ICC

IMMUNIZATION

BASICS II

The Immunization Inter-agency Coordination Committee Model

Example from DR Congo

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I. Formation

Inter-agency Coordinating Committees (ICCs) have been formed in countries to improve coordination among partners in support of immunization programs and control of vaccine-preventable diseases. In the Democratic Republic of Congo (DRC), the political, economic, and health crises of the early 1990s resulted in epidemics of polio, measles, cholera, and other diseases throughout the country. Faced with this urgent situation and lack of government leadership, in 1995, the UN agencies, embassies, and NGOs began organizing themselves to address crucial issues in the health sector. This umbrella committee served to mobilize resources and coordinate partners, with initial focus on the Ebola epidemic in Kikwit in 1995. In 1996, given the increasing concern about the emergence of vaccine-preventable diseases, including polio and measles epidemics throughout the country, an ICC sub-committee for immunization was formed. This sub-committee initially focused primarily on coordinating polio eradication activities, particularly National Immunization Days (NIDs).

With the global polio eradication initiative already being implemented in Africa in the mid- and late 1990s, NIDs posed a new challenge to the DRC: vaccinating over 10 million children under 5 years of age throughout the country in a three-day period and then repeating this activity one month later. Neither the government nor any of the health agencies in country were equipped to undertake this effort unilaterally. Previous successes in the polio eradication initiative in other countries increased awareness of the need for a coordinated approach between the host country government, donor agencies, and NGOs. Thus, in 1996, the ICC for immunization was formed in the DRC as a sub-unit of the sector-wide ICC. The immunization ICC serves as a partnership between the MOH (EPI, epidemiological unit, nutrition, primary health care unit, etc.), WHO, UNICEF,

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Acronyms

BASICS	*Basic Support for Institutionalizing Child Survival*
BDOM	*Bureau Diocèsan des Oeuvres Médicales (Catholic Medical Bureau)*
CRS	*Catholic Relief Services*
DRC	*Democratic Republic of Congo*
ECC	*Eglise du Christ au Congo (Protestant Church of Christ in Congo)*
EPI	*Expanded Programme on Immunization*
ICC	*Inter-agency Coordinating Committee*
IRNB	*National Reference Laboratory*
MOH	*Ministry of Health*
MSF	*Médecins sans Frontièrs (Doctors without Borders)*
NID	*National Immunization Day*
NGO	*Non-Governmental Organization*
PRONANUT	*National Nutrition Program*
PVO	*Private Voluntary Organization*
SANRU	*Santé Rural (Rural Health) project*
UNICEF	*United Nations Children's Fund*
USAID	*United States Agency for International Development*
WARO	*West Africa Regional Office (BASICS)*
WCARO	*West and Central Africa Regional Office (UNICEF)*
WHO	*World Health Organization*
WHO/AFRO	*World Health Organization/Africa Regional Office*

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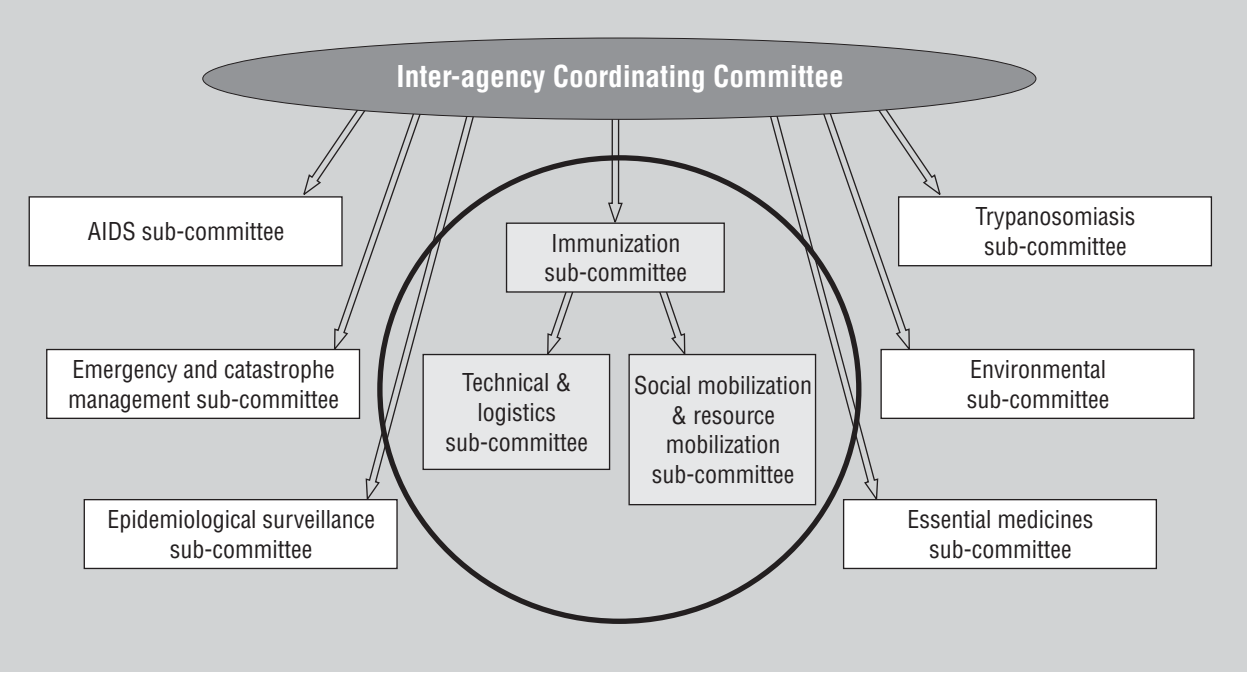
foreign government donor partners (USAID, the Government of Japan, the European Union, etc.), their technical sub-contractors (BASICS, SANRU, etc.), NGOs/PVOs (Rotary, CRS, MSF, etc.) and missionary groups (BDOM, ECC, etc.). The technical functions of the immunization ICC are further divided into two sub-committees with multi-agency representation; one sub-committee addresses technical and logistics issues and the other plans and coordinates communication, social mobilization, and resource mobilization activities.

Although the ICC sub-committee began with polio eradication as a focus, an external evaluation was organized in 1997 that produced recommendations for improving routine immunization services. This ICC sub-committee subsequently expanded to include all major components of immunization and has become the prevailing model for operational relations between the health ministry and its international and national partners. The sub-committee has been replicated with minor modifications for other national programs. Multi-agency nutrition and malaria task forces were developed in 1999 and 2000 and are serving not only as coordinating bodies, but also providing joint planning and technical assistance in their respective areas.

II. Collaboration

Key elements of collaboration for the functionality of the ICC include:

- ***Broad-based agency representation, support, and commitment (financial and technical).*** Input and assistance from a variety of donors and partners at appropriate decision-making levels are critical for support and program continuity. Collaboration at this level enables joint prioritization, the establishment of common goals and objectives, and harmonized strategies. It is important to note that collaboration is required not only at the country level, but also between supporting agencies that are outside of the national decision-making authority.
- ***Leadership and active participation from the MOH, including a technically qualified and well-defined EPI unit.*** This facilitates ownership of the program, encourages



partnership, provides institutional memory, and enables consistency. In the DRC, strong leadership has been demonstrated by the Minister of Health, who chairs the immunization ICC. The Minister has invited partner agencies to participate in discussions on government policy and strategic planning, thus promoting collaboration and adherence to national policies and plans among the partners.

- ***Clearly defined and jointly agreed terms of reference for providing support to immunization activities.*** Giving a voice to partner agencies in strategic direction ensures greater compliance, through an increased sense of participation and involvement in the process, which also allows them a deeper understanding of the technical judgment that influences important decisions. However, members should try to avoid agency political agendas that could cause difficulty in the coordination of activities and compete with technical and epidemiological priorities. Country-level representatives of international agencies must have an opportunity to discuss and participate in the development of country strategies. Once the agencies have agreed upon the terms of reference, they can be held accountable for their inputs and quality of work towards achieving common goals.
- ***Mutual respect and acknowledgement of each agency and individual's roles and commitment.*** Agencies must justify their activities and results to their management or donors, who expect concrete impact for the money that they have invested. Donors, however, need to recognize that collaborative inputs yield shared outcomes, making it difficult to assign credit to a specific agency for certain accomplishments. Attempting to link specific inputs to a particular result in an effort to calculate the greatest share of credit can create enormous tensions between partner agencies. For this reason, donors should be sensitive to the positive and negative consequences that can result from their demands and the potential discouragement and pressure that this exerts on collaboration and partner participation. It is also important for the various partners to publicly acknowledge their mutually supporting roles. Some examples include: placing all partner logos on IEC materials; listing appropriate partners in media events or programs; officially inviting partners to meetings, briefings, and press conferences; etc.
- ***Collective monitoring and evaluation of activities.*** A general listing of problems is insufficient for achieving real progress. Problems must receive a thorough analysis that is aimed at identifying and prioritizing the core elements that require action. A multi-agency analysis provides perspectives and insights beyond those of any single organization and serves to strengthen future planning efforts.

More key elements for effective collaboration are found in the table at the end of this document.

III. Mutual Planning and Accountability

Common goals and a sense of mission create a unified direction. In order for realistic progress to be made towards achieving common ends, concrete actions must be initiated to elaborate mutual activities through joint-planning sessions. In addition, follow-up is needed to ensure that the plans are appropriately implemented. Inter-agency groups should also openly evaluate their activities and approaches in order to improve future results and confirm commitment to the collaborative effort. This section briefly describes how these elements were enacted in the DRC.

A. Coordinated Workplanning

Coordinated plans derived from discussions on technical approaches and the optimal process for improving immunization have been essential to the functioning of the immunization ICC. In the

case of the NIDS, the DRC followed WHO recommendations and drafted an initial "macro-plan" in 1997, which has subsequently been revised each year. This plan lays out the general guidelines and essential activities to be accomplished and presents an accompanying budget. The annual macro-plan also serves as a fundraising tool, with the plan and funding needs discussed among donors, the MOH, and other partners during the annual review.

Each year, the initial plan is developed systematically with contributions from the ICC partners, based on the preliminary macro-planning process. All of the appropriate MOH departments and levels of the health system are represented at the macro-planning meetings. After the major activities and timetable are outlined for the coming year, the agencies discuss their available funding resources. Multiple agencies often share the costs of certain activities, according to geographical focus of the agencies or the inability of a single agency to fund an entire activity. The ICC is responsible for ensuring the funding of the activities and determining priorities in case of funding shortfalls. After the macro-plan has been approved, detailed micro-plans at sub-national levels are elaborated through meetings held with regional and district level staff. Trained members from the national level provide guidance during all micro-planning sessions.

B. Annual Review

After completion and agreement on the macro-plan, a larger one-week meeting (the annual review) consisting of both donor and implementing agencies is organized. This annual review is held at the end of each calendar year. To ensure a realistic plan, it is important that all major actors are adequately represented at this review. Field personnel, including Provincial Medical Heads, the EPI Antennae Heads, and District Medical Officers, are invited to participate in the annual review. National representatives from partner agencies such as WHO, UNICEF, USAID (and its subcontractors, BASICS and SANRU), and Rotary, as well as NGOs and missionary partners, also attend. The perspectives of these participants are enriched by the interactions with external immunization experts from the major organizations, who are invited to provide recommendations and input towards improving the immunization program.

The annual review addresses components of immunization grouped according to three categories: NIDS, surveillance, and routine EPI. Discussion topics include integrated surveillance systems, logistics and service delivery, communication and social mobilization, polio eradication, measles control, MNT elimination, and injection safety. The first day or two of the review serves as an evaluation of the previous year's activities, while the remaining days focus on planning for the upcoming year through analysis of the proposed macro-plan. At the conclusion of this meeting, an annual Memorandum of Understanding (MOU) is drafted and signed by the major actors, including the Ministry of Health.

The timing of the annual review is important. The meeting must allow sufficient time following NIDs or supplemental immunization activities for the national team to evaluate their performance and prepare the review. However, the annual review must occur early enough to allow sufficient time for fundraising and the initial preparations for the following year's activities. Experience in the DRC indicates that an interval of at least seven months between the annual review and the first round of the following NIDS is necessary.

C. Memorandum of Understanding (MOU)

The annual MOU is a signed technical arrangement between agencies that lays out mutual goals and strategies for the immunization program. Although not legally binding, it carries the moral force of the agencies' signatures and serves as a public record of the roles and

responsibilities of the partners and the program. The MOU is not a joint action plan, but it does provide a summarized diagnosis of the EPI situation, identifies programmatic needs and priorities, monitors and evaluates objectives and achievements, provides recommendations, and outlines expectations for collaboration and results that can be used the following year to evaluate progress. By noting these expectations and priorities in a transparent manner, the MOU provides the partners and ICC a guideline for implementing activities for the subsequent year.

As mentioned, the MOU and the annual review are ideal mechanisms not only for feedback at the country level, but also as a means for interested parties from outside the country to participate in the evaluation process. This enhances international interest in the activities and expands the level of technical expertise providing feedback. If given in a judicious and objective manner, this additional feedback can be highly instrumental in improving the quality of the programs while serving as a stimulating intellectual exercise for host country participants, who can gain access to a wider body of experience.

IV. Coordinated Implementation and Monitoring

The ICC has a crucial role in monitoring to ensure that activities are consistent with plans and that plans are deliberately and appropriately modified according to group consensus. This may involve not only periodic meetings to discuss the status of activities but also joint supervisory activities and data reviews to ensure that partners are utilizing standardized tools and inputs.

The key to coordinated implementation is communication. This has been achieved in the DRC primarily through regularly scheduled meetings, which usually occur monthly or, in the weeks immediately preceding NIDs, several times per week. Each of the sub-committees (technical and communication) also meets on a regular basis and presents detailed reports of its activities and problems to the larger ICC. Minutes are taken at the meetings, are reviewed and adopted in plenary during the subsequent meeting, and are shared with committee representatives. Regular e-mail and telephone contact is maintained for monitoring and rescheduling activities between the scheduled meetings as well as to propose and circulate agenda items in advance.

In order to avoid overlap of activities between agencies, a detailed activity timeline for the partners is indispensable. In order to create a detailed timeline, all agencies must participate actively in meetings to achieve coordination and communicate in a timely manner when changing circumstances force activities to be rescheduled. In most developing countries, unforeseen obstacles present themselves frequently, necessitating a coordinated timeline that can accommodate the required modifications. Effective communication between partners is essential to minimize last-minute planning and to optimize the quality of joint activities. Timelines and workplans need to be referred to often to ensure that activities requiring the participation of key actors do not overlap or create tensions by competing for the time of these individuals.

Finally, honest and open evaluation of performance is necessary if the quality of interventions is to improve. Identification of problems can be a sensitive issue, however, because team members are generally averse to having their personal and agency performance criticized by individuals from outside their agency. It is crucial that criticisms are voiced in a constructive manner and that all actors avoid accusatory statements that can lead to a cycle of recriminations. Evaluation must be focused on the search for solutions rather than laying blame for the problems.

Based on the DRC experience, the box below describes key elements for effective ICC collaboration and implementation.

Key Elements for Effective ICC Collaboration and Implementation

- ***Harmonizing institutional agendas or priorities and merging workstyles.*** All members of an ICC already have demands on their time and internal pressures from their own organizations. If the demands of the ICC are excessive, the quality of participation will suffer. In the contemporary workplace of fast-paced activity and information overload, it is important that all partners respect the time demands placed on others.
- ***Inclusive partnership and shared credit.*** Determine in open forum who should be represented at workshops, meetings, and events. Favoritism should be avoided and personal conflicts resolved through a transparent and respectful process. Each agency's commitment and contribution should be acknowledged.
- ***Continuity in staffing.*** Ensuring sustainability of initiatives when agency personnel are frequently on two-year or shorter assignments can be a problem. Proper planning ensures that activities are not dependent on individuals and a strong role for the host country staff with longer-term perspectives ensures better program continuity and institutional memory.
- ***Effective leadership.*** Different agencies should play facilitator roles in sub-committees and share responsibilities in organizing important meetings or workshops (sometimes with rotating leadership). Partners should encourage leadership across agencies and especially in the host country ministry.
- ***Focal point for organizational issues, such as drafting documents, calling meetings, and ensuring feedback and movement on activities, reports, etc.*** This can be most effective using national staff, if they have the technical and cultural expertise as well as the respect of and rapport with other ICC partners.
- ***Sustainable strategic orientation when faced with short-term financing and contracts.*** Partners need to look beyond short-term contracts and the desire to achieve immediate, but unsustainable impact. The quest for quick solutions to deep-rooted problems can be a potentially discouraging aspect of partnering with some international agencies and donors, particularly if they lack confidence in the government and are unwilling to engage at an institutional level.
- ***Decentralized planning.*** Regional and district perspectives should be included in national level macro-planning meetings as well as in planning at the field level (with inter-agency support from the central level).
- ***Accounting and planning for different budgeting cycles.*** It can be difficult for agencies to develop and implement joint plans when they have different fiscal timetables. Therefore, it is beneficial to harmonize pipelines and forecasting among donors and partners and to maintain flexibility in the planning process.
- ***Effective and well-managed meetings.*** Meetings must have clear agendas and timeframes and be announced with sufficient advance notice. Rotating meeting venues among participating organizations encourages collaboration. Time management, adherence to the agenda, and the distribution of minutes to all partners (present and absent) are also important.
- ***Clear and efficient communication.*** Partners need to develop the habit of identifying important information to the group effort and ensuring that this information is shared. From cell phones and e-mail to formal and informal meetings, communication mechanisms are important for the exchange of ideas, technical and administrative information, etc.
- ***Positive external feedback.*** Knowing that the country is gaining recognition for its coordination can be a motivating factor that contributes to continued collaboration. It is important that donors support the collaborative model through positive reinforcement of the results and that they remain sensitive to the needs of an effective partnership.
- ***System of checks and balances to aid with compliance and collaboration.*** Examples of these checks and balances include: MOUs, external annual reviews, group presentation and defense of micro-planning, discussion and feedback with districts, etc.
- ***Collegial work environment.*** Fostering a friendly atmosphere where all members are respected and opposing viewpoints are handled through good-natured debate creates group cohesion. Such an environment can be achieved by providing refreshments during meetings and/or organizing social events following the meeting to create opportunities for social interaction.