

Annual Progress Report 2006

Submitted by

The Government of

to the



Date of submission: _____

Annual progress report (this report reports on activities in 2007 and specifies requests for 2009, Jan.-Dec.)

**Unless otherwise specified, documents may be shared with GAVI partners and collaborators as well as the general public.*

Signatures Page for ISS, INS and NVSFor the Government of Azerbaijan**Ministry of Health:**Title: Deputy MinisterSignature: [Signature]Date: 05.06.2008**Ministry of Finance:**

Title:

Signature:

Date:

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. 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
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Signatures Page for HSS

For the Government of

Ministry of Health:

Title:

Signature:

Date:

Ministry of Finance:

Title:

Signature:

Date:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the Health Systems Strengthening Programme. 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 HSCC 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

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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 2006

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?

In frame of program of “Immunoprophylaxis of Infection diseases” approved by Cabinet of Ministers there is budget allocated for vaccination per year. The program was approved in 2005 and covers 2006-2010. GAVI funds provided for ISS are not reflected in this program because were allocated later than the program planned.

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.

According to order of the Ministry of Health of Azerbaijan Republic (order #70 dd 15 May 2008) the new Intersectoral Coordination Committee (Intersectional Coordination Committee on International Projects) was established. The main responsibilities of ICC are:

- Coordination and definition of main strategic trends of international projects in healthcare*
- Consideration and approval of projects and their implementation plans*
- Coordination of international projects to support MOH and implemented reforms*
- Synchronization of international projects with main terms of Azerbaijan Healthcare Reform Conception, National strategies and State Programs*
- Ensuring appropriate and cost-effective allocation of resources available through international projects*

1.1.2 Use of Immunization Services Support

In 2006, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2006 _____

Remaining funds (carry over) from 2005 _____

Balance to be carried over to 2007 _____

Table 1: Use of funds during 2006*

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)					
Total:					
Remaining funds for next year:					

**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.

On first meeting of new established ICC conducted 20 May 2008 the GAVI ISS reward (USD 360 000) allocation issue was considered by participated members. According to ICC decision the funds will be used for renovation of Republic Center of Hygiene and Epidemiology with reconstruction of cold store for vaccine.

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 2006 (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 ?

During 2007 the ICC conducted 2 meetings.

ICC includes representatives from:

Ministry of Finance

Ministry of Economical Development

International Organizations WHO, UNICEF, WB, VRF

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

1.2.1. Receipt of new and under-used vaccines during 2006

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 2006.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2006)

Please report on any problems encountered.

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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.

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1.2.3. Use of GAVI funding entity support (US\$100,000) for the introduction of the new vaccine

These funds were received on : _____

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.

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1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

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

Please summarize the major recommendations from the EVSM/VMA

- To revise vaccine distribution system. Consideration should be given to increasing the frequency of distribution, and accurately calculating distributions quantities to meet actual need. This would reduce the exposure of vaccine to poorly controlled storage conditions. For long-term storage (up to six months) it is much safer to keep vaccine at national level where temperatures are more likely to be continuously monitored, equipment properly maintained and the electricity supply (with standby power) reliable.
- To allocate enough funds to bring the cold chain equipment in the national store up to the standards recommended in the EVSM documents.
- To replace the existing vaccine chest freezers which are over 10 years old. The best of the old units can be kept and used for icepack freezing until they finally expire.
- Cold box capacity and cold life needs to be matched to actual journey times and to the method of distribution. The present arrangement for distributing vaccine uses a mixture of cold boxes and recycled insulated shipping containers. A thorough review of cold box needs throughout the cold chain needs to be carried out to establish the national need for this type of equipment, both on a national and on a Rayon by Rayon basis.
- To install standby generator and voltage regulator in New Cold Store at Innovation and Supply Center
- All cold rooms and vaccine freezers should be fitted with continuous temperature monitoring equipment and should be connected to an alarm system fitted with an auto-dialler.
- To replace or supplementing the existing refrigerated vehicle with one which has an independently powered refrigeration unit and continuous temperature monitoring. Existing vehicle should be retro-fitted with an independently powered unit and a continuous temperature recorder.
- Refreshment of wiring/electricity of whole store in line with extra load..
- All procured vaccine should be with VVM according to WHO recommendation on vaccine procurement.
- Developing of SOP for following activities:
 - Vaccine procurement, including point on procurement of WHO prequalified vaccines and vaccines with VVM
 - Procurement of syringes and safety boxes including point on PQS specification and prequalification
 - Vaccine arrival procedures
 - Emergency response plan
 - Vaccine store
 - Temperature monitoring.
 - Stock control, including EEFO method and use of VVM.
 - Vaccine distribution, including registration and temperature monitoring.
 - Maintenance of cold chain equipment including refrigerated vehicle.
- For immunization program to procure only auto-disposable syringes (WHO prequalified and inline with PQS standards).

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

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

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The next EVSM/VMA* will be conducted in : _____

**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

Please report on receipt of injection safety support provided by the GAVI Alliance during 2006 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

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

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

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Please report how sharps waste is being disposed of.

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

1.3.3. Statement on use of GAVI Alliance injection safety support in 2006 (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:

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

Important note: Under Phase 2 of the GAVI Alliance, all countries are expected to co-finance the introduction of new vaccines from the start of Phase 2 (except for the introduction of measles second dose into routine immunization). The Annual Progress Report has been modified to help monitor the experiences of countries with the new GAVI Alliance policies of vaccine co-financing. We are asking countries to complete three new tables of information and answer some questions about your experience.

The purpose of Table 2 is to understand trends in overall immunization expenditure and financing context. It provides key updated cMYP information on an annual basis.

Table 3 is designed to help the GAVI Alliance understand country level co-financing of GAVI awarded vaccines - both in terms of doses and in terms of monetary amounts. If your country has been awarded more than one new vaccine in Phase 2 through GAVI Alliance, please complete a separate table for each new vaccine being co-financed.

The purpose of Table 4 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Much of the information for all three tables can be extracted from the comprehensive multi-year plan, as well as the country proposal to GAVI, and the confirmation letter from the Alliance. **For 2006, the figures recorded should be actual updated expenditures, not projections.** Please report for the years till the end of your cMYP. Total co-financing can be calculated with the XL sheet provided for calculating the vaccine request.

Table 2: Total Immunization Expenditures and Financing Trends in US \$					
Total Immunization Expenditures and Financing	2006	2007	2008	2009	2010
<i>Immunization Expenditures</i>	4 583 256	4 609 399	4 690 846	4 779 756	4 900 339
Vaccines	853 291	861 711	868 290	889 302	897 540
Injection supplies	108 401	110 154	111 404	113 609	114 652
Personnel	1 129 422	1 152 011	1 174 667	1 198 160	1 222 123
Other operational expenditures	57 840	58 997	60 177	61 380	62 608
Cold Chain equipment	24 664	24 102	25 112	25 614	58 889
Vehicles	78 529	37 885	38 643	39 416	40 204
Other					
Total Immunization Expenditures	986 356	995 967	1 004 806	1 028 525	1 071 081
Total Government Health Expenditures	182 000 000	307 000 000	-	-	-
<i>Immunization Financing</i>	4 583 256	4 609 399	-	-	-
Government (incl. WB loans)					
GAVI	184 468	187 983	189 701	-	-
UNICEF	32 252	-	-	-	-
WHO					

World Bank (grant)					
Other				-	-
Other (please specify)					
Total Financing					

Table 3a: Country Vaccine Co-Financing in US \$					
For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)					
Actual and Expected Country Co-Financing	2006	2007	2008	2009	2010
<i>Total number of doses co-financed by country</i>	0	40%	60%		
<i>Total co-financing by country</i>					
<i>Of which by</i>					
Government					
Basket/Pooled Funding					
Other (please specify)					
Other (please specify)					
Other (please specify)					
<i>Total Co-Financing</i>					

Table 3b: Country Vaccine Co-Financing in US \$					
For 2nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)					
Actual and Expected Country Co-Financing	2006	2007	2008	2009	2010
<i>Total number of doses co-financed by country</i>					
<i>Total co-financing by country</i>					
<i>Of which by</i>					
Government					
Basket/Pooled Funding					
Other (please specify)					
Other (please specify)					
Other (please specify)					
<i>Total Co-Financing</i>					

Table 3c: Country Vaccine Co-Financing in US\$					
For 3rd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)					
Actual and Expected Country Co-Financing	2006	2007	2008	2009	2010
<i>Total number of doses co-financed by country</i>					

Total co-financing by country					
Of which by					
Government					
Basket/Pooled Funding					
Other (please specify)					
Other (please specify)					
Other (please specify)					
Total Co-Financing					

Table 4: Questions on Vaccine Co-Financing Implementation

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?

	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other	V	BCG; ADTP, ADT, OPV, Vit-A	Government funds
UNICEF	V	Hep.B, MMR	GAVI; VRF
PAHO Revolving Fund			
Donations			
Other (specify)			

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

Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in Reporting Year	Delay in Co-Financing Payments
	(month/year)	(day/month)	(days)
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems ?

	Tick for Yes	List Relevant Vaccines
Budget line item for vaccine purchasing		
National health sector plan		
National health budget		
Medium-term expenditure framework		
SWAp		
cMYP Cost & Financing Analysis		
Annual immunization plan		
Other		

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing ?	
1.	Delay with presentation to GAVI of official Annual Progress Report
2.	
3.	
4.	
5.	

Q. 5: Do you foresee future challenges with vaccine co-financing in the future? What are these ?	
1.	
2.	
3.	
4.	
5.	

3. Request for new and under-used vaccines for year 2008

Section 3 is related to the request for new and under-used vaccines and injection safety for **2008**.

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.

Table 5 : Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2006 and projections from 2007 onwards.

Number of	Achievements and targets								
	2005	2006	2007	2008	2009	2010	2011	2012	2013
DENOMINATORS									
Births	115 620		126 461	118 878					
Infants' deaths	2 206		1885	3 471					
Surviving infants	113 414		124 576	115 406					
Infants vaccinated till 2006 (JRF) / to be vaccinated in 2007 and beyond with 1st dose of DTP (DTP1)*	110 574	116 471	120 963	146020					
Infants vaccinated till 2006 (JRF) / to be vaccinated in 2007 and beyond with 3rd dose of DTP (DTP3)*	108 769	114 330	118 347	146020					
NEW VACCINES **									
Infants vaccinated till 2006 (JRF) / to be vaccinated in 2007 and beyond with 1st dose of DTP (DTP1)* (<i>new vaccine</i>)	113307	117017	125 070	146020					
Infants vaccinated till 2006 (JRF) / to be vaccinated in 2007 and beyond with 3rd dose of..... (<i>new vaccine</i>)	113307	117017	121 088	146020					
Wastage rate till 2006 and plan for 2007 beyond*** (<i>new vaccine</i>)			20%- 10д/а						
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT									
Infants vaccinated / to be vaccinated with BCG	133 343/ 115 620	117104/ 119 406	123 679/ 126 461						
Infants vaccinated / to be vaccinated with Measles (1 st dose)	108 691/ 110 664	115005/ 120 020	121 337 124 576						

* 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 2008

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.

--

Please provide the XL sheet for calculating vaccine request duly completed and summarize in table 6 below. For calculations, please use same targets as in table 5.

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

Vaccine :	2008	2009	2010
Total doses required			
Doses to be funded by GAVI			
Doses to be funded by country			
Country co-pay in US\$/dose*			
Total co-pay			

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

Remarks
▪ Phasing: 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 ▪ Wastage of vaccines: 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. ▪ Buffer stock: The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ Anticipated vaccines in stock at start of year 2008: 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. ▪ AD syringes: 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. ▪ Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines. ▪ Safety boxes: 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

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

3.3 Confirmed/revised request for injection safety support for the year 2008

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*)

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*)

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*)

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

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4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2008. Countries are therefore asked to report on any activity in 2007.

Health Systems Support started in :

Current Health Systems Support will end in :

Funds received in 2007 :	Yes/No
	If yes, date received : (dd/mm/yyyy)
	If Yes, total amount : US\$ _____
Funds disbursed to date :	US\$ _____
Balance of installment left:	US\$ _____
Requested amount to be disbursed for 2008	US\$ _____

*Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget) : Yes/No
If not, why not ? How will it be ensured that funds will be on-budget ? Please provide details.*

--

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

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 2008.

Table 9. HSS Expenditure in 2007 (Please fill in expenditure on HSS activities and request for 2008. In case there is a change in the 2008 request, please justify in the narrative above)			
Area for support	2007 (Expenditure)	2007 (Balance)	2008 (Request)
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 10. HSS Activities in 2007 (Please report on activities conducted in 2007)

Major Activities	2007
Objective 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Please update baseline indicators. Add other indicators according to the HSS proposal.						
Indicator	Data Source	Baseline Value¹	Source²	Date of Baseline	Target	Date for Target
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 have occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

¹ If baseline data is not available indicate whether baseline data collection is planned and when

² Important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
ISS reported on		
DQA reported on		
Reported on use of 100,000 US\$		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and XL sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

6. Comments

ICC/HSCC comments:

~ End ~