

Australian Regional Immunisation Alliance Guidelines

Version 1.4

Summary: This document outlines essential operational and governance expectations and requirements for all ARIA members.

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		<p>Section 4.1 Function of the ARIA Chair -Language revised (rephrasing) Section 4.2 Terms of appointment Section 4.3. Personnel - Inaugural Chair term (date specified) Section 5.1 Functions of ARIA Deputy Chair- Language updated Section 5.2 Term and appointment- Language changed. Date changed to Jan 2020-Dec 2021 for uniformity Section 6.1 Functions of the ARIA SC- bullet point under representation deleted Conflict of information added Section 6.2 Term and appointment – Changed Section 6.3 Personnel: ARIS SC membership updated Section 6.6 Meeting quorum and proxies Section 7.2 Criteria for Membership revised as per the advice from SC Existing criteria split from four to five Section 7.9 Meeting Quorum and proxies Section 10 ARIA Strategic Focus Areas to Section 8. Deleted Rationale for working in strategic focus areas and operationalising strategic focus areas Moved ARIA RISE project details to Annexures Annexure 3: ARIA RISE Project proposal selection process</p>	
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The Australian Regional Immunisation Alliance (ARIA)
Guidelines
Updated on 10 March 2022

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1. Introduction to the ARIA guidelines

The Australian Regional Immunisation Alliance (ARIA) guidelines have been written for all ARIA members to outline essential operational and governance expectations and requirements. This document has been endorsed by the ARIA Steering Committee. Revision of the ARIA guidelines will be conducted by the ARIA Secretariat with endorsement from the Steering Committee every year.

2. ARIA overview

2.1 *Background*

Consultations held by key immunisation experts and partners from multiple Australian universities and research institutes in 2018 and early 2019 highlighted the value that a harmonised and integrated approach to supporting immunisation activities in our region (broadly defined as the Asia and Pacific regions) could provide. The need for ongoing support in low- and middle-income countries where vaccine coverage can be suboptimal, and the threat of vaccine preventable disease (VPD) is high was particularly explored and it was recognised that the collective experience and expertise within Australia could be augmented through formation of an Alliance.

In April 2019, the formalisation of the [Australian Regional Immunisation Alliance](#) occurred with leadership from the [National Centre for Immunisation Research and Surveillance](#) (NCIRS) and in collaboration with multiple other leading immunisation and development experts in Australia, from groups such as the Murdoch Children's Research Institute, Burnet Institute and others as listed in Annexure 1.

2.2 *Who we are*

ARIA members are recognised for their regional and/or international experience and expertise related to immunisation and VPDs (Annexure 1). ARIA members also have a positive track record of existing or past engagement with countries and organisations in our region.

2.3 *Our goal*

Our goal is to work collaboratively with governments, global immunisation partners, non-government organisations and other partners to strengthen and expand immunisation service delivery and coverage to reduce the impact of VPDs in our region.

2.4 *Our guiding principles*

1. **Harmonisation:** Harmonise efforts with and supportive of the regional work and normative standards of global immunisation partners.
2. **Gender equity, disability, social inclusion and cultural diversity:** Promote gender equity, cultural diversity and social inclusion in ARIA initiatives/projects as well as governance. Commit to Gender Equity Disability and Social Inclusion principles and work with partners to implement GEDSI principles and policies.
3. **Sustainability:** Apply capacity building and systems strengthening principles to all our work for sustainability at institutional, organisational and individual levels.
4. **Collaboration:** Prioritise inter-country learning and networks for mutual support, including recognition of the special needs of small island states.
5. **Results-focused:** Commit to measuring results, including metrics for immunisation and VPD control policy and practice improvement, and increased strength of partnerships.

2.5 *What we provide*

ARIA provides expertise in immunisation and VPDs, including, but not limited to:

- communication expertise, including in crisis response
- immunisation coverage – surveillance, data analysis and response
- immunisation program delivery, including workforce, cold-chain and other logistics
- immunisation social and behavioural aspects, practical barriers and uptake
- new vaccine development, clinical studies, trials and impact evaluation
- new vaccine introduction
- support for national immunization technical advisory groups (NITAGs) and other evidence-based decision-making approaches related to immunisation
- training and education in immunisation and VPD control
- vaccine program evaluation, including for the Expanded Programme on Immunization (EPI)
- vaccine safety and adverse events following immunisation surveillance
- VPD epidemiology including surveillance, outbreak response, management and research – collect, analyse, interpret and report data for action
- VPD outbreak management – detection and response

2.6 *Who ARIA works with*

- governments and national immunisation programs in countries in our region

- global immunisation partners (e.g. World Health Organization [WHO], Gavi, The Vaccine Alliance and the United Nations Children’s Fund [UNICEF])
- professional societies, non-government organisations and other immunisation partners

2.7 *How ARIA works*

ARIA works via two mechanisms:

1. **Proactive:** ARIA actively seeks ways to leverage our joint strengths and collective experience to support work to reduce the impact of VPDs in our region; and
2. **Reactive:** ARIA responds to requests for assistance from governments, global immunisation partners, non-government organisations and other partners.

More information about how ARIA works is included in [section 8](#).

2.8 *Funding*

Financial support for the establishment of ARIA was provided by NCIRS, with in-kind contributions from ARIA members and their organisations. Ongoing costs for the ARIA Secretariat are contributed to in various ways, including funding from NCIRS, in-kind contributions from ARIA member organisations, and donor funding. To ensure sustainability, additional funding will be sourced from additional donors, and potentially from philanthropic sources.

2.9 *ARIA activities*

- **ARIA launch:** ARIA commenced in April 2019 and was officially launched in October 2019 with the inaugural face to face meeting of members in Sydney, Australia. This meeting also provided an opportunity for contributions from the member-base toward the development of these guidelines.
- **ARIA–Regional Immunisation Support and Engagement (ARIA-RISE) project:** After a competitive tender process, ARIA was successful in obtaining funding from the Australian Government’s Department of Foreign Affairs and Trade (DFAT) [Indo-Pacific Centre for Health Security](#), through the Pacific Infectious Disease Prevention (PIDP) Program. The ARIA-RISE program aims to contribute to improving immunisation coverage in target countries.
- **ARIA Community of Practice:** ARIA members are connected and exchange valuable information via our growing ‘community of practice’. This began with regular video-conferences and email updates between group members in 2019 and will be expanded from 2020 onwards.

3. ARIA Secretariat

3.1 *Functions of the ARIA Secretariat*

The ARIA Secretariat performs pivotal administrative and strategic support to the ARIA Chair, Steering Committee and members, including, but not limited to:

- technical, administrative and programmatic support to the ARIA Chair and Steering Committee
- performing a coordination function between external agencies and ARIA members in regards to ARIA work
- scheduling member and Steering Committee meetings
- preparation and distribution of meeting agendas, background documents and meeting minutes
- following up on meeting action items
- drafting, revision and finalisation/submission of ARIA strategic documents and funding proposals, including facilitating endorsement from the Steering Committee, and where required, ARIA members
- identification and distribution of potential individual and alliance funding opportunities to ARIA members
- maintenance of the ARIA member information database including names, affiliations, contact information, and individual areas of expertise
- development and maintenance of the ARIA member work in the region database
- ARIA website establishment and maintenance
- response to information requests from ARIA members, external stakeholders and implementation partners
- tracking engagement with stakeholders and outcomes from engagement
- establishment and maintenance of the ARIA Dropbox to facilitate information sharing and collaboration between members
- distribution of polls for shared decision-making amongst ARIA members
- preparation of communication materials e.g. generic ARIA PowerPoint slides
- Monitoring and management of the Secretariat inbox: SCHN-NCIRSGlobal@health.nsw.gov.au

3.2 *Term and appointment- the Secretariat*

NCIRS staff of the Global Health team acts as the ARIA Secretariat. They work with the Chair and SC members and fulfil functions as described in 3.1.

3.3 Personnel

The ARIA Secretariat is currently managed by NCIRS Global Health staff as detailed in Annexure 1.

4. ARIA Chair

4.1 Functions of the ARIA Chair

The ARIA Chair provides leadership, oversight of governance, decision-making, and support Alliance activities together with the ARIA Steering Committee and ARIA members. The ultimate responsibility is the achievement of [ARIA's goal](#) through the implementation of the [ARIA guiding principles](#) in our work. It is an elected, not financially remunerated role and key functions include, but are not limited to:

- **Representation:** The Chair will represent ARIA Alliance and communicate on the activities of ARIA with external stakeholders, consistent with the views of the Steering Committee.
- **Strategic leadership:** The Chair helps to ensure that ARIA activities are implemented in a strategic manner and contribute to ARIA's objective.
- **Governance:** The Chair ensures implementation of the ARIA governance guide
- **Decision-making:** If consensus cannot be reached within the Steering Committee, the Chair may exercise final decision-making responsibility. Additional consultation with ARIA members may also be considered.
- **Operational:** Facilitation of meetings such as confirmation of agendas, and maintaining meetings by keeping to time, ensuring fairness and equity, and ensuring the conventions of the meeting are being followed.

4.2 Term and appointment

- The Chair commits to a 2 (two) year term with potential re-appointment for up to 1 (one) additional terms (i.e. an individual can be the Chair for up to 4 (four) consecutive years).
- After 2 (two) years, the Secretariat will invite written nominations for Chair from the ARIA Steering Committee.
- In the event of unforeseen circumstances resulting in delay in nominations/selection, the existing Chair can continue in the role for the interim period following decision from the Steering Committee.
- For all nominations for Chair, a secret ballot will be conducted by the Secretariat where each ARIA member can cast one vote for Chair.
- In case of a draw, the outgoing Chair (if not a nominee) will cast the deciding vote.

- If the Chair is unable to perform his/her duties (e.g. due to travel or leave or due to a real or perceived conflict of interest), the Deputy Chair will act as the Chair.

4.3 *Personnel*

- The inaugural ARIA Chair (Jan 2020– Dec 2021) is the NCIRS Director, Professor Kristine Macartney.

5. ARIA Deputy Chair

5.1 *Functions of the ARIA Deputy Chair*

The ARIA Deputy Chair will perform the role of the Chair when the Chair is unable to perform his/her duties as described in Section 4.2.

5.2 *Term and appointment*

- The Deputy Chair commits to a 2 (two) year term with potential re-appointment for up to 1 (one) additional terms (i.e. an individual can be the Deputy Chair for up to 4 (four) consecutive years).
- After 2 (two) years, the Secretariat will invite written nominations for the Deputy Chair from the ARIA Steering Committee.
- In the event of unforeseen circumstances resulting in delay in nominations/selection, the Deputy Chair can continue in the role for the interim period following decision from the Steering Committee.
- For all nominations for Deputy Chair, a secret ballot will be conducted by the Secretariat where each ARIA member can cast one vote for Deputy Chair.
- In case of a draw, the Chair will cast the deciding vote.
- The current term will be Jan 2020–Dec 2021.

6. ARIA Steering Committee

6.1 *Functions of the ARIA Steering Committee*

The Steering Committee performs strategic leadership, governance and decision-making functions. The ultimate responsibility is the achievement of [ARIA's goal](#) through the implementation of the [ARIA guiding principles](#) in our work. Membership of the Steering Committee is a volunteer role and key functions include, but are not limited to:

- **Representation:** Members are appointed in an individual capacity; however, it is desirable to have at least 5 (five) ARIA organisations represented on the Steering

Committee, including larger organisations such as NCIRS, Murdoch Children's Research Institute (MCRI), the University of Melbourne, the Burnet Institute and the Australian National University (ANU).

- It is also desirable to include individuals on the Steering Committee with a range of technical expertise in line with the [ARIA strategic focus areas](#).
- The Steering Committee will include 2 (two) early to mid-career professionals.
- The Steering Committee will include Special Advisors with extensive knowledge and expertise in international immunisation and program management.
- Steering Committee membership strives to include at least 50% representation of women.
- **Strategic leadership:** The Steering Committee ensures that ARIA activities are implemented in a strategic manner and contribute to ARIA's objective.
- **Governance:** The Steering Committee has a broad governance remit including:
 - Review of ARIA membership applications and renewals
 - Implementation and review of the ARIA guidelines
 - Addressing governance breaches
 - Election of the ARIA Chair and Deputy Chair
- **Decision-making:** The Steering Committee endorses strategic documents and funding proposals, and has decision-making responsibilities in regards to allocation of ARIA work and funding, consistent with the [ARIA guiding principles](#). Decisions are made by consensus. In the event of divided opinion among Steering Committee members on an issue, the Chair will make the final decision.
- **Conflict of Interest (COI):** Committee members are required to disclose any affiliations, consultancy contracts over the preceding two years, connections or links that may affect or perceived to affect their independence in assessing country plans or projects. Conflicted of interested will be recorded.
- If COI is identified, committee members may be required to remove themselves from decisions in assessing and approving / projects. The Chair will make a determination as to whether the affiliation, contracts, connections or links necessitate that a Committee member remove themselves from a given decision.

It is expected that Steering Committee members attend at least 50% of meetings each year, and respond to email requests from the Secretariat within requested deadlines where feasible.

6.2 Term and appointment

- Steering Committee members commit to a three-year term with potential re-appointment for up to one additional terms (i.e. an individual can be a Steering Committee member for 6 (six) consecutive years).
- If necessary to oversight a funding agreement grant specific temporary positions may be added for the term of grant. These positions will be appointed at the discretion of the incumbent Steering Committee members.
- Any further terms would be at the discretion of Chair with agreement from other Steering Committee members.
- After 3 (three) years, the Secretariat will invite written nominations for Steering Committee member appointment from ARIA members.
- If there are more nominations than vacancies an anonymous poll will be conducted by the Secretariat where each ARIA member can cast one vote for Steering Committee members.
- In the case of a draw, outgoing Steering Committee members will cast one additional vote each. In case of a second draw, the Chair will cast the deciding vote.
- Steering Committee positions are not allocated specifically to each organisation; however, the Steering Committee seeks to represent ARIA membership through diverse organisational representation, including a range of technical expertise in line with the [ARIA strategic focus areas](#) and a depth of immunisation experience in a regional/international context. Thus, each organisation can only have one Steering Committee member elected.
- 2 (two) Steering Committee members are to be appointed in the capacity as early to mid-career (EMC) professionals (<10 years post-PhD or equivalent). EMC Steering Committee members do not need to be from separate institutions to other Steering Committee members, although ideally these 2 members would come from different settings/backgrounds. These individuals will be nominated and elected every three years at the discretion of the incumbent Steering Committee members.
- Special Advisor roles will be determined by the Chair in consultation with the Steering Committee.

6.3 Personnel

ARIA Steering Committee membership was first established by foundational ARIA members and the inaugural Chair.

Table 1. ARIA Steering Committee members as on 31 January 2021

Sr. No	Member	Designation	Tenure end date	Primary affiliation
1	Professor Kristine Macartney	Chair	Dec 2021 (extended until next election in March 2022)	National Centre for Immunisation Research and Surveillance
2	Professor John Kaldor	Deputy Chair	Dec 2021 (extended until next election March 2022)	Kirby Institute, UNSW
3	Vacant	Member (Vacant)	TBA	Australia National University
4	Dr Lisa Davidson\ Alternate Proxy member: Milena Dalton	Member	July 2023	Burnet Institute
5	Associate Professor Margie Danchin Alternate Proxy Member: Professor Julie Bines	Member	Feb 2024	Murdoch Children's Research Institute
6	Professor David Durrheim	Member	Dec 2022	University of Newcastle
7	Professor Julie Leask	Member	Dec 2022	University of Sydney
8	Professor Christopher Blyth Alternate proxy member: Prof Peter Richmond	Member	July 2023	University of Western Australia
9	Dr Joshua Francis	Member	July 2023	Menzies School of Health Research
11	Dr Kerrie Wiley	Early to mid-career professional	May 2024	University of Sydney
12	Associate Professor Meru Sheel	Early to mid-career professional	March 2023	University of Sydney and Australian National University

6.4 Scheduling of Steering Committee meetings

- Meetings are scheduled each month from February – December each year
- Meetings are conducted using videoconferencing software
- Additional meetings can be called by the Chair if required, for example to discuss emergency response scenarios or urgent funding opportunities

6.5 Meeting papers

The ARIA Secretariat will endeavour to circulate meeting papers 7 (seven) days prior to the meeting, and meeting minutes will be circulated within 7 (seven) days after the meeting.

For transparency, Steering Committee meeting minutes will be circulated to all ARIA members.

6.6 Meeting quorum and proxies

50% (fifty per cent) of Steering Committee members need to be present for a quorum. If a quorum is not reached the meeting may take place but no formal decision can be taken. Steering Committee members can nominate a proxy from their organisation to represent them at meetings in the event of their absence. The ARIA Secretariat should be informed prior to the meeting via email: SCHN-NCIRSGlobal@health.nsw.gov.au

7. ARIA Members

ARIA is an individual member-based Alliance, with a diverse array of members who seek to fulfil [our goal](#). Membership is free and time contributed to general ARIA member activities, e.g. regular teleconferences, is voluntary.

7.1 Aims of membership

- ARIA unites Australian individuals recognised for their regional and/or international experience and expertise related to immunisation and VPDs.
- The ARIA membership is an experienced and strong mix of like-minded individuals committed to working collaboratively with governments, global immunisation partners, non-government organisations and other partners to strengthen and expand immunisation to reduce the impact of VPDs in our region.
- As a member of ARIA, you will have greater access to and opportunities to work collaboratively with other like-minded professionals and networks in Australia and globally. In addition to join to fulfil ARIA objectives (above), members commit to joining, and contributing to, a growing and congenial community of practice.

7.2 Criteria for membership

Applications for membership are assessed by the ARIA Steering Committee, and individuals need to meet the following criteria to be considered a member:

1. Australian-based or formally linked to an Australian institution;
2. Have regional and/or international experience and expertise.
3. Expertise on immunisation and VPD relevant to ARIA objectives;
4. Signatory to the ARIA membership code; and
5. Supportive of the ARIA guidelines.

7.3 Applying for membership

Individuals can self-nominate using the online [expression of interest \(EOI\) form](#). New member EOI will be assessed in the Steering Committee monthly teleconferences with decisions to be made and communicated to applicant within a month after EOI received.

7.4 Provisional ARIA members

A list of current provisional ARIA members and affiliations is provided in [Annexure 1](#). A membership list will also be maintained by the ARIA secretariat and reflected on the ARIA [website](#). Each individual must sign the [ARIA membership code](#) in order to become a formal ARIA member.

7.5 Membership term and renewal

- Membership is renewable every 3 (three) years via an online renewal form
- Membership renewal is assessed by the ARIA Steering Committee

7.6 ARIA meeting invited guests

If required and agreed by the Steering Committee, individuals who are not ARIA members may be invited to attend ARIA meetings on an ad hoc basis. This may include experts from other technical fields, donors, or immunisation/VPD experts who are not ARIA members.

7.7 Scheduling of ARIA member meetings

- Meetings are scheduled monthly from February–December each year
- To maximise member participation, meetings are scheduled on rotating days and times each month
- Meetings are conducted using videoconferencing software
- Additional meetings can be called by the Chair if required, for example to discuss emergency response scenarios or urgent funding opportunities

7.8 Meeting papers

The ARIA Secretariat will endeavour to circulate meeting papers 7 (seven) days prior to the meeting, and meeting minutes will be circulated within 7 (seven) days after the meeting.

7.9 Meeting quorum and proxies

There is no quorum required for monthly ARIA member meetings, as they will not generally be for decision-making purposes. It is recognised that due to the nature of ARIA member work (including fieldwork in remote locations) some members may not be able to join meetings

regularly. However, participation in the form of response to emails, draft documents and or other requests is encouraged to ensure continued member engagement in ARIA.

ARIA members *cannot* nominate a proxy to represent them at meetings in the event of their absence.

ARIA members are responsible to inform the Secretariat if there has been a change in their contact details.

8. ARIA strategic focus areas

ARIA has a number of strengths and strategic focus areas. Examples include:

1. NITAG support
2. Immunisation social and behavioural aspects, practical barriers and uptake
3. Data for decision-making
4. Health systems strengthening, program and service delivery
5. Vaccine safety
6. Vaccine impact evaluations
7. New vaccine introductions

Cross-cutting strategic focus area themes include: knowledge translation, capacity building, program evaluation, education and training, and outbreak/incident response. ARIA individuals and/or their respective organisations have particular expertise in some, but not other, of these focus areas.

In addition, various ARIA members have long-standing track records of working effectively in various countries in our region, which provides a platform from which to engage in expanded ARIA activities. For example, established regular non-ARIA project related work in a particular focus country may provide a platform from which an ARIA project may be successfully launched.

9. ARIA funding applications

ARIA members may apply for immunisation-related funding as an independent organisation/individual, or on behalf of ARIA.

9.1 ARIA- RISE Project Hub

All ARIA projects funded under ARIA RISE project will be recorded in a repository known as the *ARIA-RISE Project Hub*. The ARIA-Secretariat will maintain the Project Hub and coordinate with ARIA Project Lead to ensure that information on potential projects are up-to date.

The purpose of the Project Hub is to:

- i. Act as a repository of current projects that align with ARIA's strategic objectives;
- ii. Platform to share/disseminate project reports, documents and materials
- iii. Fast-track eligible & potential future projects for potential implementation.

Additional potential projects may be identified after initial country consultations. These projects will be repository of projects known as the ARIA RISE Project Hub. There is further scope to identify opportunities for regular inputs from country stakeholders.

9.2 Project Proposals from Project Teams

Independent organisations and individuals affiliated with ARIA do not have to request permission from the ARIA Steering Committee to submit a grant funding application. However, members undertaking individual or organisation-based activities are strongly encouraged to ensure planned immunisation-related funding applications are flagged with the ARIA Secretariat and other members as early as possible in the process. This will support collaboration and transparency, provide an opportunity to leverage off any existing work being implemented by ARIA members, and remove potential for duplication of effort – thereby aligning with the [ARIA guiding principles](#). Independent organisations and/or individuals *should not* submit an application on behalf of ARIA without endorsement by the Steering Committee.

ARIA RISE Country Project teams are requested to submit a summary of proposed projects developed as a product of the planned consultations with in-country Key stakeholders. Country Project teams must use a uniform proposal submission template attached in [Annexure 2](#). The Country proposal submission template includes a weighted criteria system that corresponds to the Approved ARIA- RISE Program Logic 2020-2022.

The ARIA Secretariat will review all submissions and will be responsible for preparing adjudicated proposals for review by Review Sub-Committees. Please note that the Review Sub-Committees cannot review projects that have not been submitted in this manner. Country Project teams are encouraged to contact the ARIA Secretariat for any questions or support in submitting a proposal.

9.3 Review Sub-Committee

Potential ARIA-RISE Country Project Proposals will be screened for completeness by the ARIA Secretariat. These proposals will be reviewed by a Country-Specific Review Sub-Committees comprising of three ARIA Steering Committee Members. This Sub-Committee of

the Steering Group will not comprise of any members from the Country Project Team corresponding with the project proposal; nor the ARIA Steering Committee Chair.

The panel will be responsible for:

- i. Reviewing Country Project Proposal Submissions according to weighted template criteria.
- ii. Collaborating and jointly identifying successful project proposal(s) for selected focus country.

Proposals that do not exceed the indicative project cap¹ will be reviewed by a review panel through an offline, asynchronous process. This review panel will be identified by the Secretariat and presented to the Steering Committee in advance of proposal reviews. Proposals exceeding the indicative project cap will be reviewed and discussed through a face-to-face meeting of the panel. The Steering Committee will continue to act as the decision making body for all other matters arising from the review process.

As noted in point ii) above, the review panel will be responsible for presenting its findings to the Steering Committee. Reviewed proposals will have one of three possible outcomes:

- 1) Project ready for funding & implementation;
- 2) Project may be feasible but requires further planning & development via Project Hub
- 3) Project not currently feasible to progress further

All unsuccessful projects will be retained in the ARIA RISE Project Hub and can be fast-tracked for future review in the manner described above.

9.4 Funding applications on behalf of ARIA

Funding applications to be submitted on behalf of ARIA should be based on the criteria outlined in Table 3 below.

The plan to develop or submit an application must be shared with the Secretariat for consideration by the Steering Committee early in any process. The Steering Committee will review potential ARIA funding proposals based on the criteria in Table 3, and either endorse, endorse with amendment requirements, or reject the proposal. The outcome of the review process will be shared with all ARIA members. Where consensus cannot be reached within the Steering Committee, the Chair may exercise the ultimate decision-making responsibility.

Activities undertaken as part of funding applications submitted on behalf of ARIA are considered an [ARIA project](#).

Table 3: Criteria for endorsement of an ARIA funding application by the Steering Committee

Criteria	
1.	Country priority and support: Has the relevant country government, non-government organisation or local institution provided in-principle support for the funding application?
2.	Proposed Approach: Has the project design demonstrated a method appropriate for the proposed outcomes?
3.	ARIA member representation: Are there a minimum of two ARIA members from different organisations included in the funding application?
4.	Alignment with ARIA goal: does this project align with the ARIA goal ?
5.	Feasibility: Does implementation of this project appear feasible? <ul style="list-style-type: none"> • Can the project be implemented within required timelines? • Are the available resources, including budget and human resources, appropriate to enable successful outcomes?
6.	Impact: How likely is the project to improve immunisation and VPD control policy and practice, and/or strengthen partnerships?
7.	Conflict of interest: Is this project funded by industries that draw profits from activities that are inherently inimical to public health e.g. tobacco or related?
8.	Risk/s: What are the risks associated with implementing this project? <ul style="list-style-type: none"> • Geographic and contextual risks • Human resources and policy risks • Disease outbreak risks • Financial risks • Other

9.5 Administration of ARIA projects and requests for ARIA technical support

9.5.1 Definition of ARIA projects

ARIA projects:

- Have been reviewed and endorsed by the ARIA Steering Committee;
- Are implemented by two or more ARIA members on behalf of ARIA;
- Must adhere to ARIA [internal reporting requirements](#); and
- Should, wherever possible, incorporate a proportion of the budget to support ARIA secretariat functions.

An example of a current ARIA project is the successful application for funding leading to the ARIA-RISE (Regional Immunisation Strengthening and Engagement) project under the DFAT Indo-Pacific Centre for Health Security PIDP program.

9.5.2 Distribution of funds

ARIA projects can be administered by any individual organisation that is associated with a member of ARIA. Activities performed by individual organisations as part of an ARIA project will be funded under the approved budget for that project, with funds allocated and distributed as appropriate according to the project protocol.

9.5.3 Internal reporting requirements

ARIA projects must adhere to respective contractual reporting requirements to donors, as well as internal reporting requirements to ARIA members. Internal reporting requirements include:

- Annual written reports provided to the ARIA Steering Committee and members via the ARIA Secretariat (1–2 pages at minimum); and
- Brief quarterly written reports provided to the ARIA Steering Committee and members via the ARIA Secretariat

Internal reporting will provide a mechanism for monitoring the progress of projects badged under ARIA, and facilitate transparency and information sharing amongst ARIA members. Internal reports will be brief, and where possible, align with the project's contractual reporting requirements to reduce any duplication of ARIA member effort.

9.5.4 Requests to ARIA for technical support

Requests to ARIA for technical support must be coordinated via the ARIA Secretariat: SCHN-NCIRSGlobal@health.nsw.gov.au. Having one focal point that links to multiple organisations facilitates rapid access to a wide range of expertise and provides a platform to leverage off any existing work being implemented by ARIA members. Importantly, this also supports transparency, shared decision-making processes, and attainment of governance requirements within ARIA.

Furthermore, ARIA anticipates this mechanism will help reduce the administrative effort required by governments, global immunisation partners, non-government organisations and other partners in Australia and our region to access different immunisation-related services.

Annexure 1: ARIA members and affiliations as on 31 January 2021

Sr No	Name	Affiliation
1	A/Professor Meru Sheel	University of Sydney and Australia National University
2	Professor Christopher Morgan	Jhpiego
3	Professor Paul Effler	Department of Health Western Australia; WHO Global Outbreak Alert and Response Network; University of Western Australia
4	Ms Kylie Jenkins	Independent health consultant; Murdoch Children's Research Institute
5	Dr Joshua Francis	Menzies School of Health Research
6	Professor Allen Cheng	Monash University
7	Professor Julie Bines	Murdoch Children's Research Institute; University of Melbourne
8	A/Professor Nigel Crawford	Murdoch Children's Research Institute; University of Melbourne
9	A/Professor Margie Danchin	Murdoch Children's Research Institute; University of Melbourne
10	Professor Kim Mulholland	Murdoch Children's Research Institute; University of Melbourne
11	Ms Chloe Damon	Department of Foreign Affairs and Trade
12	Professor Kristine Macartney	The National Centre for Immunisation Research and Surveillance; University of Sydney
13	Ms Julia Maguire	The National Centre for Immunisation Research and Surveillance; University of Sydney
14	Professor Peter McIntyre	The National Centre for Immunisation Research and Surveillance; University of Sydney
15	Dr Sarah Sheridan	The National Centre for Immunisation Research and Surveillance; University of New South Wales
16	A/Professor Nicholas Wood	The National Centre for Immunisation Research and Surveillance; University of Sydney
17	Professor Christopher Blyth	Telethon Kids Institute; University of Western Australia
18	Professor David Durrheim	University of Newcastle; Hunter New England Local Health District
19	Professor John Kaldor	University of New South Wales; Kirby Institute
20	Professor Julie Leask	University of Sydney; The National Centre for Immunisation Research and Surveillance
21	Professor Tom Snelling	University of Sydney; Telethon Kids Institute
22	Dr Aditi Dey	The National Centre for Immunisation Research and Surveillance
23	Professor Michael Gold	University of Adelaide
24	Dr Kerrie Wiley	University of Sydney
25	Dr Katarzyna Bolsewicz	The University of Newcastle

26	Dr Jessica Kaufman	Murdoch Children's Research Institute
27	Dr Jennifer Yan	Menzies School of Health Research
28	Dr Cattram Nguyen	Murdoch Children's Research Institute; University of Melbourne
29	Dr Jessica Howell	Burnet Institute
30	Dr Yasmin Mohamed	Burnet Institute
31	A/Professor Holly Seale	University of New South Wales (UNSW)
32	Dr Ketaki Sharma	The National Centre for Immunisation Research and Surveillance
33	Dr Andrew Vallely	Kirby Institute, UNSW
34	Dr Dorothy Machalek	Kirby Institute, UNSW
35	Dr Geoffrey Clark	Royal Flying Doctor Service
36	Dr Gulam Khandaker	Central Queensland Hospital and Health Service
37	Dr Peter Richmond	Telethon Kids Institute; University of Western Australia
38	Mr Md Saiful Islam	Australian National University
39	Dr Andre Wattiaux	Gold Coast Public Health Unit
40	Dr Jane Frawley	University of Technology, Sydney (UTS)
41	Professor Julia Brotherton	VCS Foundation
42	Ms. Lisa Davidson	Burnet Institute
43	Ms. Milena Dalton	Burnet Institute
44	Professor Ross Andrews	Australian National University

*. Each individual is to sign the ARIA member code of conduct in order to become a formal ARIA member

Contact details of ARIA Secretariat:

Sr No	ARIA Secretariat	Email
1	Michael Wong	Michaelwong2@health.nsw.gov.au
2	Shiva Shrestha	Shiva.shrestha@health.nsw.gov.au
3	Robyn Short	Robyn.ShortHobbs@health.nsw.gov.au

Annexure 2: Country Project Proposal Template for selection of ARIA-RISE activities for Component 1-Phase 2*

Please provide a detailed 1-2 page summary of the Proposed Project as a cover to this form. The Country-Specific Review Committee may also refer to any related documents as part of the adjudication process, in addition to the form below.

* As per provisional criteria for identification and selection of activities to undertake in Component 1-Phase 2*, ARIA-RISE bid May 2019

^ As per the ARIA-RISE Program Logic for end of PIDP investment outcomes, ARIA-RISE mini design December 2019

Alignment with ARIA-RISE Outcomes (40%)		
Criteria	Weighting	Details
Stakeholder consultation		Please describe any discussions/approvals/requests to date:
Country or Key Stakeholder(s)	5%	Has the relevant country government, NGO or local institution provided in-principle support for the funding application? Yes <input type="checkbox"/> No <input type="checkbox"/>
Methodological Approach	30%	Please provide a detailed description of the project and its proposed approach, including reference to scientific validity and ethics considerations where appropriate.
Alignment with ARIA-RISE goal	10%	Does the project align to the ARIA-RISE goal to improve data for immunization coverage, surveillance and/or disease vulnerabilities at country/subnational levels? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Does the project leverage off ARIA's key strengths in responding to COVID-19 in this country's context? Yes <input type="checkbox"/> No <input type="checkbox"/>

Impact^	10%	<p>i. Does the project contribute to end of investment outcomes? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If so, please provide details:</i></p>	
		<p>ii. Does the project increase in quality & uptake of immunisation services within selected country? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If so, please provide details:</i></p>	
		<p>iii. Does the project improve emergency coordination responses by countries to incidents affecting immunisation delivery? <i>If so, please provide details:</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
		<p>iv. Does the project have relevance to the impacts and potential response to the COVID-19 pandemic or other health emergency responses? <i>If so, please provide details:</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
Project Implementation (60%)			
Feasibility	10%	Does implementation of this project appear feasible? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, describe the main constraints to implementation:
		Are the available resources, including budget and human resources, appropriate to enable successful outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, describe the main resource constraints:
		Does the project build country capacity (local capacity; health workforce; other stakeholders)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide a brief description:
Financial Planning		Is project within ARIA resource capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provided a budget proposal by year:

	20%	Are there any other funding sources (including in-kind), <input type="checkbox"/> Yes <input type="checkbox"/> No	If so what is the amount and source/s?
Risk/s Are the project's key risks identified and open to controls where appropriate?	15%	Geographic (including adverse weather effects and difficulty travel due to limited infrastructure) Yes <input type="checkbox"/> <input type="checkbox"/> No	Please provide a brief description of risk management/proposed controls:
		Human resource and policy risks (including staff turnover, recruitment difficulties, inappropriate behaviours) Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide a brief description of risk management/proposed controls:
		Alignment with partner governments' technical, human resource capacity and health priorities <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide a brief description of risk management/proposed controls:
		Disease outbreaks (VPD and non-VPD health threat diverting resources and disrupting staff) <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide a brief description of risk management/proposed controls:
		Financial (loss through fraud, mismanagement or unexpected resource requirements) Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide a brief description of risk management/proposed controls:
		Percentage of the project will be implemented by June 2021. Please feel free to provide a breakdown by year.	<i>When providing details, please note that the ARIA-RISE project will last from 2020-2022.</i>
		Is this project is linked to an existing project? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, please provide details:
Other		Other information e.g. staff availability, ensuring balance of activities across select countries:	
Total Weighting	100%	Maximum Total of 100%	

Annexure 3: Project proposal selection process of ARIA-RISE projects

