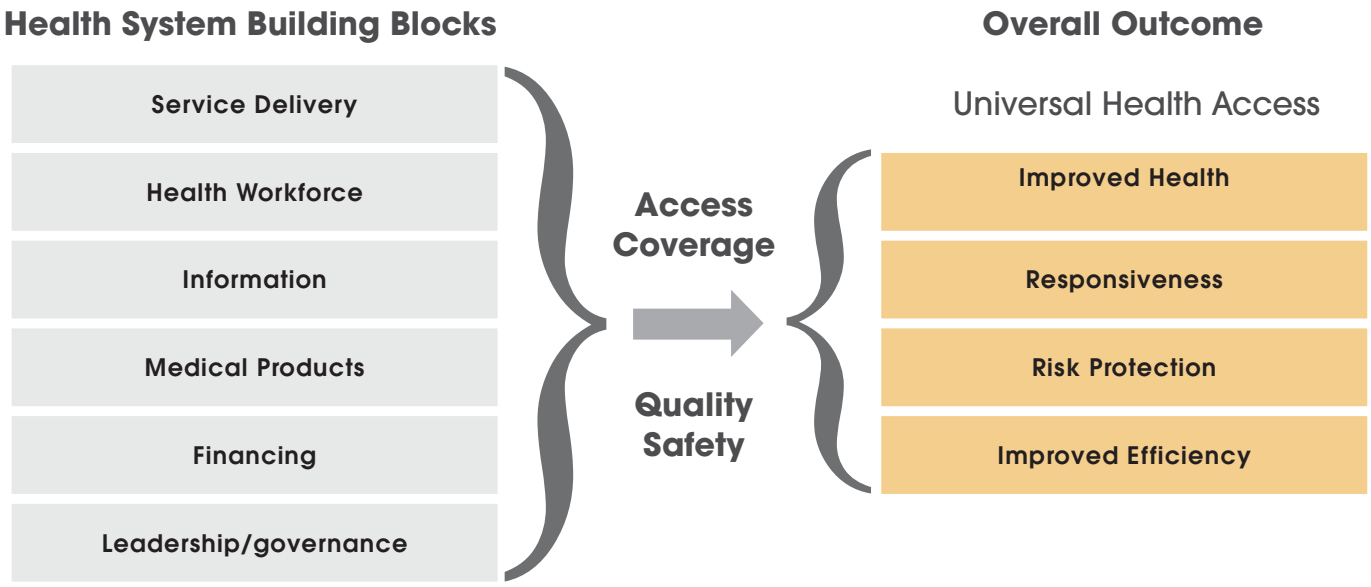
The health system constitutes the structural environment within which health policies are being formulated and health services are being delivered. It is important to understand this structure and how it works in order to be able to make credible recommendations for delivery of health services and more specifically to address and lift barriers to immunisation.

Furthermore it is important for a NITAG to be able to identify and analyse policy issues and how these are embedded in a health system structure cutting across different building blocks and impacting on outcome. Equity for example cuts across health system building blocks, but the level will be specific to each country context. Equity in financing of health services and equity in access to health services are major barriers to immunisation in low income countries. NITAGs need to know how to make this analysis and use that knowledge to make a relevant policy recommendation.

1.1. THE HEALTH SYSTEM FRAMEWORK

A health system is not an end in and of itself; it is instead a means to achieve health outcomes in a population. Health systems should be a vehicle for accelerating progress on health-related goals, but as a vehicle it is subject to constraints impeding progress. A health system framework helps policy-makers, including NITAG, to identify challenges and make relevant recommendations with the aim of achieving better health in the population.
The health system framework includes an input side (the building blocks) and an output/outcome side (the expected impact of the health system on a population).

THE WHO HEALTH SYSTEM FRAMEWORK



The building blocks are the combined input. The inputs have to be combined so that access, coverage, quality and safety are maximised, in order to reach the overall outcome and goals:

- Improved health of individuals, families and communities
- Responsiveness to health threats
- Protection against financial consequences of ill-health
- Improved efficiency ensuring best use of resources available

The aim is to address inequitable health outcome in society by moving towards universal health coverage.

1.2. THE HEALTH SYSTEM BUILDINGS BLOCKS

Service delivery

This building block describes the component of service delivery in the health system. For services to be provided there needs to be:

- Networks of health facilities, organised in health districts or local area networks with the back-up of specialised and hospital services, responsible for defined populations;
- Provision of a range of packages (basic package of care) with a comprehensive and integrated range of clinical and public health interventions, which responds to the needs of the population;
- Standards, norms, and guidance to ensure access and essential dimensions of quality: safety, effectiveness, integration, continuity, and people-centredness;
- Mechanisms to hold providers accountable for access and quality and to ensure consumer voice.

Human resources for health

This building block describes the component of health workforce in the health system. A properly performing workforce is one that is responsive to the needs and expectations of people, is fair and efficient to achieve the best outcomes possible given available resources and circumstances. Countries are at different stages of development of their health workforce but common concerns include improving recruitment, education, training, and distribution; enhancing productivity and performance; and improving retention. This requires:

- Arrangements for achieving sufficient numbers of the right mix (numbers, diversity, and competencies);
- Payment systems that produce the right kind of incentives;
- Regulatory mechanisms to ensure system-wide deployment and distribution in accordance with needs;
- Establishment of job-related norms, deployment of support systems and enabling work environments.

Health information systems

This building block describes the component of health information in the health system. Good governance requires good and reliable information on health outcome and health challenges. This specifically includes timely intelligence on:

- Progress in meeting health targets, which includes household surveys, civil registration systems and epidemiological surveillance, coverage surveys, etc.;
- Health financing data such as National Health Accounts (NHA) and an analysis of financial and other barriers to health services for the poor and vulnerable;
- Trends and needs for health workforce; on consumption of and access to pharmaceuticals and vaccines; on appropriateness and cost of technology; on distribution and adequacy of infrastructure, including cold chain equipment and capacity;
- Arrangements to make information accessible to all involved, including communities, civil society, health professionals, and politicians.

Essential medical products and technologies

This building block describes the component of medical products and technologies in the health system. Economically, medical products are the second largest component of most health budgets (after salaries) and the largest component of private health expenditure in low- and middle-income countries. Key components of a functioning system are:

- A medical products regulatory system for marketing authorisation and safety monitoring, supported by relevant legislation, enforcement mechanisms, an inspectorate and access to a medical product quality control laboratory;
- National lists of essential medical products, national diagnostic and treatment protocols, and standardised equipment per levels of care;
- A supply and distribution system to ensure universal access to essential medical products and health technologies through public and private channels, with focus on the poor and disadvantaged;
- A national medical product availability and price monitoring system;
- A national programme to promote rational prescribing.

Health financing

This building block describes the component of financing in the health system. Health financing can be a key policy instrument to improve health and reduce health inequalities if its primary objective is to facilitate universal coverage by removing financial barriers to access and preventing financial hardship and catastrophic expenditure. The following can facilitate these outcomes:

- A system to raise sufficient funds for health fairly, including through taxes, user fees, donor funds;
- A system to pool financial resources across population groups to share financial risks;
- A financing governance system supported by relevant legislation, financial audit and public expenditure reviews, and clear operational rules to ensure efficient use of funds.

Leadership and governance

This building block describes the governance component in the health system. Leadership and governance are context-specific, but common "good practices" in leadership and governance can be identified. These include:

- Ensuring that health authorities take responsibility for steering the entire health sector. Health and health challenges should not be left ungoverned;
- Defining, through transparent and inclusive processes, national health policies, strategies, and plans that set a clear direction for the health sector;
- Effective regulation through a combination of guidelines, mandates, and incentives, backed up by legal measures and enforcement mechanisms;
- Effective policy dialogue with other sectors;
- Mechanisms and institutional arrangements to channel donor funding and align it to country priorities.

1.2.1. Overall outcome

Health systems have multiple goals. The World health report 2000 (WHO) defined overall health system outcomes or goals as:

- Improved health for the population;
- Responsiveness to people's needs;
- Social and financial risk protection;
- Improved efficiency

There are also important intermediate goals: the route from inputs to health outcomes is through achieving greater access to and coverage for effective health interventions, without compromising efforts to ensure provider quality and safety.

1.2.2. Key health system attributes

Irrespective of how a health system is organised, there are some desired attributes for each building block that hold true across all systems.

- **Multiple, dynamic relationships**

A health system, like any other system, is a set of inter-connected parts that must function together to be effective. Changes in one area have repercussions elsewhere. Improvements in one area cannot be achieved without contributions from the others. Interaction between building blocks is essential for achieving better health outcomes.

- **Health system strengthening**

Health System Strengthening (HSS) is defined as improving the six health system building blocks and managing their interactions in ways that achieve more equitable and sustained improvements across health services and health outcomes. It requires both technical and political knowledge and action.

- **Is progress being made?**

A key concern of governments and others who invest in health systems is how to tell whether and when the desired improvements in health system performance are being achieved. Convincing indicators that can detect changes on the ground are needed.

1.3. THE IMMUNISATION SYSTEM WITHIN THE HEALTH SYSTEM

The immunisation system is embedded within the larger health system and has links to all the health system components. It is important to understand how the immunisation system is linked to the broader health system and its components and how decisions on broader issues also affect the immunisation system. For example: policy recommendations on health workforce can have a huge impact on immunisation services by affecting supply and training (quality) of health workers at facility level. Another example is policy recommendations on health financing which can impact access to funding for outreach services by health facilities, or supportive supervision carried out by the District Health Team. A third example is policy recommendations on integration of services (basic package, integrated child health services, etc.) which can lead to more resources for immunisation. The purpose of the analysis (by NITAG) is to understand the links, identify the policy areas, and make relevant recommendations with the aim of lifting barriers to Immunisation.

Health system barriers to immunisation

In order to better understand how the immunisation system is embedded in the larger health system, it is useful to look at examples of how poor health systems undermine the performance of immunisation programmes in developing countries. Some of these examples include:

- Unavailability of staff, transport and funds for immunisation activities at district level to provide outreach services (relevant building blocks: Service delivery, Health workforce, and Medical Products);
- Poor cold-chain maintenance (Relevant building blocks: Health workforce, Medical products);
- Failure to mobilise communities to ensure high demand for immunisation (Relevant building blocks: Service delivery, Health workforce, Governance);
- Failure to track available data on district immunisation coverage and vaccine stock levels (Relevant building blocks: Information, Governance);
- Failure to procure and stock vaccines and devices (Relevant building blocks: Financing, Medical products, Governance);
- Lack of health infrastructure (Relevant building blocks: Service Delivery, Medical Products, Governance).

1.4. HEALTH SYSTEM STRENGTHENING OR VERTICAL APPROACH

There is a lively debate about the merits of investing in health system strengthening (global approach) as opposed to having a vertical approach (invest in the immunisation system directly). International organisations such as Gavi The Vaccine Alliance and The Global Fund to Fight AIDS Tuberculosis and Malaria have swung back and forth between these two approaches.

Examples: During 2010-2012, Gavi The Vaccine Alliance, The Global Fund, and World Bank tried to set up the Health System Funding Platform to promote a global approach to health system strengthening and coordinate their support to health system strengthening. The effort proved to be difficult to implement in practice and when it failed both Gavi and the Global Fund went back to a more vertical approach of their cash-based support. Lately, the Ebola outbreak in Sierra Leone and Liberia has pushed donors and governments to return to a global approach to health system strengthening again.

What are the differences between a global approach and a more vertical approach?

A vertical approach can be better tailored to the objective of the support, such as supporting in-service training for vaccinators, or recruiting surge capacity. A global approach will on the other hand be more sustainable and provide a more stable infrastructure within which the immunisation system can function.

In the table below, some examples of health system strengthening interventions using a vertical or global approach are given.

HEALTH SYSTEM BUILDING BLOCKS	VERTICAL APPROACH	GLOBAL APPROACH
Service Delivery	Through separate project facilities and/or specific facilities	Through general facilities under government supervision
Health workforce	Temporary employee hired by the project	Government employee on the payroll
Information	Separate reporting through the project	Reporting through national Health Monitoring Information System (HMIS)
Medical products	Separate disease-specific channels	Through government channels
Financing	Project budget	Government budget
Governance	Separate project not part of NHSP	Part of National Health Strategic Plan (NHSP)

1.5. THE CONCEPT OF UNIVERSAL HEALTH COVERAGE (UHC)

The aim of health system strengthening is to address inequitable health outcomes in society by moving towards universal access to fair and responsive health services with social health protection. Universal health coverage (UHC), in respect to services and their financing, means that all people receive the health services they need without suffering financial hardship when paying for them. The full spectrum of essential, quality health services should be covered including health promotion, prevention and treatment, rehabilitation and palliative care.

Health financing for UHC is conceptualised in three dimensions.

These are:

- Population covered: What percentage of the population is covered by the services provided, and who are those not covered? In the case of immunisation, certain population groups in a country can be excluded (even if coverage is high).
- Cost of services covered: What percentage of the services is prepaid as opposed to paid out of pocket? Out-of-pocket payments push people into poverty and need to be reduced as much as possible. Prepayment protects people from catastrophic health expenditures. In the case of immunisation, most services are free of charge or prepaid. But people can still be exposed to expenditures if they have to travel long distances to access the services and if they have to buy the vaccines or devices themselves.
- Services included: What percentage of interventions offered are being included in the UHC package? Is it only basic services or does the package also include other services such as treatment, rehabilitation, etc.? In the case of immunisation, services are often included but services can still be unavailable if vaccines are out of stock or populations are not reached by the services.

Moving towards UHC is necessary but difficult. Tough political decisions need to be taken and new policies need to be implemented. UHC cannot be achieved in all countries overnight, but all countries can take actions to move more rapidly towards it. In countries where health services have traditionally been accessible and affordable, a growing middle class with changing habits makes it increasingly difficult for governments to respond to the ever-growing health needs of populations, and the increasing costs of health services. In other countries, the high burden of communicable diseases or recurrent epidemics is the major challenge.

Key factors in determining which services are prioritised by countries are: epidemiological context, health systems, level of socio-economic development and people's expectations.

Moving towards UHC requires strengthening health systems. An important component of UHC is health financing where attention needs to be paid to raising sufficient funds, minimising out-of-pocket payments through prepayment and pooling, and using available funds (including donor funding where relevant) efficiently and equitably.

Countries must also have a health workforce that can support an affordable, efficient, well-run health system that meets priority health needs through quality, people-centred, integrated care. Good governance, sound systems of procurement and supply of medicines and health technologies, and well-functioning health information systems are other critical elements.

UHC emphasises not only what services are covered, but also how they are covered through focusing on people-centred healthcare and integration of care. A shift in health service delivery is necessary to better tailor services to the individuals of the population they serve. Health systems should be organised around the needs and expectations of people in terms of holistic long-term health to help them better understand their own healthcare needs.

2. THE ROLE OF THE NITAG

2.1. ANALYSIS OF HEALTH SYSTEM CHALLENGES

The NITAG needs to be able to assess health system challenges and the need for reform in order to improve the effectiveness and efficiency of the health system, especially with regard to immunisation. Key challenges need to be identified and policy options developed.

Therefore the NITAG needs to have a clear understanding of the health system in the country, the strengths and weaknesses of the health system building blocks and their components, and the impact of health system policies on immunisation outcome. The knowledge of the policies and the policy process will help the NITAG to make relevant recommendations.

2.2. POLICY ADVICE INTERACTING WITH DIFFERENT KEY STAKEHOLDERS

Policy advice by the NITAG should be framed around the needs and expectations of people and institutions in the country to help them understand the needs and approaches for sustained and continuously improving immunisation programme performance. The people and institutions in the country are in this context referred to as stakeholders in the immunisation programme. The NITAG then needs to be able to identify and assess the perceptions, needs and expectations of stakeholders in order to align policy advice to drivers and barriers to the immunisation programme with the aim of sustaining and continuously improving immunisation programme performance.

Policy advice should include:

- Advice on global or vertical approach to intervention;
- Identification of cross-cutting issues;
- Support and engagement in strategic planning processes;
- Support and strengthening of planning infrastructure (Country Coordination Mechanism, Inter Agency Coordination Committee, others);
- Facilitation of engagement with Civil Society Organisations.

REFERENCES

1. Table of constraints (Annex 1)
2. WHO (2010); ***Key components of a well-functioning health system*** http://www.who.int/healthsystems/EN_HSSkeycomponents.pdf
3. WHO (2007); ***Everybody's business: Strengthening health systems to improve health outcomes: WHO framework for action***. WHO ISBN 978 92 4 159607 7:
4. Burchett E D H et al (2014); ***The impact of introducing new vaccines on the health system: Case studies from six low-income countries.*** Vaccine; 32(2014): 6505-6512
5. Favin M et al (2012); ***Why children are not vaccinated: a review of the grey literature.*** Int Health 2012
6. WHO ***Questions and Answers on Universal Health Coverage***

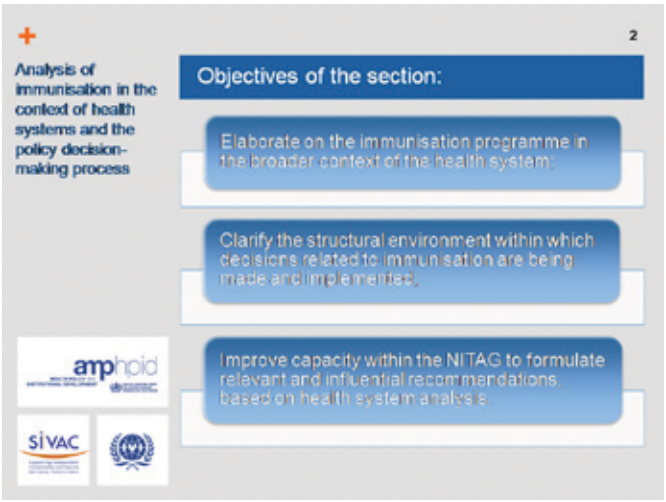
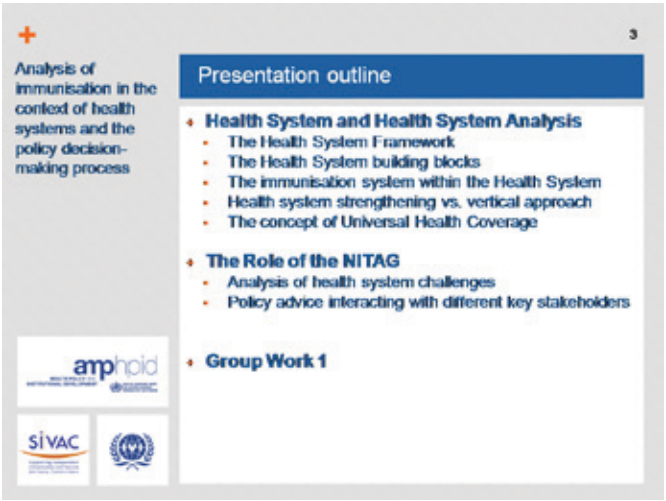
FACILITATOR INSTRUCTIONS

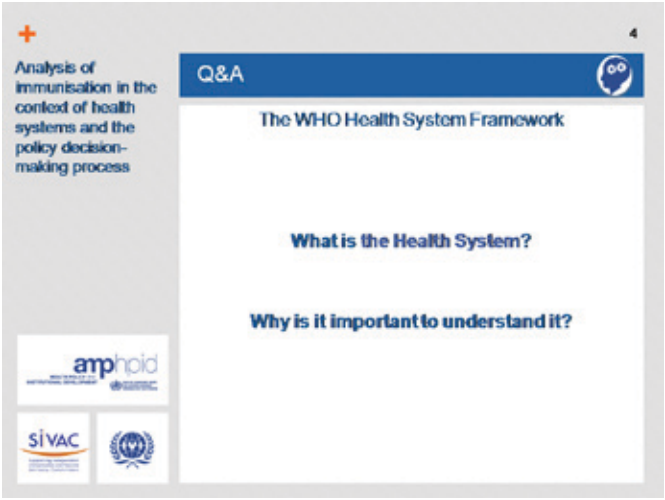
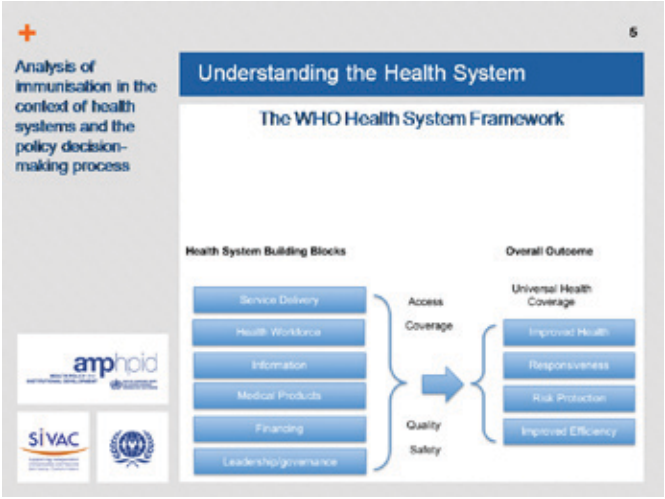
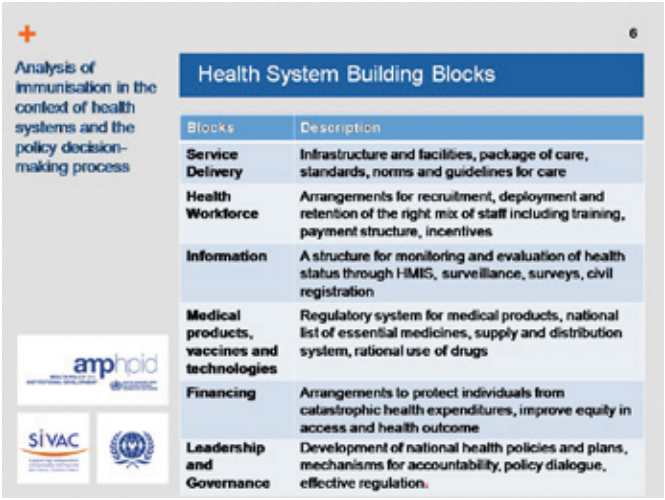
IMPORTANT NOTES:

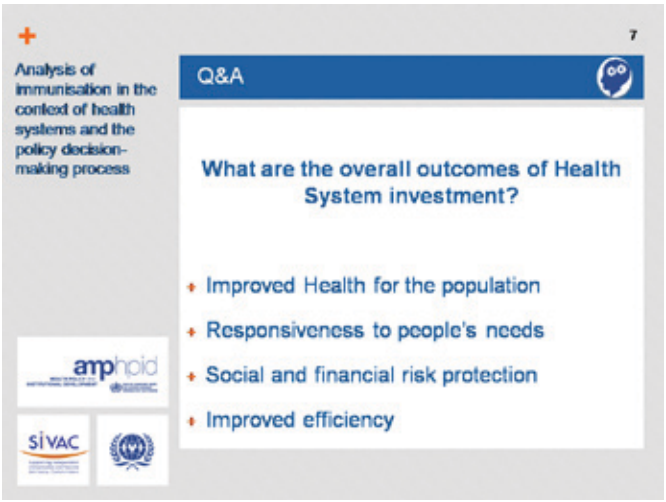
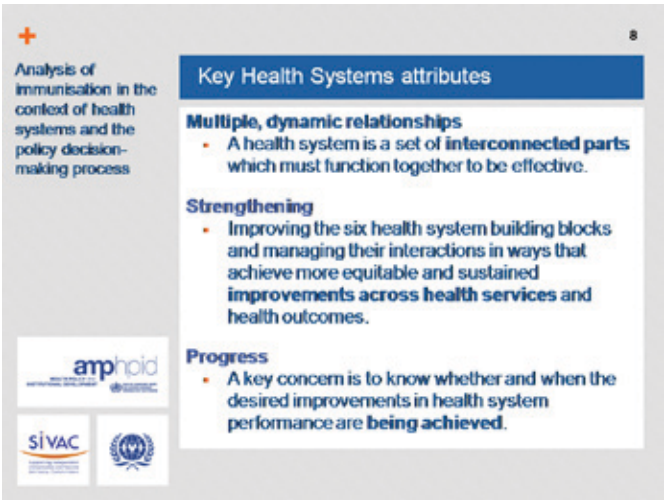
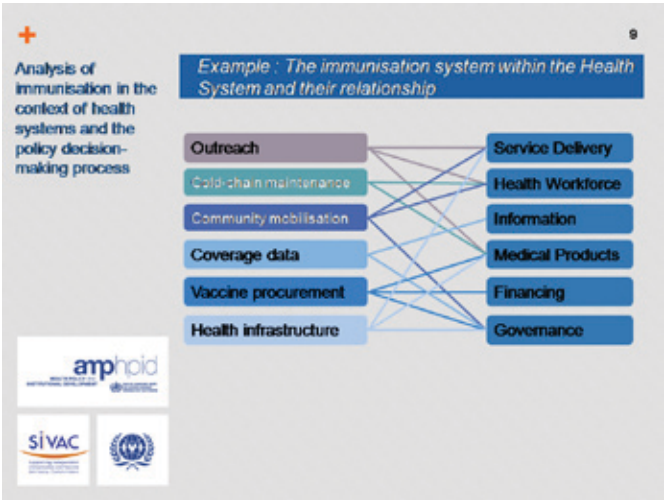
The facilitator will ensure participants have correctly understood the concepts presented in section A, especially the concept of the health system and its components, how health system policies impact on and affect the outcome of Immunisation, and that the purpose of the recommendations of the NITAG is to lift barriers to immunisation.

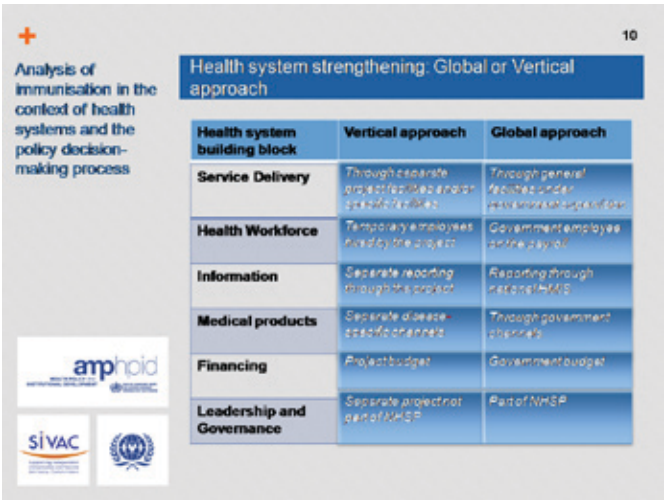
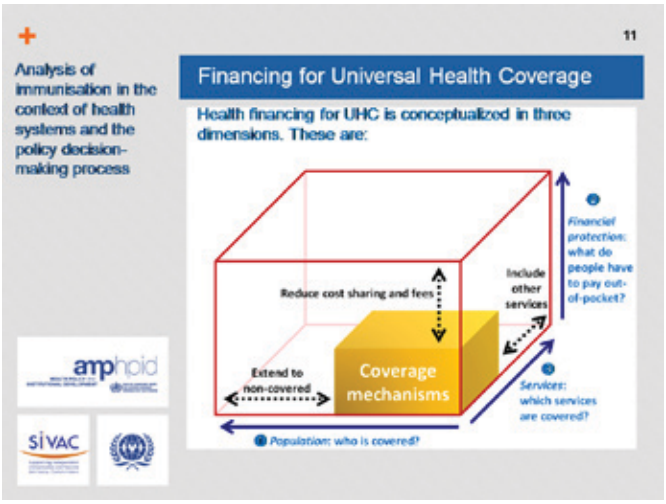
For the group exercise it is important to facilitate an open discussion and link the questions to the presentation. Examples of recommendations are provided.

Soft copies of the resources for the group exercises can be downloaded from the NITAG Resource Center www.nitag-resource.org

Slides	Facilitation methods
	Presentation:
	Presentation:
	Presentation:

Slides	Facilitation methods
	Q&A:
	**Presentation:** Insist on the following key points: • A strong health system is needed to deliver and scale up new vaccines and to improve immunisation coverage and equity. • Building blocks are specific but interrelated, one cannot function well without the other. • A positive outcome is dependent on all building blocks functioning. • Keeping health systems on track requires a strong sense of direction, and coherent investment in the various building blocks of the health system, so as to provide the kind of services that produce results.
	**Presentation:** Table presented with animation Explain each block of the table

Slides	Facilitation methods
	Questions and answers: Ask participants to list the outcomes of HS investment then show the answers
	Presentation: Animation
	Presentation:

Slides	Facilitation methods
	Presentation: Animation
	Presentation:
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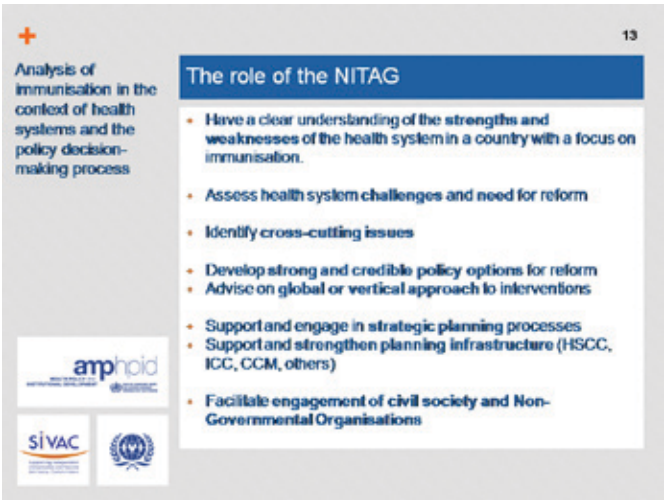
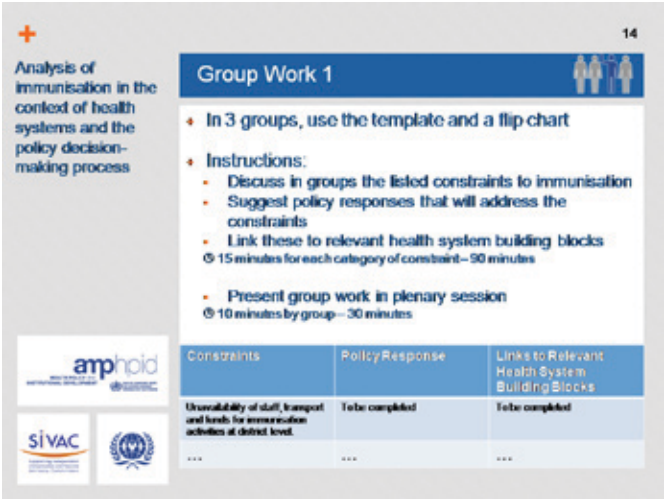
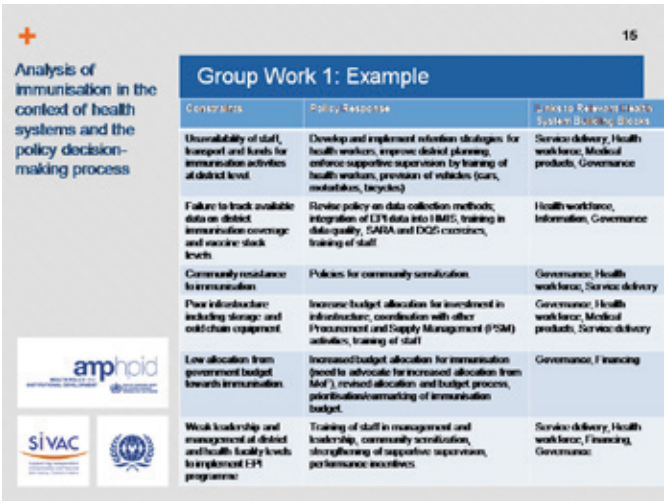
Slides	Facilitation methods
	Presentation:
	Group Work 1: Objective: Understand how policy advice addressing barriers or drivers to immunisation links to health system building blocks and its components for overall attainment of positive health outcomes. 1. Organise participants in 3 small groups (4-5 in each group). 2. Give the following instructions: - Hand out the table that the group should complete (See resources). - Discuss the listed barriers to immunisation. - Suggest policy responses, which will address the barriers. - Link these to relevant health system building blocks. - You have about 90 minutes to do the entire exercise (15 min per constraint). - Then all the groups will present their results in plenary session, with the flip chart. - We will end with a general discussion.

Slides	Facilitation methods
	**Presentation :** To be presented during plenary after group work to facilitate further discussion.

ANNEX 1: TABLE OF CONSTRAINTS

CONSTRAINT	PROPOSED POLICY RESPONSE	LINKS TO RELEVANT HEALTH SYSTEM BUILDING BLOCKS
Unavailability of staff, transport and funds for immunisation activities at district level		
Failure to track available data on district immunisation coverage and vaccine stock levels		
Community resistance to immunisation		
Poor infrastructure, including storage and cold chain equipment		
Low allocation from government budget towards immunisation		
Weak leadership and management at district and health facility levels to implement EPI programme		

SECTION B

STAKEHOLDER ANALYSIS AND MAPPING

FOR
FACILITATOR

PRESENTATION OF THE SECTION

Policy advice by the NITAG should be framed around the needs and expectations of people and institutions in the country to help them understand the needs and approaches for sustained and continuously improving immunisation programme performance. The people and institutions in the country are in this context referred to as stakeholders in the immunisation programme. The NITAG then needs to be able to identify and assess the perceptions, needs, and expectations of stakeholders in order to align policy advice to drivers and barriers to the immunisation programme with the aim of sustaining and continuously improving immunisation programme performance.

This section therefore is an introduction to stakeholder analysis and mapping. It introduces stakeholder analysis methods step by step and suggests how the result of the stakeholder analysis should be used in a decision-making process by the NITAG. The exercise ends with a practical example from a real case study.

LEARNING OBJECTIVES

Develop an understanding of:

- Basic stakeholder analysis and mapping tools;
- How to use stakeholder analysis and mapping in a decision-making process;
- How to describe stakeholders' roles and influences in a diagram form;
- How to prepare engagement strategies.

Gain capacity to:

- Map all institutions, organisations and stakeholders involved in immunisation programme decision-making processes, including identification of those who will be impacted by NITAG recommendations;
- Conduct gap analysis.

1.THE STAKEHOLDER ANALYSIS

1.1. PURPOSE

The purpose of a stakeholder analysis is to identify people or organisations with a keen interest in the policy area of NITAG and who could "make or break" the success of the policy decision/ recommendation by NITAG, and how to deal with these actors. The actors can be winners or losers, they can be included or excluded from the decision-making process, they can be users of results and outcomes of the decisions, and/or participants in the process. The stakeholder analysis is the identification of a project's key stakeholders, an assessment of their interests in the project and the ways in which these interests may affect a project.

The reason for performing a stakeholder analysis is to help the NITAG identify:

- which individuals or organisations to include in your coalition
- what roles they could play and at which stage
- whom to build and nurture relationships with
- whom to inform and consult about a policy decision

To perform a stakeholder analysis is to systematically gather and analyse information about actors who might influence decisions in the field of immunisation. Actors refer to organisations or individuals who have a vested interest in the field of immunisation. Some of these will be obvious stakeholders, such as the Ministry of Health, the EPI programme, donor organisations etc., while others might not be obvious actors and/or only influence decisions indirectly. Examples of these are the media, community leaders (religious and/or political leaders), or pharmaceutical companies such as local pharmacies and vendors of medicines and drugs.

The important thing is to systematically collect and analyse information about these actors and find out what role they play, what it means for the decision-making process, and to advise on how to interact with these stakeholders to ensure support for a policy decision. This analysis should carefully examine characteristics such as knowledge of the area of immunisation, interests, positions (for or against), identifications of known and unknown externalities of a certain position and agenda by an actor, potential alliances, and ability to influence decision-making and policy development in terms of power and leadership.

By knowing who the key actors are, their knowledge, interests, positions, alliances, and importance related to immunisation, the NITAG can guide on how to interact more effectively with them and increase support for immunisation. The NITAG can also detect potential misunderstandings and/ or opposition to immunisation. A policy or programme will more likely succeed if a stakeholder analysis, along with other key tools, is used to guide its implementation.

1.2. THE MAPPING & ANALYSIS TOOLS

These tools have been developed to make sure the analysis is done in a systematic way. They include 4 steps.

Steps 1 and 2 are the mapping tool:

- The first step is to identify stakeholders; this is done through a brainstorming exercise.
- The second step is to prioritise among the stakeholders to establish which are the most important and influential.

Steps 3 and 4 are the analysis tool:

- The third step is to understand the stakeholders. What is driving the specific stakeholder, how can they be influenced, etc.? This is done through data collection and interviews with the identified stakeholders; they are then grouped based on power and interest in the areas of immunisation.
- The final step is to work out a strategy to interact with and influence the key stakeholders.

1.2.1. Identification of stakeholders

The first step is to identify the stakeholders. Who are stakeholders? A stakeholder is any entity with a declared or conceivable interest or stake in a defined policy area, in this case policy decisions related to immunisation. The range of stakeholders who need to be considered in the analysis will vary according to the complexity of the policy decision/recommendation and the type of reform proposed and, where the stakeholders are not organised, the incentive to include them. Stakeholders can be of any form, size and capacity. They can be individuals, organisations, or unorganised groups. In most cases, stakeholders will fall into one or more of the following categories: international actors (e.g. donors), national or political actors (e.g. legislators, governors), public sector agencies, (e.g. Ministries, Departments, or Agencies) interest groups (e.g. unions, medical associations), commercial/private for-profit, non-profit organisations (NGOs, foundations), civil society members, and users/consumers.

The identification of relevant stakeholders starts with a brainstorming exercise. While performing this exercise the "research team" needs to think of all the organisations and people involved in immunisation, or those having an interest in immunisation and who can potentially be interested in and have an impact on immunisation and immunisation-related policies.

Use a simple table to group the stakeholders:

Government	Donors	Civil Society	Private Sector	Others
MoH	Bilaterals	NGOs	Pharmacies	Community leaders
MoF	UN			
	Others			

Remember to keep a column for "others"; these are actors, which are as yet unknown but might turn out to be critical for decision-making.

1.2.2. Prioritisation

The second step is to prioritise the identified stakeholders. Based on the list of stakeholders, some will have more power than others, some might block decision-making, others might support and facilitate decision-making, and others still might not be as influential as first believed.

Four major attributes are important to determine power and interest:

- The stakeholders' position on the policy issue;
- The level of influence (power) they hold;
- The level of interest they have in the specific area;
- The group/coalition to which they belong or can reasonably be associated with.

These attributes can be identified through various data collection methods, including interviews with country experts knowledgeable about stakeholders or with the actual stakeholders directly. The level of influence depends on the quantity and type of resources and power the stakeholder can bring to promote its position in the specific area of immunisation. The level of interest is the priority and importance the stakeholder attaches to immunisation. Broadly, these attributes signal the capability the stakeholder has to block or promote reform, join with others to form a coalition of support or opposition, and lead the direction/discussion on immunisation and immunisation-related policy issues. Stakeholder analysis therefore provides a detailed understanding of the political, economic, and social impact of reform on interested groups, the hierarchy of authority and power among different groups and the actual perceptions of immunisation among different groups, all of which are important for the NITAG to consider.

1.2.3. Data collection

Several methods can be employed to collect data on stakeholders in a comprehensive and efficient manner. Start with a review of background literature and country studies including National Strategic Plans, immunisation plans such as comprehensive Multi Year Plans (cMYP), Annual Reports, minutes from meetings by the Country Coordination Meetings (CCM) and other key meetings. These can provide a useful understanding of the country's political economy in the area of immunisation.

The next step is to conduct interviews directly with the stakeholders involved in immunisation and local experts in the field of immunisation, as well as other groups and individuals involved, as indicated during the identification process.

Some NITAG members often hold extensive local knowledge and can provide a critical first hand understanding of which stakeholders are relevant. However, unless resources and time do not permit, interviewing of local and international experts or country and/or the stakeholders themselves is imperative.

Broad, all-inclusive interviews will lead to an effective stakeholder analysis process since it will uncover many facets of the country's political economy. The interview content and questions should focus on gaining background information regarding the policy-making process as this information will identify key stakeholders from a variety of groups in the reform process, and on clarifying assumptions about stakeholders' power and interest in the decision-making process. The number of interviews will be determined by the "research team", taking into consideration field conditions and logistical constraints (e.g. sensitivity, access, time, budget, etc.).

1.2.4. Analysis

The next step is to analyse the data and start to understand the different stakeholders better. Data from the interviews, including relative rankings, should be catalogued and presented in charts and/or matrices, highlighting the following attributes:

- Group
- Their interest
- Influence/power
- Position on the policy/reform

A clear assessment of each stakeholder's power and likely impact on the policy-making process is conducted through several steps. The first step is to draw a continuum. Stakeholders are mapped on a continuum indicating support for the reform or proposed policy change on a scale of 0 to 100 from low (far left) to high (far right). The varying degrees of support are marked on the line with a value indicating their reform preference. This mapping exercise also provides a quick visual of the 'lay of the land', highlighting clusters of groups that support, oppose or are indifferent to reform.

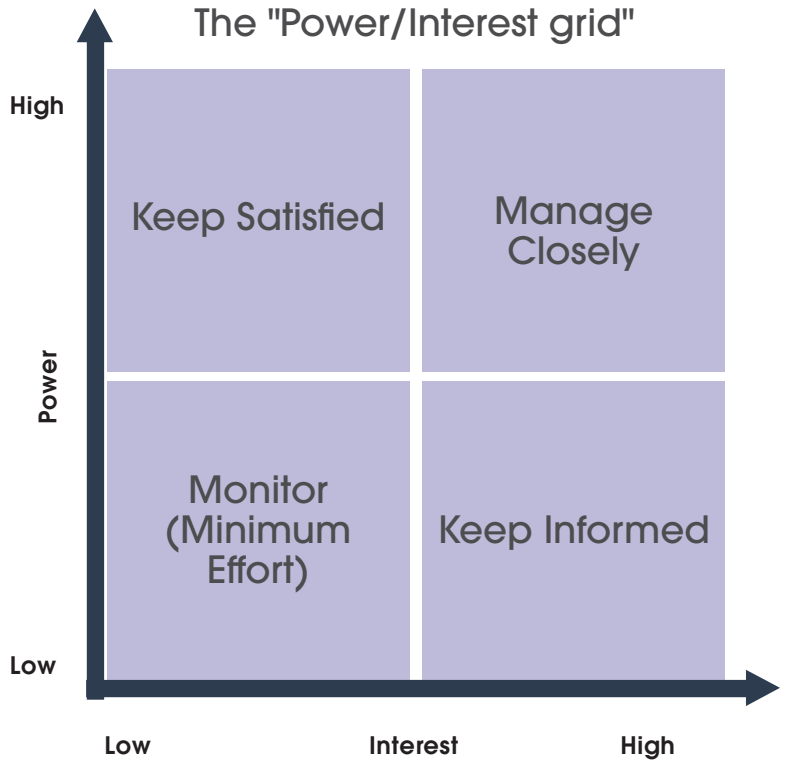
The data collected on the stakeholders are organised relative to power/influence and interest of each stakeholder to understand their potential support or opposition for the proposed reform. A useful tool is the "**Power/Interest grid**". This grid or matrix provides a shorthand categorisation and analysis of which stakeholders will gain or lose from a proposed reform and whether they can significantly impact on the process. To guide strategic responses, stakeholders are categorised by their power and interest using a grid according to the following attributes:

- **Promoters:** Stakeholders who attach a high priority to the policy or reform and whose actions can have an impact on the implementation of the policy;

- **Defenders:** Stakeholders who attach a high priority to the policy or reform but whose actions cannot have an impact on the implementation of the policy;

- **Latents:** Stakeholders whose actions can affect the implementation of the policy or reform but who attach low priority to the issue;

- **Apathetics:** Stakeholders whose actions cannot affect the implementation of the policy or reform and who attach a low priority to the issue.



Think about the following:

- Try to break down actors/stakeholders into critical units. For example, the MoH includes several critical units which might differ in power and influence;
- Define criteria for power and interest. Power in relation to what and who? Power can also be linked to resources, financial, political credibility, etc.;
- Be as specific as possible, identifying individuals within organisations (where possible).

1.2.5. Engagement Strategies

One of the main goals of stakeholder analysis is to reveal, and therefore potentially assist in reducing, the power imbalance among interest groups which is often revealed during policy-reform process. Depending on the attributes of the stakeholder (e.g. their level of influence vs their interest in the issue), strategies can be tailored to address their concerns.

Four different engagement strategies should be developed. These are:

1. High power/low interest stakeholders: "Keep satisfied"
2. High power/high interest stakeholders: "Manage closely"
3. Low power/low interest stakeholders: "Monitor"
4. Low power/high interest stakeholders: "Keep informed"

Even though strategies should be developed for all four groups, the NITAG should advise to focus efforts on group two (High power/high interest stakeholders) and the "Manage closely" strategy. **These are the actors with the highest power and highest interest; they need to be managed in order to influence decision-making.**

2.STAKEHOLDER ANALYSIS IN THE CONTEXT OF IMMUNISATION

2.1. IMPLEMENTATION OF ENGAGEMENT STRATEGIES

Based on the outcome of the stakeholder analysis and the engagement strategies, it is now up to the NITAG to take this information forward and recommend strategies with the aim of:

1. Maintaining or increasing power of reform supporters through building coalitions, and providing information and resources;
2. Converting opposition into support through negotiations, information and/or coalition building, including offering trade-offs;
3. Offsetting or countering powerful and not so powerful opponents;
4. Assessing capacity needs (gaps) to successfully advocate for immunisation and influence decision-making.

The capacity analysis should take into consideration the need to successfully engage with the identified key stakeholders, and match this with the capacity to successfully implement the engagement strategies.

Because stakeholders and their positions may change over the course of negotiations and analyses, the NITAG should conduct stakeholder analyses on a fairly regular basis, thereby allowing for policy design to be adjusted as more becomes known about the political reality.

Ultimately, stakeholder analysis is a critical tool in clarifying the micro-political economy of a policy area and can help identify interested parties that should be incorporated in the decision-making process, in addition to understanding the basis for their inclusion.

2.2. RESOURCES NEEDED TO CONDUCT A STAKEHOLDER ANALYSIS

The resources needed for conducting a stakeholder analysis are: personnel time, travel expenses, access to a phone, copy machine and computer, and interview materials (paper and pens). The planning for a stakeholder analysis should take into account the time and resources it takes to:

- Conduct a brainstorming meeting
- Collect data, including interviews with stakeholders
- Assess data and perform the Grouping exercise
- Complete the Power/interest grid
- Develop engagement strategies

As a reference point, a national-level stakeholder analysis that interviews 35-40 stakeholders requires a four-person team working full-time for about two months, depending upon how quickly the interview appointments are made. The working group should consist of at least two persons who are skilled interviewers, knowledgeable about the health sector, able to analyse qualitative information, and who are computer-literate. For analyses involving a smaller number of stakeholders, fewer resources are required.

REFERENCES

1. Additional resources:
Mindtools: http://www.mindtools.com/pages/article/newPPM_07.htm

2. Schmeer K, Stakeholder analysis Guidelines
http://www.eestum.eu/voorbeelden/Stakeholders_analysis_guidelines.pdf

3. Stakeholder analysis, World Bank
http://www1.worldbank.org/publicsector/anticorrupt/PoliticalEconomy/stakeholderanalysis.htm

4. Documents can be accessed through the NITAG ResourceCenter: www.nitag-resource.org

FACILITATOR INSTRUCTIONS

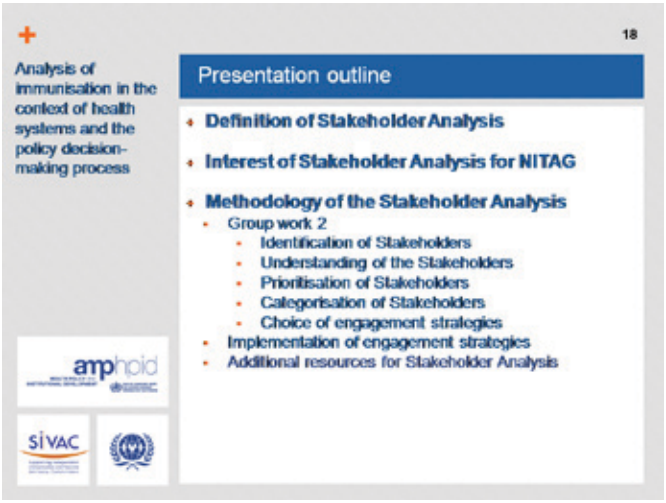
IMPORTANT NOTES:

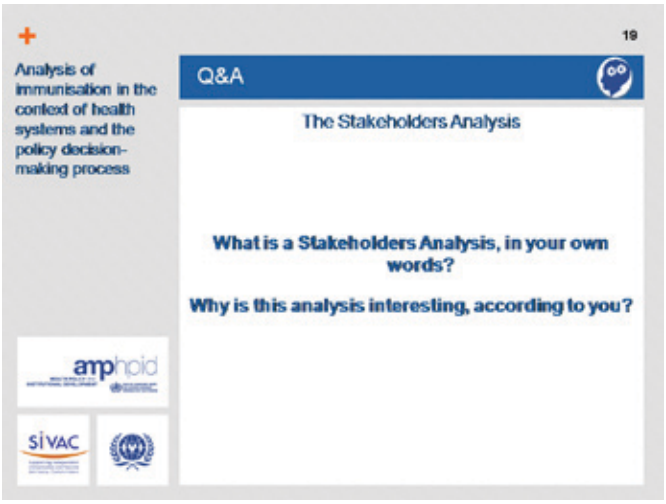
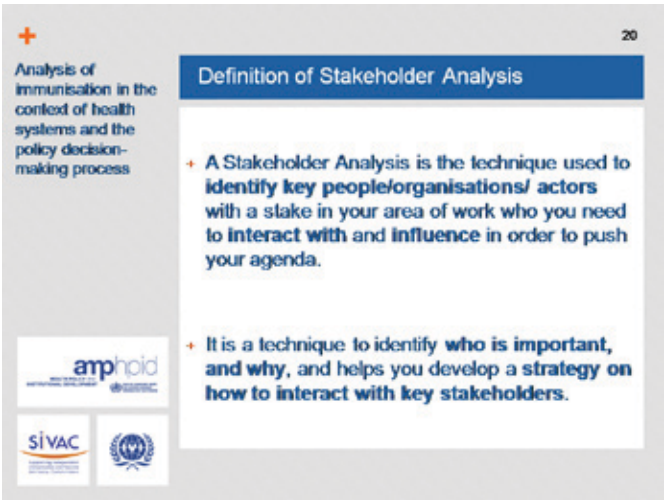
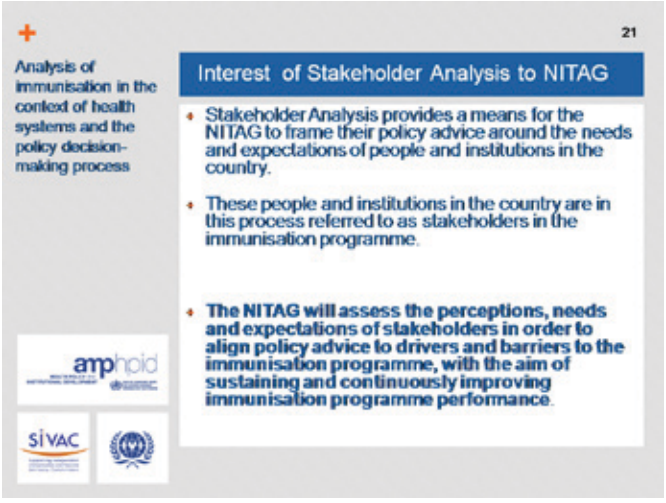
This section explains the principles and methods for performing a stakeholder analysis. It is important that the participants are familiar with the concept and understand the methods as explained in this section.

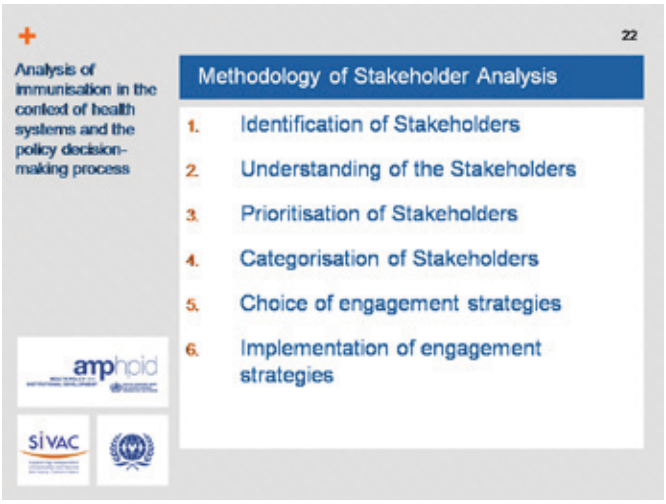
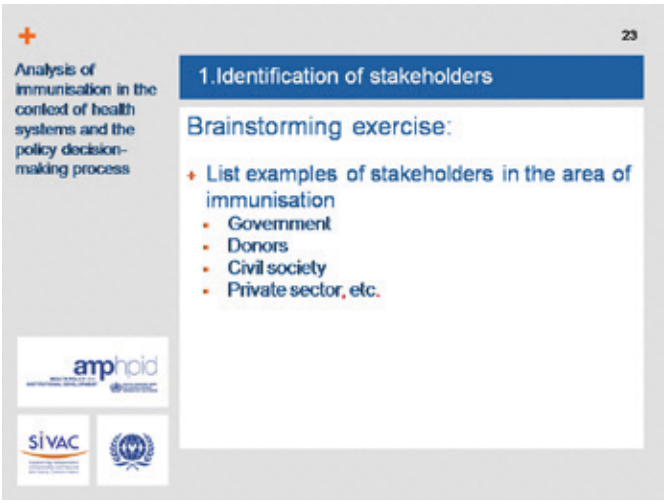
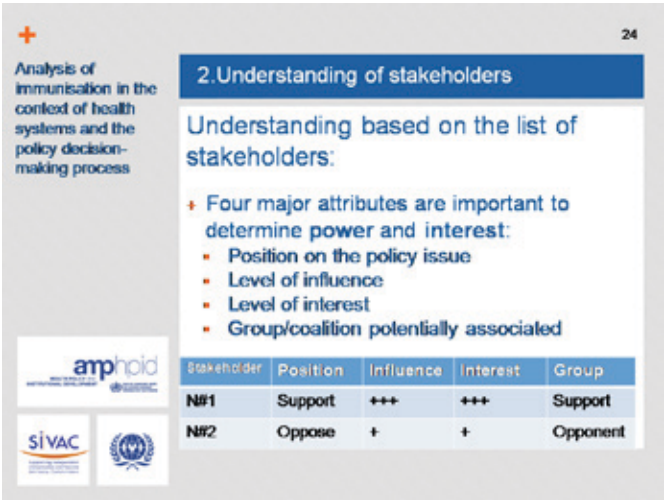
It is important that participants are actively engaged during the presentation. The facilitator should ask questions and provide opportunities for the participants to comment and share their own experiences.

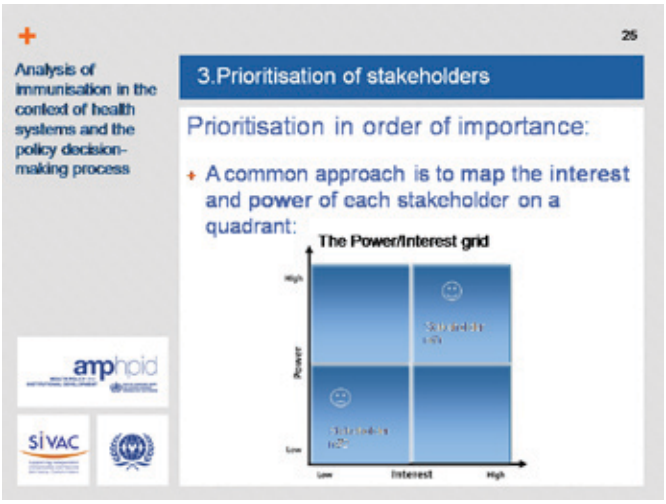
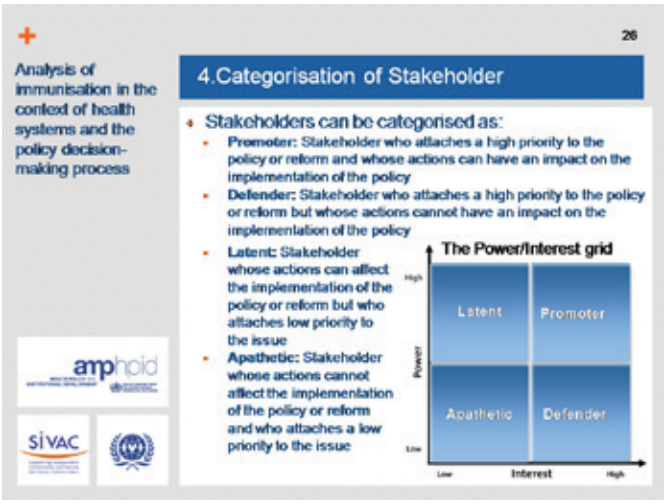
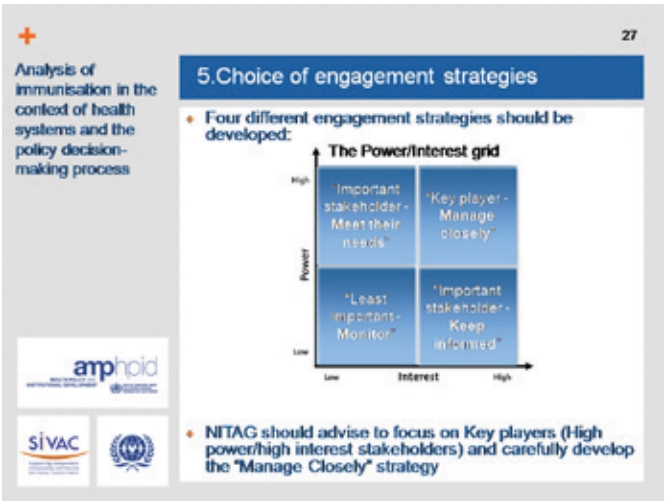
Questions and examples are provided in the handout.

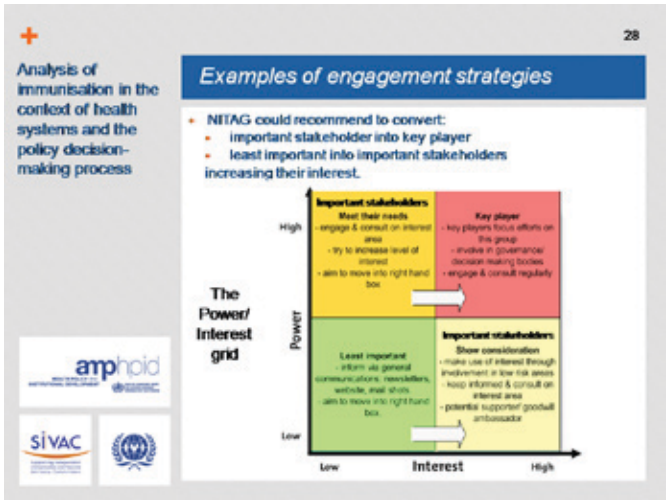
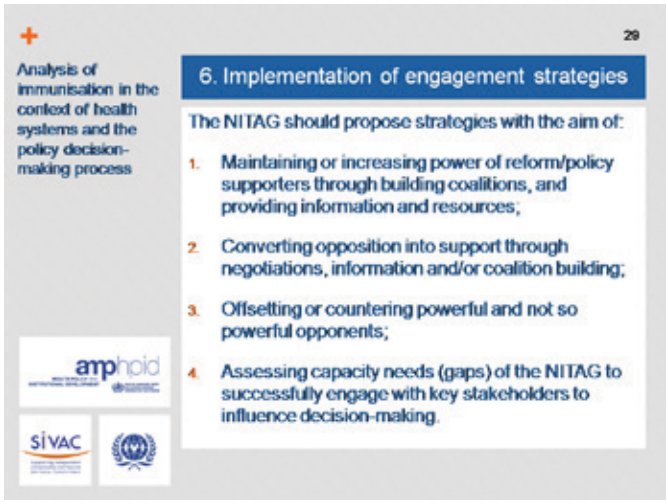
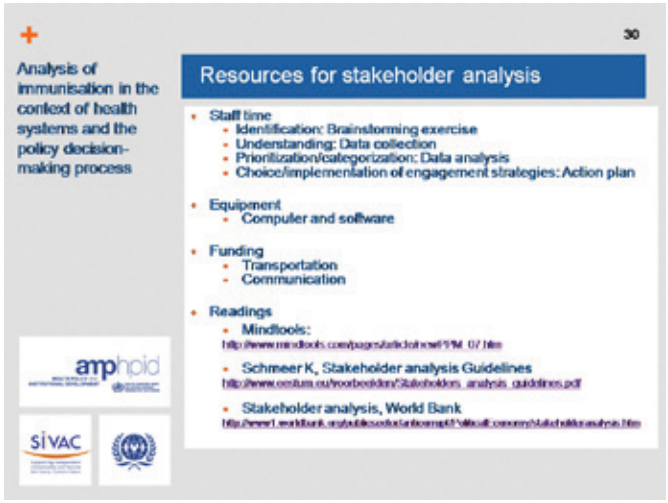
The presentation will end with a group exercise.

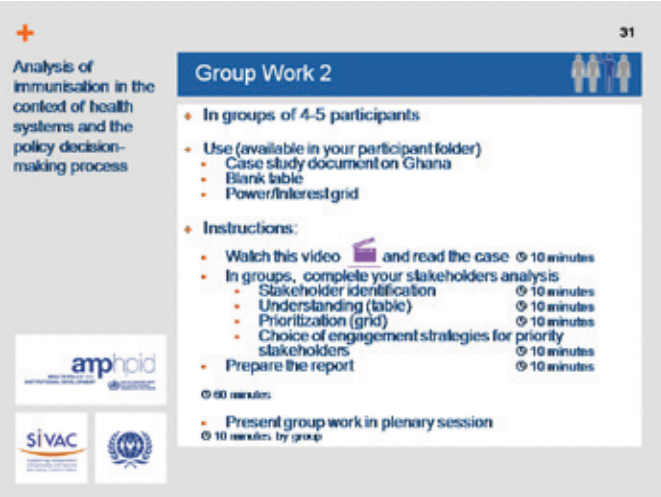
Slides	Facilitation methods
	**Presentation:** Introduce the topic.
	**Presentation:** Present the objectives of the section.
	**Presentation:** The outline of the presentation. Mention that there is a group exercise at the end of the presentation.

Slides	Facilitation methods
	Q&A: Ask participants if they have experience of conducting a stakeholder analysis. There are many frameworks but they all have the same objective.
	Presentation:
	Presentation:

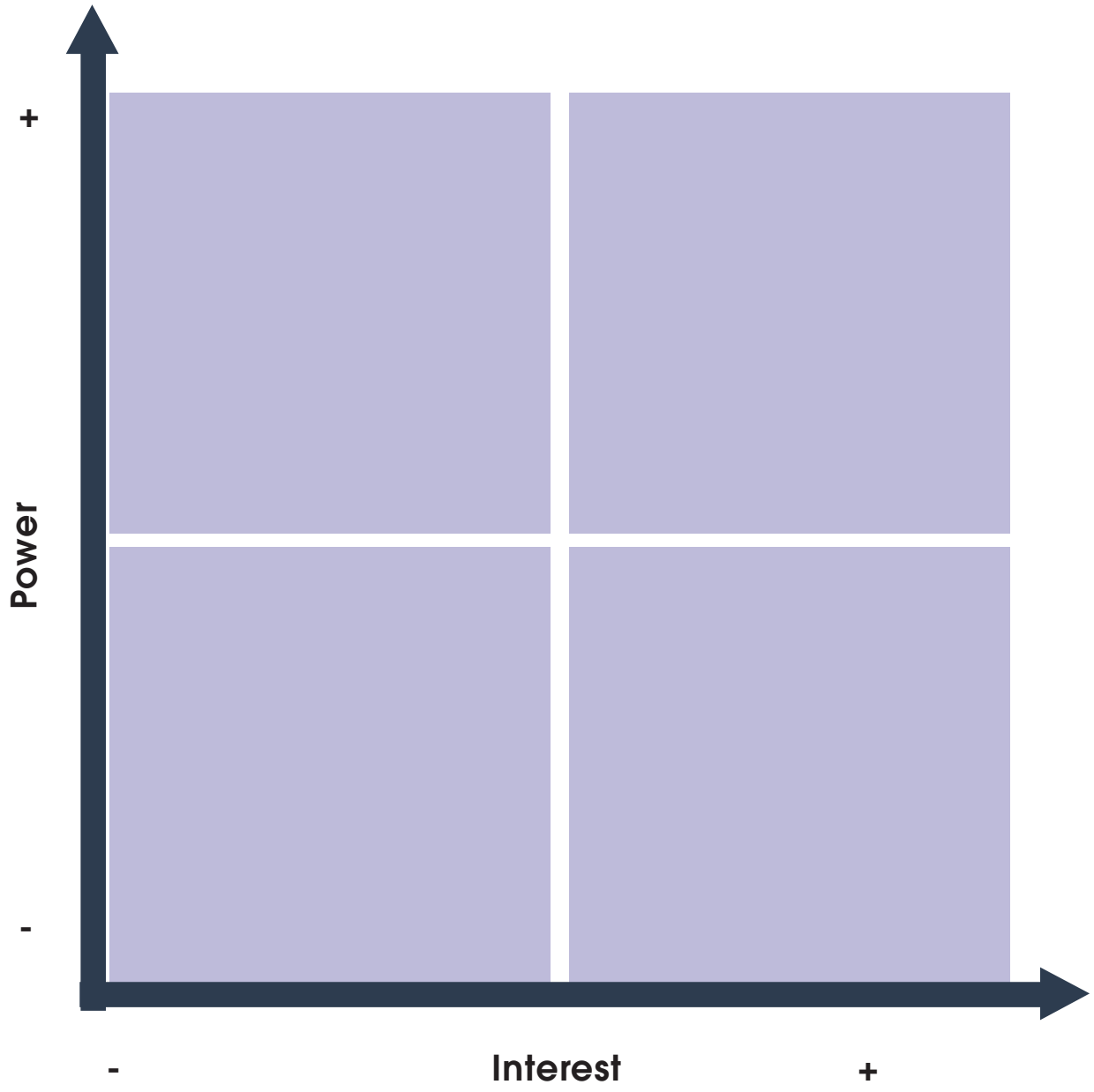
Slides	Facilitation methods
	Presentation:
	**Presentation:** Give examples of stakeholders in different groups.
	**Presentation:** Give examples of stakeholders with their position, influence, interest, and group.

Slides	Facilitation methods
	**Presentation:** Keep the same examples of stakeholders and explain their place on this map. Explain that once they have mapped the interests of the stakeholders, they need to prioritise them in order of importance. Different methodologies suggest different ways of analysing stakeholders, some complex and some very simple. A common approach is to map the interest and power or influence of each stakeholder group on a quadrant.
	**Presentation:**
	**Presentation:**

Slides	Facilitation methods
	Presentation:
	Presentation:
	Presentation: Let participants know of the resources listed in their manual.

Slides	Facilitation methods
	**Group work** **Objective:** The assignment is to conduct a stakeholder analysis going through all the steps presented above and present the result in plenary. Give the following instructions to participants: - First, we will watch the video on the Ghana experience. - Second, you will read the 'Case study from Ghana' on the introduction of two new vaccines, available in the annex in your summary. - Using the Ghana movie, which is a snapshot of the events from the launch of the two new vaccines, and the case study, go through the 4 steps of the stakeholder analysis. - You have 1 hour to do this exercise. I suggest you spend 5 minutes on the documents, 10 minutes on each step and 10 minutes to prepare the presentation in plenary. - The rapporteur of each group will present the process focusing on challenges encountered during the analysis.
	**Video support** Click on the link to the video if you have a well-functioning internet connection. Click on the play button if there is no Internet connection.

ANNEX 1: POWER/INTEREST GRID



ANNEX 2: TABLE OF STAKEHOLDERS

STAKEHODERS IDENTIFICATION				
STAKEHOLDERS	**POSITION**	**INFLUENCE**	**INTEREST**	**GROUP**

Supporting Independent
Immunization and Vaccine
Advisory Committees