



# Annual Progress Report 2007

Submitted by

The Government of

Bosnia and Herzegovina

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**(to be accompanied with Excel sheet as prescribed)**

Please return a signed copy of the document to:

**GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.**

**Enquiries to: Dr Raj Kumar, [rajkumar@gavialliance.org](mailto:rajkumar@gavialliance.org) or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.**

*This report reports on activities in 2007 and specifies requests for January – December 2009*

## Signatures Page for ISS, INS and NVS

For the Government of ...Bosnia and Herzegovina.....

**Ministry of Civil Affaires:**

**Ministry of Finance and Treasure :**

Title: .....

Title: .....

Signature: .....

Signature: .....

Date: .....

Date: .....

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excelsheet. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
dr Dragana Stoisavljević	PHI RS, Director		
dr Mitar Tešanović	PHI RS		
Prof. Zlatko Puvacic	PHI FBiH		
Dr. Drazenka Rados-Malicbegovic	MoCA		
Dr. Fani Majkic	FMoH		
Dr. Selena Bajraktarevic	UNICEF		
Haris Hajrulahovic	WHO		
Dr. Zlatko Vucina	FPHI		
Dr. Aida Cemerlic	FPHI		
Dr. Janja Bojanic	PHI RS		
Dr.Mirsada Mulaomerovic	FPHI		



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*Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.*

## **1. Report on progress made during 2007**

### **1.1 Immunization Services Support (ISS)**

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

#### **1.1.1 Management of ISS Funds**

*Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).*

*Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.*

### 1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007

Remaining funds (carry over) from 2006 \_\_\_

Balance to be carried over to 2008 \_\_\_

**Table 1: Use of funds during 2007\***

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ..... (specify)					
<b>Total:</b>					
<b>Remaining funds for next year:</b>					

*\*If no information is available because of block grants, please indicate under 'other'.*

**Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed.**

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

### 1.1.3 Immunization Data Quality Audit (DQA)

Next\* DQA scheduled for \_\_\_ \_\_\_\_\_

*\*If no DQA has been passed, when will the DQA be conducted?*

*\*If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*

*\*If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

*Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?*

YES  NO

*If yes, please report on the degree of its implementation and attach the plan.*

**Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.**

*Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).*

### 1.1.4. ICC meetings

*How many times did the ICC meet in 2007? **Please attach all minutes.***

*Are any Civil Society Organizations members of the ICC and if yes, which ones?*

Four times.  
UNICEF and WHO.

**Minutes from First ICC meeting**  
Sarajevo, 31 January 2008

**Present:** dr.Mitar Tešanović, RS PHI  
dr.Fani Majkić, FMoH  
dr. Zlatko Vučina, Director, FPHI  
dr. Aida Ćemerlić, Deputy Director, FPHI  
Prof. Dr. Zlatko Puvačić, FPHI  
Mr. Haris Hajrulahović, WHO  
Snježana Brčkalo, MoCA

dr. Selena Bajraktarević, UNICEF

**Other invited:** dr. Safet Omerović Ministar, FMoH  
Prof. Ranko Škrbić, Ministar, RS MoHSW  
dr. Draženka Malićbegović, MoCA  
dr. Mirsada Mulaomerović, FPHI  
dr. Dragana Stojisavljević, Director, RS PHI  
dr. Jasna Šadić, PHI Brcko District

**Agenda:**

1. Planned activities in immunization programme for 2008:  
Prof.Z. Puvačić, Coordinator of Immunization Programme FBiH  
Dr.J.Šadić, Coordinator of Immunization programme DB  
dr. M.Tešanović, epidemiologist in Immunization programme, RS  
H.Hajrulahović, WHO  
dr.S.Bajraktarević, UNICEF BiH
2. AOB

**Conclusions:**

FMoH established a body for implementing activities marking the European Immunization Week. It was planned that in 2008 this activity has more promotional character. This decision has been made at all levels Federal, Cantonal and Municipal Promotional activities will include

- A) general promotion
- B) Roma population

Activities of Immunization would be followed up during whole year.

After immunization week a study has to be done. Interviewing parents and health workers to prepare target evaluation of the achieved results based on indicators established on the level of several European countries.

Ministry expects from WHO and UNICEF financial support in amount of 15,000 € as well as technical support. Action plan will be prepared, by consensus of all Committee members, by February.

Ministry and FBiH Government Ministry allocated funds for vaccination. Introduction of pentavalent vaccine is planned in the future.

**RS:**

The responsibility of coordinating Immunization for RS was assigned to Institute for Health Protection. They do not have a plan for marking of Immunization Week.

**WHO:**

Council of ministers gave it's support for immunization, WHO has signed with MoCA Memorandum of Understanding which contains Immunization. It is necessary to establish structures

1. Political
2. Professional

to elaborate operational plan by team of professionals proposed by ministries.

It is also necessary to renew overall long-term plan which expired in 2006 and based on it, to prepare a new one which will be valid from 2008-2012 which is actually the basis for GAVI support.

Planned budget for support of immunization from WHO is cca 150,000 €

**UNICEF:**

- UNICEF's support for immunization in BiH will include the following:
  1. Assistance to governments in delivery of HepB and HIB vaccine
  2. ICC strengthening of cold chain through donating of equipment



- Cold room, refrigerator and vehicle specialized for vaccine transportation. Two vehicles will be donated to federation BiH and one vehicle to RS
- UNICEF will also engage consultant Ahmet Afsar for professional assistance in installing and using cold chain equipment. It is planned that Consultant arrive in March and his assistance in the field is planned as follows  
First week of March- Federation BiH  
Second week of March - RS
- It was agreed that next ICC meeting take place after ministries nominate professional groups which will be responsible for development of operational plan.  
Coordinators from the Entities and District Brcko should prepare a proposal for needed quantities of vaccines and syringes to be able to harmonize their needs and available quantities already delivered by GAVI secretariat.

**Second Interagency Coordination Committee Meeting Minutes  
Sarajevo 26.03.2008.**

**Present:** dr.Mitar Tešanović, RS PHI  
dr.Fani Majkić, FMoH  
dr. Zlatko Vučina, Director, FPHI  
dr. Aida Čemerlić, Deputy Director, FPHI  
Prof. Dr. Zlatko Puvačić, FPHI  
Mr. Haris Hajrulahović, WHO  
dr. Selena Bajraktarević, UNICEF

**Other invited:** dr. Safet Omerović Ministar, FMoH  
Prof. Ranko Škrbić, Ministar, RS MoHSW  
dr. Draženka Maličbegović, MoCA  
dr. Mirsada Mulaomerović, FPHI  
dr. Dragana Stojisavljević, Director, RS PHI  
dr. Jasna Šadic, PHI Brcko District

**Agenda: Development of Pandemic Influenza Vaccination (PIV) Operational Plan**

Dr.Oya Afsar presented to the ICC members a strategy for developing of Pandemic Influenza Vaccination (PIV) Operational Plan. She provided technical assistance to the governments of BiH and UNICEF BiH on developing PIV Operational Plan through the following tasks:

- Met with government representatives to discuss the outline of guidelines for PIV presenting the main issues of each item within the outline of the operational plan. Requested from each government representative to provide required inputs for the operational plan before the PIV country workshop.
- Collected all inputs provided by government partners, developed and shared draft PIV operational plan
- Finalised draft PIV operational plan with government partners during the workshop

**Third Interagency Coordination Committee Meeting Minutes  
Sarajevo, 22 July 2008**

**Present:** Dr. Mitar Tesanovic, Epidemiologist , PHI RS

Dr. Fani Majkic, FMOH  
Mr. Haris Hajrulahovic, WHO BiH  
Dr. Drazenka Malicbegovic-Rados, Assistant of Minister, MoCA  
Prof. Dr. Zlatko Puvacic, Epidemiologist; FPHI  
Dr. Selena Bajraktarevic, UNICEF BiH

Other invited members of the GAVI entity committees or invitees who could not attend the meeting:

Dr. Safet Omerovic, Minister, FMOH  
Prof. Ranko Skrbic, Minister, MoHSW  
Dr. Janja Bojanic, PHI RS  
Dr. Jasna Sadic, EPI Manager, District Brcko  
Dr. Zlatko Vucina, Director, FPHI  
Dr. Dragana Stojisavljevic, Director, RS PHI  
Dr. Aida Cemerlic, Deputy Director, FPHI  
Dr. Mirsada Mulaomerovic, FPHI

**Agenda:**

- Report on undertaken and planned activities within the immunization programmes in 2008  
(Prof. Z. Puvacic, Immunization Programme Coordinator F BiH, Dr. Jasna Sadic, Immunization Programme Coordinator DB, Dr. J. Bojanic, Dr. M. Tesanovic, H. Hajrulahovic, SZO; Dr. S. Bajraktarevic, UNICEF BiH)
- Finalization of Joint Immunization Reporting Form WHO/UNICEF and APR GAVI
- Other

**Conclusions:**

**FPHI:**

1. Federation BiH is experiencing a small grassroots anti-vaccination movement, the main source being the media releases of Ms. Jagoda Savic. None the less, over 50 % of children have been immunized since the beginning of the year. MMR immunization campaign which was planned for June has been postponed for September due to Ms. Savic's involvement. 52,000 doses of the MMR vaccine intended for the campaign are in government storage prepared for campaign.
2. Federation BiH has held a seminar for those responsible for the Roma population. Participants consisted of educated Roma population. Special Roma immunization cards were developed in order to easier track the immunization records of the mobile population. Also, since in May one Roma child died shortly after vaccination, it was decided that immunizations done among the Roma population would be preceded by a physical exam by a paediatrician in order to minimize the likelihood of association of vaccination with other possible causes of death.

**RS PHI:**

3. In Republika Srpska, due to new professionals being involved in the immunization program, additional time was needed to introduce GAVI procedure for Hib. Vaccine shipment was received in September 2007 and GAVI procedure was initiated in January 2008.
4. In Republika Srpska, immunization rates are falling due to Ms. Jagoda Savic's involvement in media.
5. Republika Srpska has suspended MMR vaccination for the past 4 months due to vaccine shortage. Last shipment of MMR vaccines procured by government of RS from the Czech producer Seva, valued at 250,000 BAM, failed to meet cold chain requirements for transport. When tested at an independent lab in Germany it failed. Prof. Zlatko Puvacic from FPHI suggested lending vaccines from Federation of BiH to Republika Srpska until the issue is solved.
6. The full report on activities undertaken by RS PHI is shared with ICC , in brief 14 training seminars were organised for 240 health professionals and 150 mobile teams were organised to conduct catch up immunization under 1000 un- immunized children in RS.

**WHO:**

7. WHO is focusing on an MMR campaign. Currently they are finishing a situation analysis and by the end of the year, they are planning a conference. The conference will provide immunization information, answer professional questions, and prepare medical professionals and the general population for an immunization campaign. WHO is also

working on a training package for health professionals to decrease doubts concerning the safety and quality of vaccines.

8. WHO is also aiding in the organization of Agency for drugs. The Agency will have three major units such as the headquarters which will be located in Banja Luka, the laboratory located in Sarajevo, and the centre to follow up on adverse events located in Mostar.

9. Concerning the anti-vaccination campaign, UNICEF, WHO, and governments jointly will prepare a social mobilization and communication plan to enable government and professionals involved in immunization programme to provide appropriate response and to react properly in vaccination communication crisis.

**FMOH:**

10. FMOH representatives, asked ICC to ensure establishment of BiH National Regulatory Authority for immunization programme. The reason for that is an active anti-vaccination movement in BiH and lack of strong arguments on the government side to defend the vaccine quality. WHO will provide further assistance with this issue.

**MOCA:**

11. MoCA asked UNICEF to provide further support in combining the entity reports on immunization programme and in development of country report. UNICEF support is also required in building of MoCA capacity in taking over reporting to GAVI on behalf of BiH.

12. Two entity epidemiologist ( Prof.Puvacic and Dr.Tesanovic) agreed to work further with UNICEF on development of APR and JIF WHO/UNICEF. This work will be finalised by them by Tuesday , 29 July 2008.

**Fourth Interagency Coordination Committee Meeting Minutes  
Sarajevo, 22 July 2008**

**Present:** Dr. Mitar Tesanovic, Epidemiologist , PHI RS  
Dr. Fani Majkic, FMOH  
Dr. Zlatko Vucina, Director, FPHI  
Dr. Aida Cemerlic, Deputy Director, FPHI  
Dr. Drazenka Malicbegovic-Rados, Assistant of Minister, MoCA  
Dr. Mirsada Mulaomerovic, FPHI  
Mr. Haris Hajrulahovic, WHO BiH  
Dr. Selena Bajraktarevic, UNICEF BiH

Other invited members of the GAVI entity committees or invitees who could not attend the meeting:

Dr. Safet Omerovic, Minister, FMOH  
Prof. Ranko Skrbic, Minister, MoHSW  
Dr. Janja Bojanic, PHI RS  
Dr. Jasna Sadic, EPI Manager, District Brcko  
Dr. Dragana Stojisavljevic, Director, RS PHI  
Prof. Dr. Zlatko Puvacic, Epidemiologist; FPHI

**Agenda:**

- Endorsement of GAVI Annual Progress Report

**Conclusions:**

- All ICC members endorsed the GAVI Annual Progress Report for 2007
- Ministry of Civil Affairs agreed to take over tasks of organizing the ICC group and preparing the GAVI Annual Progress Report and UNICEF/WHO Joint Immunization Form for 2008 in a timely fashion.

## 1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

### 1.2.1. Receipt of new and under-used vaccines during 2007

*When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2007.*

#### Republika Srpska

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Hepatitis B	mono	37 420	2001	15.4.2007
Hepatitis B	multi - 10 doses	11 190	2001	15.4.2007
Act-Hib	mono	38 800	January 2008	18.9.2007

#### Federation BiH

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Hepatitis B	mono	32 480	01.05.2004	28.03.2007
Hepatitis B	multi - 10 doses	26 500	01.05.2004	13.03.2007
Act-Hib	mono	47 500 28 940	01.01.2007	17.09.2007 29.11.2007

#### District of Brcko

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Hepatitis B	mono	700	2001	22.03.2007
Hepatitis B	multi - 10 doses	1 200	2001	12.03.2007
Act-Hib	mono	2 360	01.01.2007	12.09.2007

*Please report on any problems encountered.*

#### **RS**

*Due to new professionals involved in the immunization program in Republika Srpska additional time was needed to introduce GAVI procedure. WHO and UNICEF offices provided technical support to Ministry of Health and Public Health Institute of Republika Srpska to overcome this issue. Official introduction of Hib vaccine in Republika Srpska was January 2008*

#### **F BiH**

*Didn't have any major problems.*

#### **DB**

*Didn't have any major problems.*

### 1.2.2. Major activities

*Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.*

#### **BiH (country level)**

- With UNICEF/WHO support, the government of BiH worked intensively with the media, announcing this action in advance and informing parents on the right of their children to immunization and its importance aiming to reach as many parents and their children as possible. The major achievement of this communication campaign was increased awareness of health professionals on their obligations as client-oriented service providers, who are responsible to reach un-immunized children and protect them from vaccine-preventable diseases.*

- In order to ensure an efficient and safe administration of vaccines, UNICEF supported the governments of BiH and entity PHIs to conduct seven training seminars for 250 health professionals on the proper storage and management of vaccines.
- In joint collaboration with WHO, UNICEF helped the governments of BiH to organize a country-wide **European Immunization Week (EIW)**. The EIW was organised for 16-22 April 2007 with the slogan "Every child has the right to be immunized, I am immunized!" It was the first annual initiative in the country organised to increase awareness of policy makers, health professionals and community representatives on the importance of children's need and right to be protected from vaccine-preventable diseases, focusing particularly on vulnerable and most disadvantaged children. This supported the work of the Public Health Institutes, health centres and Ministries of Health to map out immunization coverage across the country, to detect locations of un-immunized children and, based on the findings, to develop two entity National Action Plans. These plans will focus on ensuring immunization of all children throughout the country with special emphasis on excluded and vulnerable children. Therefore, in order to support the development of future national immunization plans in BiH, UNICEF together with WHO, assisted with the launch of the EIW.
- During the EIW, nine educational cantonal/regional round tables addressed efficient immunization, and 300 journalists, immunization coordinators and other health professionals actively participated in both entities of BiH and Brcko District.
- Within the European Immunization Week government of BiH together with UNICEF/WHO developed 11,000 leaflets, 1,100 posters and 200 t-shirts with slogan of the EIW "I am immunized!"
- Government of BiH received UNICEF support to implement BiH Country Assessment for Pandemic vaccination preparedness from 21 May to 1 June. Based on assessment report up-grade of cold chain was undertaken in both entity and District Brcko.

## **RS**

During 2007, MoH RS form, the commission whose task was an introduction of Hib vaccine in National Immunization Programme, together with the Public Health Institute they have implemented the following activities in 2007:

- Celebration of European Immunization Week ensuring that every child is immunized and protected from major vaccine-preventable diseases through the **catch-up immunization conducted in hard-to-reach areas** of RS. Through this initiative 150 mobile medical teams from 50 health centres of RS immunized 2,314 displaced and/or Roma children. Children under one year were immunized against diphtheria, tetanus, pertussis and poliomyelitis. Older children received vaccines against measles, mumps and rubella. In addition, children, together with their parents, received key information on the importance of immunization along with a vaccination schedule with the appointment date for the next vaccine.
- Monitoring of the program – monthly/annually, pertaining to EPI vaccines coverage, vaccine consumption and wastage, immunization adverse effects – continuous and timely;
- Data quality control – analysis, discussions with professionals from regional PHI;

## **F-BiH:**

Public Health Institute of the Federation of BiH implemented the following activities in 2007:

- Monitoring of the program – monthly/annually, pertaining to EPI vaccines coverage, vaccine consumption and wastage, immunization adverse effects – continuous and timely;
- Quarterly reporting of Cantonal EPI Coordinators on immunization coverage and vaccine consumption – analysis and discussions;
- Data quality control – analysis, discussions;
- Several educational meetings/consultations were organized for program personnel, with focus on the following topics:
  1. Importance of quality enhancement of immunization program
  2. List of indicators for immunization program quality monitoring
  3. Current problems
- Intensifying activities on increasing immunization coverage :Monitoring of unvaccinated

children“ (based on proposal of National EPI Coordinator for FBiH and evaluated as important for assessment of FBiH immunization program quality by epidemiologists and paediatricians);

- Identification of Roma and refugee settlements;
- Catch-up immunization campaigns in Roma settlements
- Number of activities pertaining to application of Hib vaccines, supplied by GAVI;
- Central-level cold storage control (work with the consultant);

#### DB

- Monitoring of the program – monthly/annually, pertaining to EPI vaccines coverage, vaccine consumption and wastage, immunization adverse effects – continuous and timely;
- Round table on safe immunization programme organized for health professionals involved in administration of vaccines

### 1.2.3. Use of GAVI funding entity support (US\$ 100.000) for the introduction of the new vaccine

These funds were received on : GAVI/VF financial support was distributed between Federation of Bosnia and Herzegovina, Republic of Srpska and Brcko District based on an ICC decision in 2003, as 52%, 44% and 3% respectively

Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Entities and national	Distributed amount %	Received amount in local currency (BAM)	Utilized amount BAM (% in 2004)	Utilized amount BAM (% in 2005)	Utilized amount BAM (% in 2006)	Utilized amount BAM (% in 2007)	Remaining amount BAM (% by end of 2007)
Federation of Bosnia and Herzegovina	52%	86,373.98 (100%)	32,171.76 (37%)	20,212 (24%)	16,440.28 (19%)	6,444 (8%)	10 000 (12%)
Republic of Srpska	44%	72,968.65 (100%)	36,332.6 (50%)	3,000 (4%)	16,100 (22%)	0*	17,536.05 (24%)
Brcko District	3%	5,000 (100%)	2,500 (50%)	2,500 (50%)	0	0	0
Bank charges	1%	Not relevant	Not relevant	Not relevant	Not relevant	Not relevant	Not relevant
<b>BiH</b>	<b>100%</b>	<b>164,342.63 (100%)</b>	<b>71,004.36 (43%)</b>	<b>25,712 (16%)</b>	<b>32,540.28 (20%)</b>	<b>6,444 (4%)</b>	<b>27 536.05 (17%)</b>

In 2007, financial support was used for following activities;

- **Federation of Bosnia and Herzegovina (6,444,28 BAM, 9% of total allocated amount to FBiH)**  
There were 7 technical meetings in Sarajevo, Travnik, Tuzla, Mostar, Zenica, Orasje, and Bihac in 2007. Meetings were organized by local expert from FPPI and following topics were discussed: evaluation of immunization coverage rates, introduction of Hib vaccine into immunization; challenges and lessons learned, planning, reporting, cold chain, injection safety, counter-indications, communication and response to media queries related to immunization and current problems.
- **Republic of Srpska (13,536.05 BAM, 19% of total allocated amount to RS)**  
\*13,536.05 BAM has been utilized in January 2008. 7 training seminars for health professionals on Hib vaccination have been organized.
- **Brcko**  
No allocated funds left for 2007

These funds were received on: 2004

Funds received during 2007 no funds received

Balance to be carried over to 2008 27 536.05 BAM

*Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.*

*Introduction - 70%*  
*Strengthening - 30%*

#### **1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment**

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in 2007 Yes

*Please summarize the major recommendations from the EVSM/VMA*

The Vaccine Management Assessment (VMA) was conducted in 2006 with WHO consultant and implementation of the VMA recommendations to improve cold chain system, storage of vaccines, and safe disposal progressed through 2007 countrywide.

Was an action plan prepared following the EVSM/VMA: Yes/No

*If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.*

The next EVSM/VMA\* will be conducted in: no data

*\*All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.*

## 1.3 Injection Safety

### 1.3.1 Receipt of injection safety support

Received in cash/kind: no funds

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).

#### *BiH national level*

Injection Safety Material	Quantity	Date received
AD-BCG	33,800	15.03.2007
AD syringes	133,900	15.03.2007
AD-Rec	11,844	15.03.2007
Safety Boxes	2,850	15.03.2007

#### *Republika Srpska*

Injection Safety Material	Quantity	Date received
AD-BCG	11,154	15.03.2007
AD syringes	44,187	15.03.2007
AD-Rec	3,960	15.03.2007

#### *Federation BiH*

Injection Safety Material	Quantity	Date received
AD-BCG	21,632	15.03.2007
AD syringes	85,696	15.03.2007
AD-Rec	7,680	15.03.2007

#### *District of Brcko*

Injection Safety Material	Quantity	Date received
AD-BCG	1,014	15.03.2007
AD syringes	4,017	15.03.2007
AD-Rec	204	15.03.2007

Please report on any problems encountered.

#### **F-BiH**

Health professionals who use AD syringes complained that needles were not sharp enough and that needle-tip diameter makes vaccine administration difficult. BCG AD syringes were used without any problems.

#### **RS**

Health professionals who use AD syringes complained that needles were not sharp enough and that needle-tip diameter makes vaccine administration difficult. BCG AD syringes were used without any problems.

RS has a problem with safe disposal of sharps and injections. Currently the safety boxes containing used needles and syringes are being buried with other medical waste.

#### **Brcko**

Health professionals who use AD syringes complained that needles were not sharp enough and that needle-tip diameter makes vaccine administration difficult. BCG AD syringes were used without any problems.

### 1.3.2. Progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.



*Support has not ended in 2007*

*Please report how sharps waste is being disposed of.*

*In District Brcko and RS, PHIs used safety boxes for single use for needles and syringes disposal. They do not perform safe sharp waste disposal, only bury together with a rest of medical waste. In Federation BiH needles and syringes are placed in safety boxes and exported by a private company.*

*Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.*

*Lack of vehicle for transportation of materials, equipment for safe disposal, funds.*

**1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)**

*The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:*

*no funds*

## **2. Vaccine Co-financing, Immunization Financing and Financial Sustainability**

**Table 2.1: Overall Expenditures and Financing for Immunization**

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	<b>2007</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
	Actual	Planned	Planned	Planned
<b><i>Expenditures by Category</i></b>				
Vaccines	1,500,000 €	1,500,000 €	2,243,375 €	2,657,213 €
Injection supplies	100,000 €	100,000 €	109,966 €	100,000 €
Cold Chain equipment	74,060 €	74,060 €	25,000 €	30,000 €
Operational costs (salaries, etc.)	500,000 €	500,000 €	550,000 €	600,000 €
Vehicle for vaccine transportation			43,884 €	
Training of Health Professionals and Development of Educational Materials	76,336€	192,096 €	182,556 €	45,000 €
<b><i>Financing by Source</i></b>				
Government (incl. WB loans)	2,120,000 €	2,120,000 €	2,675,000 €	3,175,000 €
GAVI Fund	262,521 €	262,521 €	253,342 €	157,213 €
UNICEF	95,400 €	95,400 €	78,768 €	45,000 €
WHO	41,452 €	148,212 €	148,212 €	
Other (please specify)				
<b>Total Expenditure</b>	<b>2,250,396 €</b>	<b>2,366,156 €</b>	<b>3,154,781 €</b>	<b>3,432,213 €</b>
<b>Total Financing</b>	<b>2,519,373 €</b>	<b>2,626,133 €</b>	<b>3,155,322 €</b>	<b>3,377,213 €</b>
<b>Total Funding Gaps</b>				<b>55,000 €</b>

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination...

**Table 2.2: Country Co-Financing (in US\$)**

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	<b>2007</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Act-Hib	Actual	Planned	Planned	Planned
<b>Co-financing amount (in US\$ per dose)</b>				
Government				0%
Other sources (please specify)				
<b>Total Co-Financing (US\$ per dose)</b>				0

Please describe and explain the past and future trends in co-financing levels for the 1<sup>st</sup> GAVI awarded vaccine.

For 2 <sup>nd</sup> GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	<b>2007</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Hepatitis B monodose	Actual	Planned	Planned	Planned
<b>Co-financing amount (in US\$ per dose)</b>			0.30	0.33
Government	55%	55%	75%	81%
Other sources (please specify)				
<b>Total Co-Financing (US\$ per dose)</b>			0.30	0.33

Please describe and explain the past and future trends in co-financing levels for the 2<sup>nd</sup> GAVI awarded vaccine.

**Table 2.3: Country Co-Financing (in US\$)**

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

<b>Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?</b>			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other	yes	BCG, DPT, OPV, MMR, DT, dT, TT	government
UNICEF			
PAHO Revolving Fund			
Donations			
Other (specify)			

**Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?**

<b>Schedule of Co-Financing Payments</b>	<b>Proposed Payment Schedule</b> (month/year)	<b>Date of Actual Payments Made in 2007</b> (day/month)
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

<b>Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?</b>	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	yes
National health sector plan	yes
National health budget	yes
Medium-term expenditure framework	no
SWAp	n/a
cMYP Cost & Financing Analysis	n/a
Annual immunization plan	yes
Other	

<b>Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?</b>
1.
2.
3.
4.
5.

### 3. Request for new and under-used vaccines for year 2009

Section 3 is related to the request for new and under-used vaccines and injection safety for **2009**.

#### 3.1. Up-dated immunization targets

*Confirm/update basic data approved with country application:* figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided. Targets for future years **MUST** be provided.

*Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.*

No changes

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>DENOMINATORS</b>										
Births	31925	32655	32786	32917	33049	33280	33513	33781	34051	34357
Infants' deaths	215	220	221	222	223	224	225	225	200	195
Surviving infants	32438	32922	33054	33186	33319	33552	33787	34057	34329	34638
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 <sup>st</sup> dose of DTP (DTP1)*	30 550	31401	31700	31900	32010	32250	32500	32750	33000	33360
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 <sup>rd</sup> dose of DTP (DTP3)*	28 373	30016	30740	30862	30986	31203	31422	31673	31926	32213
<b>NEW VACCINES **</b>										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 <sup>st</sup> dose of Hep B ( <i>new vaccine</i> )	30948	31161	31800	31950	32090	32310	32540	32800	33100	33400
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 <sup>rd</sup> dose of Hep B ( <i>new vaccine</i> )	29130	30016	30740	30862	30986	31203	31422	31673	31926	32213
Wastage rate till 2007 and plan for 2008 beyond*** Hep B monodose.. ( <i>new vaccine</i> )	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Wastage rate till 2007 and plan for 2008 beyond*** Hep B 10-dose vial.. ( <i>new vaccine</i> )	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33
Infants vaccinated in ^ <b>Federation BiH</b> only till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 <sup>st</sup> dose of Hib ( <i>new vaccine</i> )	<b>20095<sup>^</sup></b>	<b>19950<sup>^</sup></b>	31700	31900	32010	32250	32500	32750	33000	33360
Infants vaccinated in ^ <b>Federation BiH</b> only till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 <sup>rd</sup> dose of Hib ( <i>new vaccine</i> )	<b>18839<sup>^</sup></b>	<b>19176<sup>^</sup></b>	31070	31195	31320	31539	31760	32014	32269	32560
Wastage rate till 2007 and plan for 2008 beyond*** <i>Hib</i> ( <i>new vaccine</i> )	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
<b>INJECTION SAFETY****</b>										

Infants vaccinated / to be vaccinated with BCG	30948	31161	31802	31950	32090	32310	32540	32800	33100	33400
Infants vaccinated / to be vaccinated with Measles (1 <sup>st</sup> dose)	27654	30730	31400	31550	31700	31920	32150	32430	32720	33040

\* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

\*\* Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

\*\*\* Indicate actual wastage rate obtained in past years

\*\*\*\* Insert any row as necessary

### 3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

no change
-----------

Please provide the Excel sheet for calculating vaccine request duly completed

**Table 6a. Estimated number of doses of Hep B vaccine, monodose presentation. (Please provide additional tables for additional vaccines and number them 6a, 6b, 6c etc)**

Vaccine :	2009	2010	2011
<b>Total doses required</b>	<b>67200</b>	<b>67400</b>	<b>67800</b>
<b>Doses to be funded by GAVI</b>	<b>12700</b>	<b>0</b>	<b>0</b>
<b>Doses to be funded by country</b>	<b>54500</b>	<b>67400</b>	<b>67800</b>
<b>Country co-pay in US\$/dose*</b>	<b>US\$ 0.33</b>	<b>US\$ 0.41</b>	<b>US\$ 0.41</b>
<b>Total co-pay</b>	<b>US\$ 22000</b>	<b>US\$ 27500</b>	<b>US\$ 28000</b>

\*As per GAVI co-financing policy, country grouping and order of vaccine introduction

**Table 6b. Estimated number of doses of Hib vaccine, monodose presentation. (Please provide additional tables for additional vaccines and number them 6a, 6b, 6c etc)**

Vaccine :	2009	2010	2011
<b>Total doses required</b>	<b>100500</b>	<b>101000</b>	<b>101700</b>
<b>Doses to be funded by GAVI</b>	<b>100500</b>	<b>75700</b>	<b>25400</b>
<b>Doses to be funded by country</b>	<b>0</b>	<b>25300</b>	<b>76300</b>
<b>Country co-pay in US\$/dose*</b>		<b>US\$ 0.92</b>	<b>US\$ 2.75</b>
<b>Total co-pay</b>	<b>0</b>	<b>US\$ 23276</b>	<b>US\$ 209825</b>

\*As per GAVI co-financing policy, country grouping and order of vaccine introduction

Remarks
<ul style="list-style-type: none"> <li>▪ <b>Phasing:</b> Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided</li> <li>▪ <b>Wastage of vaccines:</b> Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid.</li> <li>▪ <b>Buffer stock:</b> The buffer stock is recalculated every year as 25% the current vaccine requirement</li> <li>▪ <b>Anticipated vaccines in stock at start of year 2009:</b> It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.</li> <li>▪ <b>AD syringes:</b> A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines.</li> <li>▪ <b>Reconstitution syringes:</b> it applies only for lyophilized vaccines. Write zero for other vaccines.</li> <li>▪ <b>Safety boxes:</b> A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes</li> </ul>



**Table 7: Wastage rates and factors**

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

**In RS wastage rate for monodose vaccine is 1.11, for multidose 1.33 and BCG 1.82**

### 3.3 Confirmed/revised request for injection safety support for the year 2009

**Table 8a: Estimated supplies for safety of vaccination for the next two years with BCG** (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)

		Formula	2009	2010
<b>A</b>	Target if children for BCG Vaccination (for TT: target of pregnant women) (1)	#	31,950	32,090
<b>B</b>	Number of doses per child (for TT: target of pregnant women)	#	1	1
<b>C</b>	Number of BCG doses	A x B	31,950	32,090
<b>D</b>	AD syringes (+10% wastage)	C x 1.11	35,465	35,620
<b>E</b>	AD syringes buffer stock (2)	D x 0.25	8,866	8,905
<b>F</b>	Total AD syringes	D + E	44,331	44,525
<b>G</b>	Number of doses per vial	#	20	20
<b>H</b>	Vaccine wastage factor (3)	Either 2 or 1.6	9.00	9.00
<b>I</b>	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	15,959	16,029
<b>J</b>	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	669	672

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
- 2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.
- 3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
- 4 Only for lyophilized vaccines. Write zero for other vaccines.

**Table 8b: Estimated supplies for safety of vaccination for the next two years with DTP** (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)

		Formula	2009	2010
<b>A</b>	Target if children for DTP Vaccination (for TT: target of pregnant women) (1)	#	31,900	32,010
<b>B</b>	Number of doses per child (for TT: target of pregnant women)	#	3	3
<b>C</b>	Number of DTP doses	A x B	95,700	96,030
<b>D</b>	AD syringes (+10% wastage)	C x 1.11	106,227	106,593
<b>E</b>	AD syringes buffer stock (2)	D x 0.25	26,557	26,648
<b>F</b>	Total AD syringes	D + E	132,784	133,242
<b>G</b>	Number of doses per vial	#	10	10
<b>H</b>	Vaccine wastage factor (3)	Either 2 or 1.6	1.60	1.60
<b>I</b>	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	16,996	17,055
<b>J</b>	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	1,663	1,668

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
- 2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.
- 3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
- 4 Only for lyophilized vaccines. Write zero for other vaccines.

**Table 8c: Estimated supplies for safety of vaccination for the next two years with MMR** (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)

		<b>Formula</b>	<b>2009</b>	<b>2010</b>
<b>A</b>	Target if children for MMR Vaccination (for TT: target of pregnant women) (1)	#	31,550	31,700
<b>B</b>	Number of doses per child (for TT: target of pregnant women)	#	2	2
<b>C</b>	Number of MMR doses	A x B	63,100	63,400
<b>D</b>	AD syringes (+10% wastage)	C x 1.11	70,041	70,374
<b>E</b>	AD syringes buffer stock (2)	D x 0.25	17,510	17,594
<b>F</b>	Total AD syringes	D + E	87,551	87,968
<b>G</b>	Number of doses per vial	#	1	1
<b>H</b>	Vaccine wastage factor (3)	Either 2 or 1.6	1.05	1.05
<b>I</b>	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	73,543	73,893
<b>J</b>	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	1,788	1,797

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
- 2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.
- 3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
- 4 Only for lyophilized vaccines. Write zero for other vaccines.

*If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.*



*Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?*

*In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.*

**Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.**

<b>Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009</b> <i>(In case there is a change in the 2009 request, please justify in the narrative above)</i>			
<b>Area for support</b>	<b>2007 (Expenditure)</b>	<b>2007 (Balance)</b>	<b>2009 (Request)</b>
<b>Activity costs</b>			
<b>Objective 1</b>			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
<b>Objective 2</b>			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
<b>Objective 3</b>			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
<b>Support costs</b>			
Management costs			
M&E support costs			
Technical support			
<b>TOTAL COSTS</b>			

<b>Table 10. HSS Activities in 2007</b>	
<b>Major Activities</b>	<b>2007</b>
<b>Objective 1:</b>	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
<b>Objective 2:</b>	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
<b>Objective 3:</b>	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

<b>Table 11. Baseline indicators</b> <i>(Add other indicators according to the HSS proposal)</i>						
<b>Indicator</b>	<b>Data Source</b>	<b>Baseline Value<sup>1</sup></b>	<b>Source<sup>2</sup></b>	<b>Date of Baseline</b>	<b>Target</b>	<b>Date for Target</b>
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

*Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.*

<sup>1</sup> If baseline data is not available indicate whether baseline data collection is planned and when

<sup>2</sup> Important for easy accessing and cross referencing



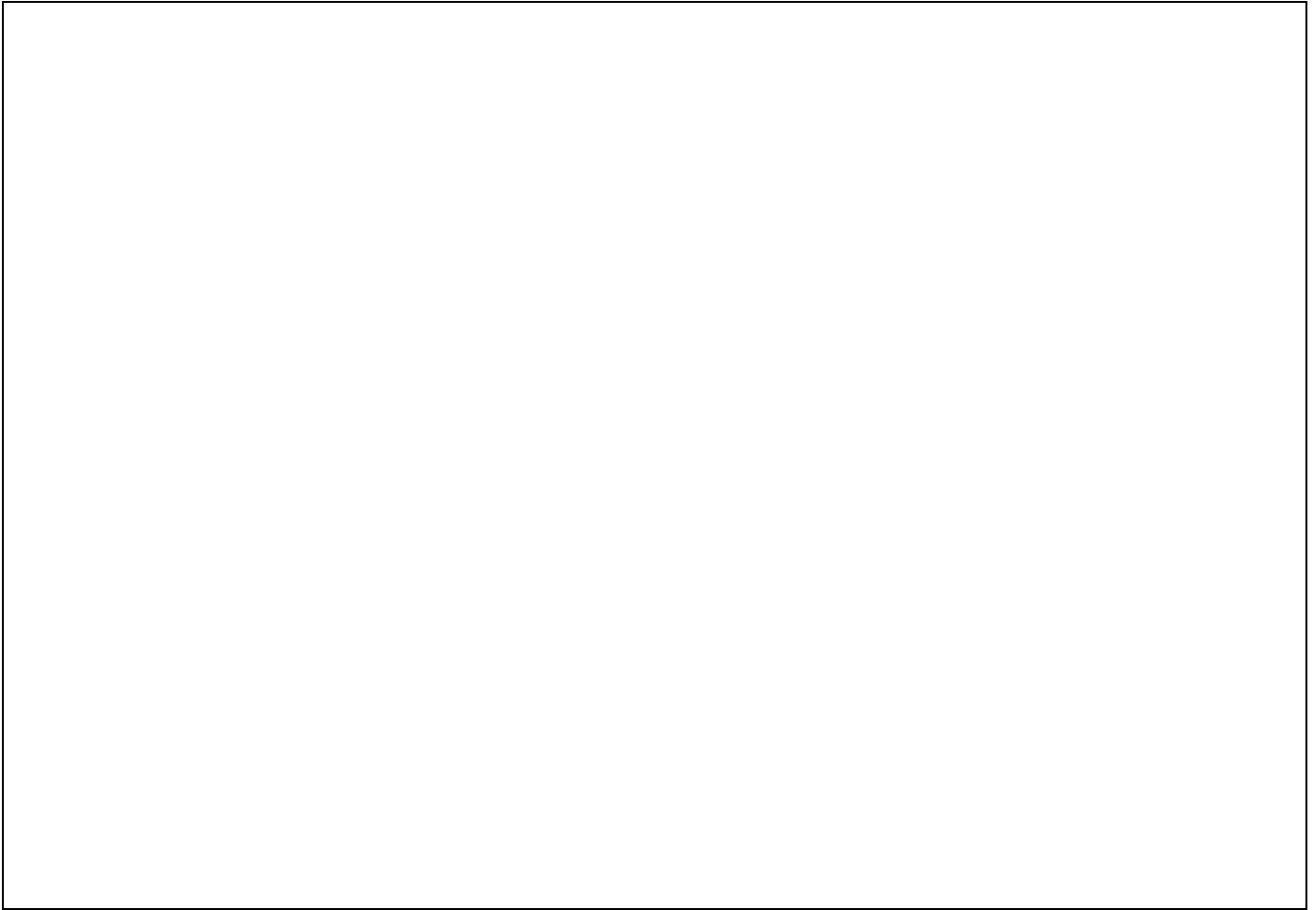
## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission	12.08.2008	Submitted: 18.08.2008
Reporting Period (consistent with previous calendar year)	2007	
Government signatures	attached	
ICC endorsed	Yes	
ISS reported on	Not relevant	
DQA reported on	Not relevant	
Reported on use of Vaccine introduction grant	Yes	
Injection Safety Reported on	Yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	Not relevant	
HSS reported on	Not relevant	
ICC minutes attached to the report	Attached	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	Yes	

## **6. Comments**

*ICC/HSCC comments:*



~ End ~