



TERMS OF REFERENCE

Regional Immunization Program

Department of Family, Gender and Life Course

1/11/2017

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Regional Immunization Program

I. Description and Overall Purpose of the Evaluation

The aim of this evaluation is to assess the Regional Immunization Program's role in the technical cooperation mandates of the Organization, including assessment of the appropriateness/abilities of the Regional Program to support countries in the proper implementation of the Global (Global Vaccine Action Plan) and Regional mandates (Regional Immunization Action Plan , RIAP; the Pan American Health Organization, PAHO, Strategic Plan 2014-2019; 2016-2017 Program Budget; and the 2016-2017 Biennial Work Plan). This evaluation will serve as the basis to assess and identify practical and strategic elements to improve the Organization's technical cooperation on immunization for the region.

The RIAP outlines the role of the Revolving Fund (RF) as one of the pillars that anchors the annual planning process of national immunization programs in the region. This evaluation will cover interaction between the RIP and the Revolving Fund for Vaccines which relate to the provision of technical cooperation to countries and that are co-dependent. It is to be noted that the RF is planning to go an independent evaluation which is funded with external sources, hence this evaluation, as stated, will review the links they share.

II. Main and Specific Objectives

A. Main Objective

To conduct an evaluation of the Regional Immunization Program, and assess possible improvements which may be required to respond better to the technical cooperation needs of Member States as they strive to ensure universal vaccination coverage.

B. Specific Objectives

- 1) Assess the Organization's progress in supporting countries to achieve the Global and Regional Mandates on immunization in the Americas;
- 2) Map the current strategies, processes and outcomes of the Organization's technical cooperation program on immunization to ensure they meet the needs of Member States, including the links with the Revolving Fund;
- 3) Assess the causes that lead to decreasing vaccine coverage below 95% and propose remediate action.
- 4) Evaluate the roles of both the RIP and the RF in providing technical cooperation to immunization programs in countries, specifically related to annual vaccine forecasts and supplier engagement.
- 5) Evaluate the effectiveness (or fit for purpose, based on pre-defined evaluation criteria) of the existing support to the Program (technical secretariat, focal points in countries, leadership and advocacy) to sustain and maintain the cooperation program on immunization for the continued progress and sustainability of immunization efforts in the Region.

C. Background and Context

In 2016, the Regional Immunization Program celebrates 39 years of uninterrupted technical cooperation with the countries and territories of the Americas, with major contributions to the achievement of the Millennium Development Goals. Between 2005 and 2011, this cooperation has contributed to preventing approximately 174,000 deaths among children under 5 years of age, who have directly benefited from the strong commitment of countries, various partners, and social actors as well as the dedication of health professionals.

Vaccination coverage in the Americas exceeds 90% and the Region ranks as the first in the world to have eradicated smallpox, eliminated poliomyelitis, rubella, and congenital rubella syndrome (CRS), as well as to have achieved the

interruption of endemic transmission of measles. With the technical support of the Pan American Sanitary Bureau and PAHO's Revolving Fund for vaccine procurement (RF), the Region has led the way to sustainable and equitable introductions of new vaccines.

During the 65th World Health Assembly, the Global Vaccination Action Plan (GVAP) was endorsed. The GVAP is the strategic framework for achieving universal access to vaccines during the present decade (2011-2020), allowing all individuals and communities to enjoy a life free of vaccine-preventable diseases (VPD). In order to adapt the GVAP to the regional context, a Plan of Action of Immunizations for the Region of the Americas (RIAP) was elaborated and subsequently approved during the 54th Directing Council, and 67th Session of the Regional Committee of WHO for the Americas. The vision of the RIAP is that "the population of the Region of the Americas be protected against VPDs and Member States promote universal and equitable access to immunization services, with safe and affordable vaccines throughout the course of life". This approach will also allow the integration of immunization with other primary health care services, in particular services for adolescents, women of childbearing age, and the elderly, as well as programs for the prevention and control of chronic diseases.

The Plan proposes four strategic objectives and strategic lines of action, to be adapted by the Member States taking into account their respective contexts, needs, and priorities. The strategic lines of action are: a) to maintain the achievements; b) to tackle the unfinished agenda to prevent and control VPDs ; c) to meet the new challenges in the introduction and evaluation of the impact of vaccines; and d) to strengthen the health services for the effective provision of vaccination. Below is a brief analysis of the situation according to the aforementioned strategic lines:

- Maintaining the achievements: Vaccination coverage for the Americas Region in 2014 was 90% for three doses of vaccines against diphtheria, tetanus and pertussis in children under one year of age, and 92% for measles, mumps and rubella vaccine

MMR in children a year. Since 1991, our Region has been free of polio caused by wild poliovirus. The technical advisory group of the PAHO on VPD supports the global commitment to complete the eradication of polio. There have been no cases of endemic measles in our region since 2002 (there have been reports of imported cases) nor have there been cases of endemic rubella and congenital rubella syndrome since 2009.

- Addressing the unfinished agenda: Despite these impressive achievements, 50% of over 15,000 municipalities in Latin America and the Caribbean reported vaccination coverage under 95% in 2014. Each Member State has developed an action plan to achieve or maintain municipal vaccination coverages equal to or higher than 95% and to strengthen epidemiological surveillance. Asses the contribution of the RF contributes to improving vaccine coverage.

- New Vaccines: The Region has made great progress in the introduction of new vaccines that save thousands of lives and avoid large health expenditures. By 2016, 19 countries and territories had included the vaccine against rotavirus in their routine immunization schedule, 34 included pneumococcal vaccine, and 20 the vaccine against human papillomavirus virus (HPV). Increasingly, countries are grounding their decision to adopt new vaccines in a strong evidence base. Vaccine prices for PCV and other new vaccines however are impacting national budgets. In 2015, more than 60% of vaccine budgets in Member States participating in the RF were expended on PCV alone which is not sustainable.

- Strengthening health services to provide effective vaccination: Universal health coverage should be the framework that helps countries makes sustainable efforts to control and to eliminate VPDs. In this regard, the Program has made significant advances in ensuring predictable financing, integrating vaccination into other health platforms for the provision of services at the local level, routine analysis of epidemiological data for decision making, and implementing nominal vaccination records for monitoring coverage.

Nevertheless, Country –level evaluations mention that poor monitoring and follow-up may result in missed 2nd or 3rd dosages. Many countries have used such data sources, among others, to assess the missed opportunities for vaccination, including limited operational hours of vaccination units.

D. Scope and Timeframe

The time period to be examined will include an overview of the program since its inception but focus primarily in the accomplishments achieved during the past 17 years (the era of the Millenium Development Goals).

The evaluation will cover political, technical, operational and strategic components of the Regional Immunization Program and the Revolving Fund (Headquarters and countries offices) including the Organization’s interaction with Member States, stakeholders (agencies, partners, research institutions, universities, etc.), opinion leaders, and also with other technical and administrative areas within PAHO and WHO.

The criteria, key questions and sub-questions must be examined in the context of PAHO’s....

Comparative Advantage: The Organization’s technical cooperation in the field of immunization represents a competitive advantage, a distinctly valued leadership, in the field of immunization when compared to other technical cooperation organizations and partners in the Region.

Resilience: The Organization’s technical cooperation on immunization adapts and responds quickly to the changing sociopolitical and economic context observed in the Region in order to enable countries to meet Global and Regional mandates on immunization

Equity: The strategies and interventions promoted and employed by the Regional Immunization Program translate to more equitable, fair and equal, access to health, specifically protection against vaccine-preventable diseases, across and within countries in the Region.

E. Criteria and Key Evaluation Questions

The evaluation criteria will include questions related to relevance, effectiveness, efficiency, sustainability and impact.

- I. Relevance:** Do the strategies and interventions currently employed by the Regional Immunization Program meet the actual documented needs of the Member States, in the context of local, regional and global priorities for health?

Sub-questions related to relevance

- a) Are countries satisfied with the Organization's technical cooperation provided in the field of immunizations?
- b) What makes the Organization's technical cooperation framework uniquely suited for leading immunization advances in the Region?
- c) How can interactions with other public health interventions improve the comparative advantage of the Program? For instance, to what extent has the expansion of primary health care in the Region coincided with improvements in vaccination coverage?
- d) Is immunization considered a priority in health issues at country level? If not, how is PAHO's technical cooperation dealing with this?
- e) Is immunization considered a priority in health issues among agencies, stakeholders, and partners?
- f) Is the agenda of the immunization technical cooperation developed within the framework of international and regional commitments? (SDGs, GVAP, RIAP, etc.)
- g) Is the agenda of immunization technical cooperation addressing the key issues so as to solve/correct the detected deviations at country level?

- h) Does PAHO, at the regional and national level, have the ability to identify and respond to the technical needs of countries and territories? Is the dissemination of experiences, good practices, and studies to different audiences' common practice? (WHO, researchers, partners and the general public, etc.)
- i) How does the immunization program keep its course in a time of prioritized sustainable development goals?

II. Efficiency: Are the outputs and outcomes of the Regional Immunization Program's technical cooperation justified by the efforts and resources employed?

Sub-questions related to efficiency:

- a) Is the technical cooperation provided by the RIP commensurate with the outputs produced and outcomes achieved? If not, how can these be more efficient or cost-effective to implement?
- b) Have the main problems and gaps been identified by the technical cooperation and can those be addressed and reduced? Which specific type of support from the secretariat will be required to bridge these gaps and solve problems?
- c) How is the current unit suited to implement the support to countries? Is this efficient?
- d) Does the immunizations unit have mechanisms in place for external resource mobilization to support technical cooperation?

III. Effectiveness: To what extent is the Organization's technical cooperation on immunization successfully enabling PAHO to meet the objectives and targets set by Member States?

Sub-questions related to effectiveness:

- a) To what extent has the Regional Immunization Program met the objectives and targets set forth by the Organization's Mandates?
- b) Are the current capacities of the Regional Immunization Program in line with the technical cooperation needs?
- c) To what extent does the Regional Immunization Program successfully use data (epidemiological, administrative and political/financial) to assure effectiveness in its technical cooperation strategies?
- d) How effective are health information systems for determining supply and demand of needed vaccines? How effective is the information provided on administrative arrangements within and between countries to ensure adequate storage, maintenance and transportation of vaccines?

Operations

- e) To what extent are national immunization plans and budgets aligned with annual vaccine demand forecast needs: how is this monitored, and how is feedback provided?
- f) What are the specific strengths and capabilities of the RF and what are its weaknesses and risks to improve immunizations programs and performance in countries?

IV. Sustainability: To what extent have results achieved by the Regional Immunization Program been sustainable over time?

Sub-questions related to sustainability:

- a) To what extent has the Regional Immunization Program sustained landmark regional and global achievements (such as smallpox, polio and measles elimination) over time?
- b) How does the Regional Immunization Program successfully use data and other strategic information to support Member States in their efforts to course correct

when results are at risk (ex. response to outbreaks) at community and population level?

- c) Do increasing or decreasing coverage rates reported reflect decreasing sustainability of the RIP?

Impact: To what extent has the health of populations in the Americas improved as a direct result of the Organization's wide-reaching efforts to support the establishment, strengthening, and continued advancement of National Immunization Programs?

- a) To what extent has the Organization's technical cooperation on immunization, as a public health intervention, had an impact on the health and wellbeing of the population in the Americas over the past 39 years?
- b) Has the technical cooperation supported specific changes at country level to correct deviations found?
- c) Has the Organization's technical cooperation on immunization contributed to improve the performance of the immunization programs at the country level?
- d) To what extent does the Organization's technical cooperation on immunization contribute to the achievement of the Strategy for Universal Health Access and Coverage?
- e) What are the enabling factors of existing strategies and interventions employed by the Regional Immunization Program that support countries in their efforts to achieve homogenous, high levels of vaccination coverage for their populations?

F. Methodology and Data Collection Strategies

An External consultant(s) will be hired to:

- Review all the existing documentation and information sources on the Regional Immunization Program performance across all its components;

- Analyze external determinants, health system determinants or specific immunization-related determinants by conducting at least two site visits, as part of more in depth analysis via select case studies;
- Conduct a survey among agencies, stakeholders, partners and opinion leaders;
- Interview officials in charge of immunization programs in Ministries of Health from various countries and territories from different sub-regions, with special attention to assessing their perception about the technical cooperation of the Regional Program;
- Interview representatives of scientific societies, and civil society,
- Interview technical staff of the WHO, PAHO, Department Directors and PWR's with specific focus on the current or possible strategic role of Immunization in their projects, products, and services;
- Carry out strategic discussions with staff, FGL and HQ staff actors.

G. Work Plan and Deliverables

Months	Feb 2017*			April 2017*			June 2017*		
Review and approve the TORs									
Publicize TORs, contract the consultant(s) and present and discuss PAHO's expected results									
Consultant review of background information documents and other technical reports									
Face to face meetings in Washington (Consultant, D, AD, FGL Director, AD's Department Directors,, etc)									
Draft Inception Report									
Face to face meetings in the field									
Virtual interviews (Member States, PWR's and key partners)									
Face to face meeting in Washington: Debriefing to the EXM and other colleagues									
Final report									

*Actual time frame may vary depending on team composition

H. Evaluator(s) Background, Skills

1. A degree in a health related field or social science from a recognized university and a post-graduate degree in Public Health, Evaluation Research, Public Policy or other relevant fields.
2. Experience in similar evaluations related to health and/or immunization programs or projects
3. Extensive knowledge of qualitative and quantitative evaluation methods and a record of designing, conducting and submitting evaluation reports.
4. Proficiency in written and spoken Spanish and English
5. Availability to travel to countries in the region during the proposed time frame.

I. Users of the Evaluation

PAHO's Director and Assistant Director will be the primary users of the evaluation, jointly with the Department of Family, Gender and Life Course and the Immunizations Unit. The recommendations will allow PAHO's Executive Management Team to forge a strategy that optimizes the effectiveness and efficiency of current immunization programs in order to more fully meet all the needs of PAHO's member states.

J. Submission Requirements

Please submit the following documents by March 3, 2017 to PAHO's Department of Family, Gender and Life Course, c/o Ms. Maite Vera, Tel: (202) 974-3731, Email: veraanmai@paho. The following documents should be included;

1. A cover letter describing how the candidate(s)'s skills, qualifications and experience are relevant to this assignment
2. A copy of candidate(s)'s curriculum vitae or resume
3. A list of previous evaluations relevant to the context and subject matter of this assignment
4. The names of two references with contact information
5. A proposal outlining the approach and methodology for conducting the evaluation. The technical component of the proposal should demonstrate the Proponent's response to the Terms of Reference by identifying the evaluation approach, research design and methodology for responding to the key questions. The time frame to complete the assignment (depending on team composition) should be included in the proposal. Once selected, the consultant will develop this initial proposal into a more detailed Inception Report. Deliverables also include the Final Evaluation Report.

A detailed cost proposal broken down by categories should also be included. This should include the evaluator's (or team's) expected compensation.