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**Preventive Oral Cholera Vaccine (OCV) Multi-Year Plan of Action Template**

1. **General considerations** 
   1. **Context**:
      1. Health system: Provide a brief (1 paragraph) description and/or diagram of the management structure and levels of the health system. Provide a high level summary of the water and sanitation context in the country and the status of the National Cholera Control Plan (NCP).
      2. Cholera situational analysis:
         1. Provide a situational analysis of cholera risk highlighting the historical (> 5 years) and current (< 5 years) trends including seasonality patterns and recent cholera control efforts including vaccination. Include a table showing location and timing of any previous OCV vaccination campaigns. *Note: If this information is already captured in a report or strategy released in the previous 12 months, a summary can be provided here with reference to the other document.*
         2. Describe the cholera surveillance system, including case definitions, testing strategy, and reporting mechanisms. Also describe the laboratory capacity for cholera confirmation at national and peripheral levels. *Note: If this information is already captured in a report or strategy released in the previous 12 months, a summary can be provided here with reference to the other document.*
         3. If the country does not have an endorsed NCP, provide a description of how the government has demonstrated its commitment to implement long-term cholera prevention activities.
      3. Vaccine Registration: Please indicate which OCVs are registered in the country. If none, please provide a description of any plans to register these product(s) in country.
   2. **Vaccination objectives, targets and justification:**
      1. Briefly, describe the specific objective(s) of this vaccination plan, and how they complement the country’s broader cholera control efforts and long-term goals.
      2. Justification for how targeted areas were selected and why they were prioritized:
         1. Based on GTFCC guidance, countries should conduct a hotspot analysis, and from these findings, develop a prioritization of hotspots to vaccinate with OCV. In this MY-POA, countries should provide:
            1. A summary of the hotspot analysis (including when it was conducted, what burden and risk factor data was used, and summary findings).
            2. A summary of the rationale for the prioritization of hotspots to vaccinate, and the sequence and timing of vaccination in these hotspots.
            3. If re-vaccination is proposed in a specific geographic area, provide a summary of the performance of prior campaign(s), a description of WASH interventions implemented, and a rationale for re-vaccination.
            4. Annex the full hotspot analysis report, including the output of the Excel decision-making tool provided by GTFCC for hotspot vaccination prioritization. Include in this [Excel file](https://www.gtfcc.org/resources/) the target population, dose requirements, month and year vaccination is planned (for first two years), and year vaccination is planned (for years 3-5).
            5. A description of the rationale used to determine the timing of vaccination in each targeted hotspot. This should include both epidemiological and operational feasibility considerations.
      3. Targeted areas and vaccination schedule: Complete table in "Targeted Areas" of Gavi Support Detail workbook and include: Administrative area targeted, ID number if available for GIS shapefile. If possible, please include a map showing this multi-year vaccination plan.
2. **Incorporation of successful strategies and lessons learned:** Provide information on vaccine coverage (both administrative and survey) reached in the most recent three OCV campaigns (or other vaccine with similar vaccination strategy or target population). In addition to this, the plan should identify the primary lessons from previous recent vaccination campaigns (OCV or other antigen), and indicate how they are being incorporated and/or addressed in planning the up-coming OCV campaigns. Other broader learning from on-going immunization program implementation that should be reflected in the OCV campaign implementation (e.g., related to demand generation and vaccine hesitancy, cold chain, campaign monitoring strategies) can also be included here.

1. **Government and partner support & Coordination:** 
   * + - 1. List government departments and in-country partners and their role(s) in supporting implementation and monitoring of the vaccination plan. List local and international partners planning to support this vaccination plan, and their roles in provision of technical assistance (e.g., epidemiologist, logistician, external monitors, laboratory support, etc.), operations, and social mobilisation.
         2. Describe how OCV campaign planning will be conducted in coordination with the EPI Unit, and the coordination mechanisms that will be put in place. Describe any other coordination that will take place for concurrent activities, such as WASH interventions during the campaign(s). (Refer to section 4.b where appropriate)
2. **Planning and implementation** 
   * + 1. **Macroplan**: Countries must provide a macroplan describing the timeline of activities for campaign planning, implementation, and monitoring and evaluation. See example template in the GTFCC hotspot workbook (link). A minimum of 6 (six) months is recommended between application approval and the start of the first campaign to allow sufficient time for planning, vaccine allocation and shipment.

**Campaign planning and task forces:** Please briefly list and describe the task forces (also called “commissions” or “sub-committees”) to be created or leveraged for the campaign planning, including any intra-governmental coordination mechanisms for cholera prevention relevant to the OCV campaigns beyond the Ministry of Health such as with the Ministry of Education or Ministry of Water/WASH cluster. Members or government units represented in each task force should be listed. Intersectoral coordination is recommended. Where possible, existing bodies tasked with cholera control and vaccination campaign implementation should be leveraged. The establishment and work of task forces are recommended to be included in the macroplan. Typical task forces are described in Box 1.

Box 1: Task Forces to support high-quality campaign implementation

1. **Communications task force:** This task force typically develops a communications plan and timeline for implementation, develops key messages and materials, prepares briefing documents, etc. This task force should work with the technical task force to support micro-planning and develop logistics tools and forms. This task force will also document lessons learned in coordination with technical task force after implementation of the campaign.
2. **Technical task force:** This task force typically develops the operation plan and guidelines for the campaign, prepares a macro-budget, coordinates micro-planning (develops a template; holds trainings, meetings, reviews; syntheses into a national revised budget), develops training guides, recording and reporting tools, and forms for the campaign (coordinating with communications and logistics task forces), develops materials for training and coordinates training of vaccination teams and supervisors, etc.
3. **Post-campaign steering committee**: This committee, typically formed from members of the technical task force, the implementing partner for the survey, and other interested partners, will oversee the development of the campaign coverage survey, monitor its implementation, review the results, and interpret the findings.
4. **Logistics task force**: Logistics planning is best ensured through establishment of a logistics task force well in advance of the campaign. The logistics task force should be charged with developing a detailed supply chain management plan that includes storage and distribution plan for vaccines and devices to ensure adequate cold chain, transportation and logistics capacity and oversight at all levels. This task force should work with the technical task force to support micro-planning and develop logistics tools and forms. This task force will also develop and implement the waste management plan.
5. **Advocacy and Inter-sectorial coordination:** This task force advocates with other partners, decision makers, etc. for support to the campaign, describes how other sectors of the government may be involved in campaign planning and implementation. Education ministries, for example, might play a key role in campaigns that include school-age children.

* + - 1. **Implementation strategies**
         * Provide descriptions of vaccination strategies to be used to ensure the campaign is of high quality and reaches high coverage, such as vaccination sites (e.g. healthcare facilities, temporary fixed sites, outreach, mobile teams, and school-based immunisation), vaccination team structure and composition, supervision structures, and social mobilization and community engagement approaches.
         * It is essential for the plan to reflect any equity analysis conducted recently, by including available qualitative and/or quantitative data on barriers to access including socioeconomic status, geography, and gender considerations that could limit coverage or quality of the campaign and how these will be addressed. The plans must include approaches to equitably immunise all socio-economic groups, school-aged and adult populations, hard to reach populations (due to geography, economic activity, conflict, or other barrier). Where different strategies will apply in different geographic areas or among population sub-groups, please describe these differentiated strategies.
         * Lessons learned from previous campaigns in terms of reaching harder to reach populations and missed communities, addressing vaccine hesitancy, and gender considerations should be incorporated and described in the campaign plans.

**d. Linkages with other plans and interventions**: The country is asked to:

1. Summarize the long term and short-term WASH plans as described in NCP (or other relevant strategy document), with reference to the relevant section of the NCP, and how the WASH strategy complements the vaccination strategy for a broader approach to cholera prevention and control. [If NCP is not available, describe the current status of the development process]. Countries must demonstrate their planning efforts and commitment to mobilize resources to implement the long-term WASH plan as part of this vaccination request. This request does not need to detail current funding commitments for the WASH plan.
2. List any other vaccine introductions and/or health campaigns (e.g., medicines, vaccines including polio, vitamin A supplements or other nutrition-related activities, bed net distribution) planned in the same targeted geographic areas (put in table format if easier). Explain how the timing and organisation of the proposed campaigns will take these other activities into account, including identifying how joint planning of activities could be conducted, if feasible, to benefit the impact of the introductions and activities, while ensuring high quality implementation of both campaigns/activities and appropriate timing of OCV vaccination considering cholera seasonality, if applicable in the context.
3. List other existing immunization strategies, in particular strategies to identify and reach zero-dose children, and describe how the cholera vaccination activities will contribute to these strategies and creates synergies with them. Illustrative examples include:
   * + - Integrated activities to reach children and families with vaccination services in overlapping targeted areas (e.g., PIRI)
       - During OCV campaigns, identifying and referring children, adolescents, and adults missing vaccinations to the nearest vaccination point, or reaching these identified persons with outreach vaccination services in the 2nd round of the OCV campaign.
       - Sharing household listings and maps developed during the OCV campaigns with district EPI managers to support other immunization activities and ensure all communities are reached by routine immunization
       - Using door-to-door vaccination activities and/or coverage surveys to identify children, and families who have been missed by routine immunization services and providing this information to the nearest health facility providing immunization services.

*Note: Justification must be provided if these activities are not included in the vaccination plan if they are not possible or not relevant in a specific context.*

1. Describe any other health, nutrition or WASH interventions that will be integrated with and/or delivered together during the vaccination campaigns that are planned. Specify activities, responsible entity(ies), and other sources of funding that will be used for these activities.

**e. Communications:**  This section should describe:

* + 1. Advocacy strategies with political and religious leaders (and other influential persons) at all levels.
    2. Strategies to engage with and inform parents, local leaders, and eligible persons in the target area about the campaign, its importance, and the need to vaccinate all in the target group. How and when will this information be disseminated should be included. [Note: Social mobilisation strategies should be reflected in other aspects of the plan as appropriate (e.g. under “Strategies” above).]
    3. How mobilizers and vaccinators will be trained to communicate with persons who may be vaccine hesitant or confused between multiple campaign-based vaccines, and especially the importance of receiving a 2nd dose of the cholera vaccine, and possible timing when this may occur.
    4. A clear indication of how crisis communication will occur, such as in the case of an AEFI, and what approaches for rumor monitoring will be put in place.

Gavi encourages countries to identify synergies and build linkages between its cash support on social mobilization / IEC activities of various antigen grants and with Country overall comprehensive and integrated social mobilization strategies or plans for routine immunisation (including adult vaccinations). Countries will need to demonstrate in their applications that they have identified and are prepared to leverage synergies between cash support provided for IEC activities by Gavi and other development partners, to ensure that this grant will contribute in building community demand for immunisation.

**5. Strategies for monitoring, reporting, and evaluation.** Countries must describe their approach to monitoring and evaluation (M&E), including proposed indicators, methods for data collection, and approaches for data use. All activities should be budgeted including the post-campaign coverage survey(s). Describe strategies for the following:

* 1. Pre‐campaign: Including how readiness will be monitored and assessed, e.g. using a campaign readiness assessment tool; collection of any baseline data.
  2. During campaign:
     1. Campaign implementation monitoring: This section should describe the approaches and tools that will be used to monitor and report on campaign implementation, including vaccine delivery monitoring (incl. cold-chain) and reporting, intra-campaign monitoring of coverage, identification of missed households or groups, and how mop-up activities will be planned and conducted based on the findings to reach these individuals or communities. Key indicators should be aggregated and submitted within one month of the conclusion of each campaign round using the [GTFCC reporting tool](https://www.gtfcc.org/wp-content/uploads/2019/11/guidance-and-tool-for-countries-to-identify-priority-areas-for-intervention1.pdf).
        1. Also include plans for monitoring other activities and/or interventions conducted during the campaign, including supervision strategies. If an integrated campaign strategy is being used, such as identification and referral or vaccination of under-immunized children and adults to primary health care for immunization services, the monitoring and reporting approach should be described. Countries are also strongly encouraged to include within their M&E strategies methods to establish whether individuals who have missed vaccines were identified, referred, and/or reached through the campaign, and a plan to ensure these vaccinations are also tracked in the routine health information and logistics systems.
     2. Individual vaccination tracking: This section should describe how individual vaccination will be recorded, e.g., on individual vaccination cards, and plans to capture this information electronically and/or in the routine health information system.
     3. Adverse event reporting and management**:** The plan should reflect the approach for establishing or strengthening management and reporting of serious and non-serious adverse events following immunisation (AEFI). Plans should include how potential AEFIs will be detected and investigated, what committees will be established to determine causality, and how communications will be handled (can reference Communications section, where appropriate).
  3. Post‐campaign:
     1. This section must also include plans for a technically and statistically sound [post-campaign coverage survey](https://apps.who.int/iris/handle/10665/272820) with probability-based sampling. For countries with multiple campaign phases, there must be description of plans to conduct an implementation review and a vaccination coverage survey within three months after the completion of each phase (i.e., 2nd vaccination round) to allow for subsequent campaign corrections.

1. Independent monitoring:
   * 1. This section should include any plans for independent monitoring of before, during and after campaign implementation. The needs for independent monitoring may be context specific.
2. **Supply chain and cold chain:** The plan should describe current cold chain capacity (at central and peripheral levels), needs for the campaign including storage, distribution, and temperature monitoring, and a clear strategy for management of surge capacity of the supply chain and cold chain systems where needed. Funding needs to temporarily increase storage, distribution and transportation capacity, and temperature monitoring for the campaign, if any, should be included in the budget.
3. **Waste management:** The plan must include a detailed waste management plan as appropriate for their campaign immunisation activities. This should include details on sufficient availability of waste management supplies, safe handling equipment, storage, transportation and disposal of immunisation waste, as part of a healthcare waste management strategy.

1. **Strengthening surveillance:** Countries should describe disease surveillance and plans for how it will be strengthened or expanded before, during and after the campaign. The purpose of strengthened surveillance may include improving laboratory confirmation capabilities at lower levels of the health system to monitor cholera incidence and using the enhanced surveillance to inform future cholera control and OCV plans. *Note: While some activities may be funded through the Operational Costs grant, other funding opportunities are available (see Gavi’s Program Funding Guidelines for OCV).*
2. **Costing and financing**: A detailed budget using the standard 5.0 Budgeting and Reporting Template reflecting the campaign costs and financing sources must be included for the entire vaccination plan period. The budget must show how other primary health care strengthening activities integrated into the campaign will be funded, e.g. extra day of training on behavior change communication for WASH.