



Annual Progress Report 2007

Submitted by

The Government of

BHUTAN

Date of submission _____

Deadline for submission 15 May 2008

(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 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

Progress Report Form: Table of Contents

1. Report on progress made during 2007

- 1.1 Immunization Services Support (ISS)**
 - 1.1.1 Management of ISS Funds
 - 1.1.2 Use of Immunization Services Support
 - 1.1.3 Immunization Data Quality Audit
 - 1.1.4 ICC Meetings
- 1.2 GAVI Alliance New and Under-used Vaccines (NVS)**
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use of GAVI Alliance financial support (US\$100,000) for introduction of the new vaccine
 - 1.2.4 Evaluation of Vaccine Management System
- 1.3 Injection Safety (INS)**
 - 1.3.1 Receipt of injection safety support
 - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
 - 1.3.3 Statement on use of GAVI Alliance injection safety support (if received in the form of a cash contribution)

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

3. Request for new and under-used vaccine for 2009

- 3.1 Up-dated immunization targets**
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year 2009 and projections for 2010 and 2011**
- 3.3 Confirmed/revised request for injection safety support for the year 2009 and 2010**

4. Health System Strengthening (HSS)

5. Checklist

6. Comments

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?

Not applicable as Bhutan did not receive any ISS for the year 2007.

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.

Not applicable

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)					
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.

Not applicable

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?

Not applicable

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.

Not applicable

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).

Not applicable

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?

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 2006.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
DTP-HepB	2	14500	2003	Jan 2007
DTP-HepB	2	14500	2003	June 2007

Please report on any problems encountered.

There was no problem on vaccine shipment and transport.

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.

-Vaccine wastage and cold chain equipment assessment conducted (report attached)
-Following, Training of Trainers on revised EPI manual conducted. Through UNICEF support, external facilitator was recruited to train four district medical doctors, one EPI technician, one institute tutor, one district health officer and two MCH incharges as ToT to build in-house facilitators.
-First batch of 15 MCH incharges of hospitals and Basic health units were trained by the above ToTs with focus on vaccine forecasting ,wastage monitoring and preventive maintenance of cold chain equipment, surveillance.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: ___Not applicable___

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

Not applicable

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in ___(No EVSM was conducted in 2007)___

Please summarize the major recommendations from the EVSM/VMA

Not applicable

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.

Not applicable

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: No injection safety support received in 2007

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

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

Not applicable

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.

Injection safety supplies are being funded by other done agencies and RGoB.

As of now the injection safety supplies are being met through JICA/JCV support. Drug Vaccines and equipment division has started procuring safety boxes and syringe needle destroyers through government support and will continue to do so in the future.

Please report how sharps waste is being disposed of.

Standard protocol for disposal of sharps exists in "Guideline for infection control and Health Care waste management in health facilities, 3rd Edition 2006 developed by Department of Medical Services, Ministry of Health, Thimphu, Bhutan. Safety boxes are supplied to all the health facilities and also to the out reach clinics. Usually from the outreach clinics, the sharp wastes are collected in the safety boxes are brought back to basic health unit or to the hospitals where they are burned and in some case incinerated. Due to lack of space, burial is not a common practice.

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

No, major problems encountered.

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 cash contribution received in 2007 for injection safety support.

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.

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
<i>Expenditures by Category</i>				
Vaccines	155561	211317	217752	217424
Injection supplies	38810	11054	13875	11521
Cold Chain equipment	6330	29061	21398	12513
Operational costs		20929	86532	506801
Other (please specify)cotton, immunization cards, etc)				
<i>Financing by Source</i>				
Government (incl. WB loans)		1239324		
GAVI Fund	92800	157040	166696	158361
UNICEF	49500	13962	14954	15702
WHO		21680	23220	
Other (please specify) JICA/JCV-UNICEF	102717	105154	10000	10000
Total Expenditure		843838	867413	834204
Total Financing				
Total Funding Gaps			52363	

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...

There was notable increase in the immunization cost for the year 2007 due to increase in travel allowance. It is expected that over the years there will be slight increase in the cost especially during the year of introduction of new vaccines. The major sources of "probable" funding are GAVI and UNICEF (cMYP), along with other development partners, although the funding from UNICEF is on annual basis. Bhutan Health Trust Fund remains an important source for vaccine procurement, however, advocacy on partner support needs to continue till the BHTF matures to gain financial self sustainability. Royal government of Bhutan will be the secured source for immunization. Other option of dealing with fund risks are by accelerating the potential improvements in programme efficiency – reduction in wastage rate and exploring various additional funding sources such as development loans. Although possibility of reducing the open vial wastage is low due to small target population, larger vial size, nature and frequency of sessions conducted, efforts to reduce unopened vial wastage (due to expiry and freezing) are being carried out through continued training of the health in charges and through periodic wastage monitoring.

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)	2007	2007	2008	2009
DTP-HepB	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government	0	0	0	0.23
Other sources (GAVI)	3.2	3.2	3.2	2.97
Total Co-Financing (US\$ per dose)	3.2	3.2	3.2	3.2

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

Co-financing for new vaccine will start from 2008 onwards and Bhutan Health Trust Fund will be the source to meet the cofinancing for co-financing. The government of Bhutan remains the major contributor to immunization with 63 percent of total expenditure.

With the application to GAVI for introduction and co-financing the vaccine from 2009–2013 GAVI funds are considered as secure. The Royal Government of Bhutan is committed to the EPI program and will provide secure funds to finance the personal costs. And with the Bhutan Health Trust Fund to be operational from 2009, no gap of funding is expected.

For detailed analysis of future resource requirement and program financing and gaps, please refer page 15-25 of cMYP (2007-2008)

For 2 nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 2nd 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.

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	✓	HepB, Anti rabies Vaccines	Government
UNICEF	✓	BCG, DT, OPV, DTP- HepB, TT, DT	GAVI and JICA
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
No co-financing for the year 2007		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2007
	(month/year)	(day/month)
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?	
	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	N/A
SWAp	N/A
cMYP Cost & Financing Analysis	Yes
Annual immunization plan	Yes
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1. Slow fund accumulation of fund for Bhutan Health Trust fund
2. NVI proposal had to be re-applied
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.

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
DENOMINATORS										
Births	14641	13344	15697	17432	19404	19656	19912	20171	20433	20699
Infants' deaths	40/1000 live birth									
Surviving infants	14055	128010	15069	16735	18628	18869	19116	19364	19616	19871
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*	13778	12338	14466	16066	17883	18303	18737	18977	19224	19474
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*	13400	12674	14316	15898	17697	18020	18256	18589	18831	19076
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)* (DTP-HepB)	13778	12338	14466	16066	17883	18303	18737	18977	19224	19474
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of...DTP-HepB..... (new vaccine)	13400	12674	14316	15898	17697	18020	18256	18589	18831	19076
Wastage rate till 2007 and plan for 2008 beyond***DTP-HepB..... (new vaccine)	2.5	1.43	1.43	1.11	1.11	1.11	1.11	1.11	1.11	1.11
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	895	2921	14049	14398	14586					
Infants vaccinated / to be vaccinated with BCG	13484	12514	15383	17083	19016	19263	19514	197868	20024	20285
Infants vaccinated / to be vaccinated with Measles (1 st dose)	12777	12674	14316	15898	17697	18020	18256	18589	18831	19076

* 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.

For the year 2009, Bhutan is applying for pentavalent vaccine and the preferred dose is single dose or two dose vial.
In case the pentavalent application gets delayed, the current two dose tetravalent shall be continued..

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
<ul style="list-style-type: none"> ▪ 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 2009: 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 2009

Table 8: Estimated supplies for safety of vaccination for the next two years with ...No injection support ... (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	For year 2009
A Infants vaccinated/to be vaccinated with 1st dose ofDTP-HepB..... (new vaccine)		
B Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	
C Number of doses per child		
D Number of doses	$A \times B \times C$	
E Estimated wastage factor	(see list in table 3)	
F Number of doses (incl. Wastage)	$A \times C \times E \times B/100$	
G Vaccines buffer stock	$F \times 0.25$	
H Anticipated vaccines in stock at start of year... (including balance of buffer stock)		
I Total vaccine doses requested	$F + G - H$	
J Number of doses per vial		
K Number of AD syringes (+10% wastage)	$(D + G - H) \times 1.11$	
L Reconstitution syringes(+10% wastage)	$I / J \times 1.11$	
M Total safety boxes (+10% of extra need)	$(K + L) / 100 \times 1.11$	

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

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 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: 2008

Current Health Systems Support will end in: 2013

Funds received in 2007: Yes
 If yes, date received: (dd/mm/yyyy)
 If Yes, total amount: US\$ 50000
Funds disbursed to date: US\$ _____
Balance of installment left: US\$ _____

Requested amount to be disbursed for 2009 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.*

Not applicable as no support for HSS in 2007

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?

One of the support component of the proposal is to strengthen the capacity of Village Health Worker (VHW) in Bhutan. In order to monitor the progress status, a committee called HSCC or PCM which comprise of members from civil society.

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.

Not applicable as no support fro HSS in 2007

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.

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 <i>(In case there is a change in the 2009 request, please justify in the narrative above)</i>			
Area for support	2007 (Expenditure)	2007 (Balance)	2009 (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

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. Baseline indicators <i>(Add other indicators according to the HSS proposal)</i>						
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 has 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

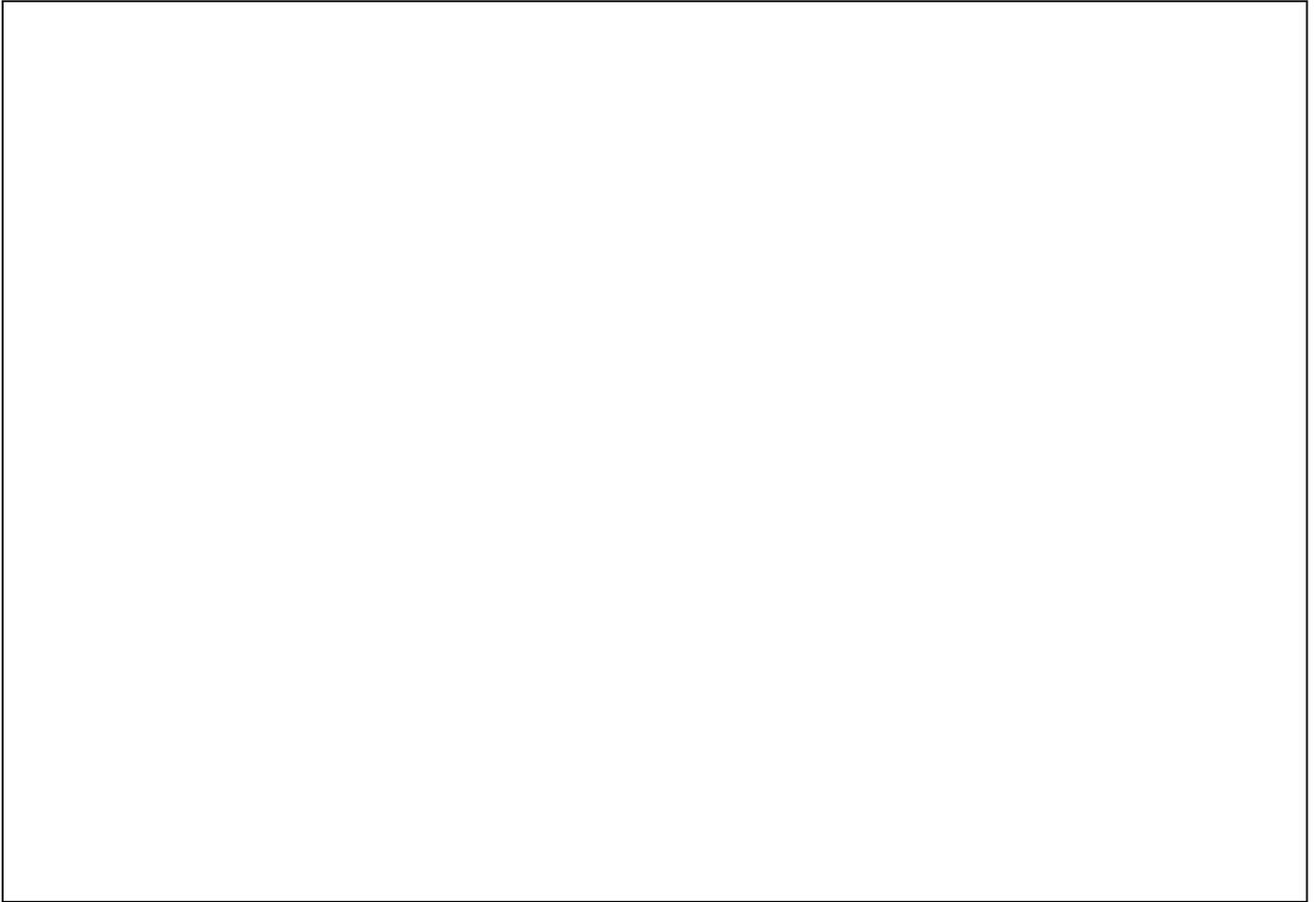
5. Checklist

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 Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel 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 ~