



Annual Progress Report 2007

Submitted by

The Government of

Honduras

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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, raj कुमार@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 ofHonduras.....

Ministry of Health: Dra. Elsa Yolanda Palou

Ministry of Finance: Lic. Rebeca Santos

Title: Secretary of State in the Office of Health:

Title: Secretary of State in the Office of Finance:

Signature:

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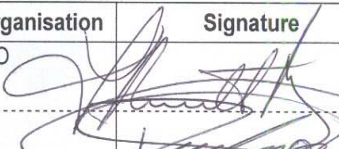
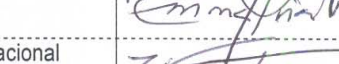
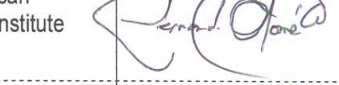
Date: May 9th, 2008

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We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excelsheet (document 1 annex). 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
Lilian Reneau Vernon	PAHO/WHO		9/05/08
Sergio Guimaraes	UNICEF		9/05/08
Emma Iriarte	USAID		9/05/08
Jennifer Vaughan	Plan Internacional		9/05/08
Fernando Tome Abarca	Inter-American Children's Institute		9/05/08

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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?

In order to develop the Annual Income and Expense Budget of the Ministry of Health, EPI prepares and Operative Annual Plan (POA) which specifies the contribution made by foreign cooperation agencies based on the Five-Year Plan 2006-2010; this plan reflects the funding provided by GAVI which is consolidated and included in the budget of the Department of Health Promotion of the Ministry of Health.

On the other hand, the Investment and Project Analysis Department, dependent on the Management Planning and Evaluation Unit (UPEG) of the Ministry of Health, on a quarterly basis, sends the execution record of foreign projects to the Department of Public Investments of the Ministry of Finance, which reflects this information in the Integrated Financial Management System (SIAFI).

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.

Background

On February 15th 2007, GAVI notified the Ministry of Health that of the approval of the Immunization Services Support (ISS) for a total amount of US\$ 93,000, divided into two disbursements in 2007 (combined US\$ 46,500) and a third disbursement of US\$ 46,500 in 2008.

Mechanism

On March 12th 2007, the Honduran Ministry of Health requested the Pan-American Health Organization to manage the funds approved by GAVI granting an exemption from administrative charges.

Then EPI, by means of the Ministry of Health, requested PAHO to execute the programmed financing according to the Annual Action Plan 2007. The financing was first allocated to the Administrative Direction of the Ministry of Health and transferred to EPI, being the average elapsed time of 35 days from the presentation of the request to the date on which the funds are available for EPI. This is mainly due to allocation process, which requires approval from the Minister of Health.

PAHO through its Regional Immunization Unit notified the Ministry of Health that the first disbursement of US\$ 23,250 was available on August 2007; the Representation of PAHO made the availability of funds official on September 20th 2007.

Role of the ICC

EPI permanently informs the Inter-Agency Coordinating Committee on Health through meetings and technical documents about the situation of the program and the execution of the projects, including GAVI financing.

Problems presented

The availability of funds in the fourth trimester of 2007 allowed the EPI to execute only one round of special vaccination operations in municipalities in risk for coverage below 95% and not the two rounds that had been programmed for the second semester of 2007.

The second disbursement for 2007 was announced by GAVI through the APR decision letter dated August 24; the transfer was made to PAHO in December.

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: US\$ 23,250 by EPI

Remaining funds (carry over) from 2006: 0

Balance to be carried over to 2008: 69,750

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: equipment	4,000.00	0		4,000.00	
Outreach					
Supervision					
Monitoring and evaluation	3,500.00	2,490.00		1,010.00	
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other: Vaccination campaigns	15,000.00		1,500.00	13,500.00	
Translations (<i>specify</i>)	750.00	750.00			
Total:	23,250.00	3,240.00	1,500.00	18,510.00	
Remaining funds for next year:	69,750				

**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.

Activities conducted in relation to ISS include:

2. Provision of 3 megaphones and 33 loudspeakers to 36 Health Units with the largest concentration of population in all 20 health regions aimed to improve the diffusion of vaccination activities out of town.
3. Preparation of plans meant to strengthen the regular program through vaccination campaigns in high risk health units in 141 selected municipalities located in 14 health departmental regions.
4. Monitoring, program supervision and execution of vaccination campaigns in 6 departmental regions.
5. Translation of the project documentation.

Problems in the implementation of the Five-Year Plan

There were delays in the allocation of the National Budget for 2007, which was approved in March and its execution began in April.

We had some service limitations in the health system that were not considered when the Five-Year Plan for EPI was prepared; these limitations include human resources trained for vaccination services, ground and air transportation as well as fuel needed, which prevent the accomplishment of strengthening activities and the improvement of vaccination coverage.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for 2009

**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?

In August 2007, PAHO/WHO conducted an international evaluation to the EPI, including the information system. The resulting recommendations included:

- Review and adapt some forms of the information system,
- provide computer equipment to the Departmental Sanitary Regions,
- continue using the DQS methodology in health units,
- strengthen the monitoring of coverage with pentavalent and training of human resources in the use of the SIVAC (computerized information system for vaccination).

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.

The EPI has initiated the implementation of the recommendations:

- Replication of the DQA methodology in 9 Sanitary Regions with support from the CDC epidemiology diplomate.
- Review and readjustment of forms

- SIVAC implemented and functioning in the 20 Sanitary Regions

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).

No studies on vaccination coverage were conducted in 2007.

1.1.4. ICC meetings

*How many times did the ICC meet in 2007? **Please attach all minutes (Annex documents 2, 3 and 4).***

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

In 2007, the ICC held 3 meetings. (Minutes enclosed)
The following Civil Society Organizations are members of the ICC:
Plan International
American Red Cross
Canadian Red Cross
Hope Project
Save Children
World Relief
AMHON (Association of Honduran Municipalities)
FOPRIDE (Federation of Private Development Organizations)

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)

Please report on any problems encountered.

Background

On January 2008, GAVI notified the Honduran Ministry of Health (through a letter dated December 18th 2007) of the approval of the Honduran proposal for the introduction of new vaccines:

Rotavirus vaccine: Reference Code No. 0810-HON-13a-X: for 2008 = \$ 2,087,000; for 2009 = \$ 2,456,500; and Reference Code No. 08-HON-08a-Y for 2008 = \$ 100,000

Pneumococcal vaccine: Reference Code No.0910-HON-12a-X: for 2009 = \$ 3,089,500; and Reference Code No. 0910-HON-12a-X for 2009 = \$ 100,000

Current Situation

According to the approved plan:

- We requested PAHO/WHO to manage the funding of the subsidy (waiving administrative charges) and the co-financing for the introduction of new vaccines; this request was approved.
- In January 2008, the Ministry of Health authorized the payment of the co-financing through the PAHO Revolving Fund for acquiring vaccines for a total of \$108,500, which was the contribution according to the approved support.
- Honduras's NVS proposal was approved for the introduction of the liquid presentation of the Rotavirus vaccine. The introduction of this vaccine was programmed for April 2008.
- In April, Honduras requested to change the approved liquid presentation for the lyophilized presentation, given that the liquid vaccine has not been pre-qualified by WHO and therefore it cannot be acquired using the Revolving Fund; furthermore, the Honduran Vaccine Law demands that all vaccinations acquired be pre-qualified by WHO and purchased through the Revolving Fund. GAVI has not approved this change yet.
- The introduction of new vaccines is programmed for July, PAHO/WHO has requested for confirmation of the budget programming to finalize the allocation of the \$100,000 grant approved by GAVI for support of introduction activities (such as training, communication, supervision and operating expenses) as well as the delivery of vaccines in May or the beginning of June.
- The introduction of the Pneumococcal vaccine is programmed for July 2009; PAHO/WHO shall allocate the financing approved by GAVI for introduction activities.

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.

According to the Strategic Plan for the Introduction of Vaccines against Rotavirus in Honduras, we conducted the following activities during 2007:

- Incorporation of the national co-financing into the 2008 National Income and Expense Budget for the Ministry of Health aimed to acquiring Rotavirus vaccines.
- Preparation of a document containing technical and operative guidelines for the application of the Rotavirus vaccine; it will be printed soon.
- Concerning social communication, we organized the National Multi-Disciplinary

Committee formed by the National Program for the Promotion of Health, Child Attention Unit, Enhanced Program of Immunizations (EPI), National Program for Food and Nutrition Security, Basic Sanitary Unit dependent of the General Directorate of Health Surveillance; the aim of this committee is to revise the communication strategy for the prevention of diarrhea and prepare a new communication plan focused on integral interventions strategies (washing hands, exclusive breastfeeding, safe water consumption, personal hygiene, appropriate disposal of garbage and sewage as well as Rotavirus vaccination).

- Preparation of a national training plan on technical guidelines.
- Revision and modification of the vaccine information sub-system: identification cards, vaccination lists, registration forms, and computerized program.
- Maintenance of the sentinel epidemiologic surveillance on diarrheas due to Rotavirus in six hospitals.
- The extension program for the local cold chain continued as each CESAMO was provided with 2 refrigerators to store vaccines, which were purchased with national funds.

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

These funds were received on: Not yet

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

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

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

Please summarize the major recommendations from the EVSM/VMA

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: _____

**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 2007 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

The EPI did not receive any funds during 2007 for the Injection Safety project; nevertheless, there was a balance from the adaptation of vaccination rooms in selected health units, due to legal-administrative problems with the contractor which were solved later through the support of PAHO's Area of Legal Affairs.

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.

--

Please report how sharps waste is being disposed of.

--

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 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:

The total of remaining funds -- US\$51,126 -- were allocated to the Secretary of Health/EPI in December 2007 in order to complete the remodelling of the vaccination clinics of 11 health Units of the Metropolitan region of the Central District and four Units of the Metropolitan Region of San Pedro Sula, for the execution of the following activities:

- *periodic meetings of technical personnel of the Secretary of Health (EPI, PRONASSA) and PAHO for definition of administrative management of funds and monitoring to the activity.*
- *Review and adjustment of infrastructure designs and specifications of work in accordance with the current cost of materials and labour*
- *Realization of legal and administrative transactions for contracting of independent contractors.*

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
Expenditures by Category	14,438,300	15,291,900	16,014,100	16,798,800
Vaccines	9,633,159	11,094,476	11,222,783	13,122,541
Injection supplies	392,141	558,325	323,917	478,459
Cold Chain equipment	2,381,700	1,080,200	1,436,900	479,300
Operational costs (programming, operative expenses, execution and surveillance)	1,189,300	1,415,190	1,562,500	1,060,800
Other: Organization, Coordination, Training, Communication, Supervision, Investigation and Evaluation	842,000	1,143,709	1,468,000	1,657,700
Financing by Source	14,438,300	14,268,500	15,545,900	16,298,000
Government (incl. WB loans)	13,987,100	13,838,300	13,151,500	12,229,300
GAVI	23,300	46,500	2,062,000	3,705,000
UNICEF	76,800	64,800	79,000	93,000
WHO/PAHO	124,200	169,400	153,800	163,000
Plan International	51,900	44,500	40,500	45,000
USAID	64,700	0	59,100	63,500
ASDI	110,300	105,000	0	0
Total Expenditure	14,430,400	15,291,900	16,014,100	16,798,800
Total Financing	14,430,400	14,268,500	15,545,900	16,298,800
Total Funding Gaps	0	1,023,400	468,200	500,000

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...

EPI has a Five-Year Plan 2006-2010, which has been discussed and negotiated with the members of the Inter-Agency Coordinating Committee on Health (ICC), organization that has supported the program for more than two decades, as well as new cooperation agencies that joined in 2006; the Plan has been adjusted in 2007 after submitting a request for support to GAVI.

The Annual Plan of Action is prepared each year based on the Five-Year Plan, and it is then adjusted at the end of the year according to the financing received (real or current). If we analyze the expenditures during the period 2007-2009, we can see an increasing trend due to the amounts spent in the purchase of vaccines for the years 2008-2009, improvement of the cold chain storage capacity in 2007-2008 in order to introduce new vaccines, and

strengthening of training and social communication, which are determined by the measles follow-up campaign programmed for 2008 and the training for the new vaccines's introduction.

According to financing source, we observe that the total financing has an ascending trend; government financing for 2007-2009 has a slight decreasing trend. When compared to the 2006 budget (\$7,518,200), there is an increase of 47% in 2007 given that the introduction of the Rotavirus vaccine had been programmed for this year using national funding. GAVI funding for 2008-2009 increases due to its co-financing of Rotavirus and Pneumococcal vaccines.

In 2007 specifically, we can emphasize that the expenditure was inferior to the amount planned given that some training and social communication activities included in the plan as financing was not obtained. On the other hand, the cold chain component presents an increase of more than 100% of the amount planned due to additional allocated national funding.

When analyzing the gap between planned expenses and financing for the period 2007-2009, we observe a decreasing tendency which is manageable through projects with other partner organizations and governments.

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 Rotavirus	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)			108,500	150,000
Government			108,500	150,000
Other sources (please specify)				
Total Co-Financing (US\$ per dose)			108,500	150,000

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

For the introduction of Rotavirus vaccine from 2008, co-financing will be as follows, Ministry of Health 5% and GAVI 95%; in 2009 the Honduran will increase their co-financing in 1% while GAVI will provide 94%.
The Ministry of Health will make in 2008 an initial disbursement of \$108,500, which will increase gradually up to 27.7 % of the initial amount for the year 2009.

For 2 nd GAVI awarded vaccine. Please specify which vaccine Pneumococcal	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				107,500
Government				107,500
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				107,500

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

For the introduction of the Pneumococcal vaccine in 2009, the Ministry of Health will provide a co-financing of 3.36% during the first year while GAVI will contribute with 96.64% of the total amount. It is important to emphasize that during the introduction year, GAVI will provide the total financing for the single dose aimed to the children between 12 and 23 months of age. The trend is that the Honduran government increases their contribution up to 16% of the amount provided during the first year for the year 2010.

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			
UNICEF			
PAHO Revolving Fund	X	All vaccines included in the current scheme: BCG, Sabin, DPT/HepB/Hib, SRP, Td, Influenza, Dt, FA	Government
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 2007
	(month/year)	(day/month)
1st Awarded Vaccine Rotavirus	01/08	N/A
2nd Awarded Vaccine Rotavirus and Pneumococcal	04/09	N/A
3rd Awarded Vaccine (specify)		N/A

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	Yes
SWAp	N/A
cMYP Cost & Financing Analysis	Yes
Annual immunization plan	Yes
Other	N/A

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1. Since 2006, EPI has advocated for the introduction of new vaccines before the Ministry of Finances and achieved an increase in the program's budget. The Ministry of Health has no

reasons to delay the co-financing.
2. The late approval of the National Income and Expense Budget (which is usually approved in March or April) is a threat to the timely payments which are programmed for April of every year
3.
4.

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.

EPI has made changes to the population baseline, targets and presentation of the new vaccines based on the following:

- The Honduran Ministry of Health uses as population denominators children under one year of age and children between 12 and 23 months of age. Annual estimates are provided by the Statistics Department of the Ministry of Health, nine months in advance, and are based on the projections made by the National Statistics Institute (INE). These projections do not consider the estimates derived from the 2001 Housing and Population Census given that those numbers were over-estimated. Nevertheless, a national multi-sector work group has been formed; and by the end of 2008, they will present their recommendations to INE and the Ministry of Health. Therefore, the population estimates were further modified and those modifications are included for 2009.
- EPI vaccination coverage estimates have been modified from 2009, given the trend observed and the actions that will be implemented in order to overcome the obstacles presented in the health system. Data for 2006-2007 have been updated according to the results obtained and are consistent with the WHO/UNICEF Joint Reporting Forms for 2006-2007.
- The presentation of the Rotavirus vaccine has been changed from liquid to lyophilized as previously explained in section 3.1; therefore, the required doses have been modified for 2009 and are included in the charts of section 3.2.

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	197,208	198,222	199,400	199,900	200,506	201,611	202,534	203,269	203,807	204,345
Infants' deaths	5,719	4,559	4,563	4,598	4,611	4,637	4,658	4,675	4,688	4,700
Surviving infants	191,489	193,663	194,837	195,302	195,895	196,974	197,876	198,593	199,119	199,645
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*	168,036	169,446	179,460	179,910	182,460	183,466	184,306	184,975	184,975	185,954
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*	172,285	170,609	177,466	177,911	180,455	181,450	182,281	182,942	183,426	183,911
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of <i>Rotavirus</i>	168,036	169,446	89,730	179,910	182,460	183,466	184,306	184,975	184,975	185,954
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 2 nd dose of <i>Rotavirus</i>			89,730	178,910	180,909	182,458	183,293	183,958	184,445	184,932
Wastage rate till 2007 and plan for 2008 beyond*** <i>Rotavirus</i>			5%	5%	5%	5%	5%	5%	5%	5%
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of <i>Neumococo</i>				89,955	182,460	183,466	184,306	184,975	184,975	185,954
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of <i>Neumococo</i>				88,777	180,455	181,450	182,281	182,942	183,426	183,911
Wastage rate till 2007 and plan for 2008 beyond*** <i>Neumococo</i>			5%	5%	5%	5%	5%	5%	5%	5%
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Infants vaccinated / to be vaccinated with BCG	177,165	180,766	181,454	181,909	184,466	185,482	186,331	187,007	187,502	187,997
Infants vaccinated / to be vaccinated with Measles (1 st dose)	173,434	170,728	174,296	175,353	175,771	176,305	177,276	178,088	178,733	179,207

* 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 PAHO Revolving Fund) for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if the **PAHO Revolving Fund** has assured the availability of the new quantity/presentation of supply.

In Honduras, the EPI purchases vaccines through the PAHO Revolving Fund, and we have notified PAHO about this change from liquid to lyophilized presentation; we are still waiting for official GAVI approval for the allocation of the co-financing through the Revolving Fund for the vaccines programmed for the year 2008.

Please provide the Excel sheet for calculating vaccine request duly completed

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 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 8a: Estimated supplies for safety of vaccination for the next two years with Rotavirus vaccine

(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
A	Target if children for Rotavirus Vaccination (for TT: target of pregnant women) (1)	#	199,900	200,506
B	Number of doses per child (for TT: target of pregnant women)	#	2	2
C	Number ofdoses	$A \times B$	399,800	401,012
D	AD syringes (+10% wastage)	$C \times 1.11$		
E	AD syringes buffer stock (2)	$D \times 0.25$		
F	Total AD syringes	$D + E$		
G	Number of doses per vial	#	1	1
H	Vaccine wastage factor (3)	Either 2 or 1.6	1,6	1,6
I	Number of reconstitution syringes (+10% wastage) (4)	$C \times H \times 1.11/G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11/100$		

- 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 Pneumococcal vaccine for children under one year of age

		Formula	2009	2010
A	Target if children for ...Neumococo Vaccination (1)	#	99.950	200,506
B	Number of doses per child (for TT: target of pregnant women)	#	3	3
C	Number ofdoses	$A \times B$	299.850	601,518
D	AD syringes (+10% wastage)	$C \times 1.11$	332.834	667,685
E	AD syringes buffer stock (2)	$D \times 0.25$	83.208	
F	Total AD syringes	$D + E$	416.042	667,685
G	Number of doses per vial	#	1	1
H	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	$C \times H \times 1.11/G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11/100$	4.618	7,411

- 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 Pneumococcal vaccine for children between 12 and 23 months of age, 2009

		Formula	2009	2010
A	Target if children forNeumocococo (1)	#	194.837	
B	Number of doses per child (for TT: target of pregnant women)	#	1	
C	Number ofdoses	A x B	194.837	
D	AD syringes (+10% wastage)	C x 1.11	216.269	
E	AD syringes buffer stock (2)	D x 0.25	54.067	
F	Total AD syringes	D + E	270.336	
G	Number of doses per vial	#	1	
H	Vaccine wastage factor (3)	Either 2 or 1.6	1.6	
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	3.001	

- 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.

Rotavirus and Pneumococcal vaccine requirements have been reduced due to the modification of the targets for those years, as it has been previously explained in section 3.1. These requirements are summarized as follows:

Rotavirus Vaccine

*In 2009 = 199,900 X 2 doses = 399,800 + 5% = **419,790***

Pneumococcal Vaccine

In 2009 for children under one year of age = 99,950 X 3 doses = 299,850+5% = 314,842

In 2009 for children between 12 and 23 months of age = 194,837 X 1 dose = 194,837+5% = 204,579

*Total = **519,421***

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: _____

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 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.*

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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 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:	Complete	Comments
Date of submission	x	May 12 th 2008
Reporting Period (consistent with previous calendar year)	x	2007
Government signatures	x	Yes
ICC endorsed	x	Yes, Document 1
ISS reported on	x	Yes
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on	x	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	x	Yes
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	x	Documents 2, 3 and 4
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

6. Comments

ICC/HSCC comments:

Pan-American Health Organization: Dr. Lilian Reneau-Vernon underlined:

- ✓ Since the creation of EPI in the 1980s, the objective has been to organize a vaccination system in Honduras.
- ✓ During this period, EPI has obtained excellent results such as the eradication of Poliomyelitis, elimination of Measles and the control of other diseases; nevertheless some measles cases have been reported in the United States and Canada so vaccination coverage shall be kept at high levels. It is important to unite efforts in order to overcome limited vaccination staff.
- ✓ After listening to the presentation of the project Immunization Services Strengthening, it is concluded that EPI needs more financing. Honduras is a good example of a country with limited financial resources that is committed to guarantee the sustainability of vaccination, but it is important to investment more in order to achieve better coverage.
- ✓ Finally, she indicated that vaccination is not only responsibility of the Ministry of Health but of all of us.
- ✓ It is evident the impact on morbidity and mortality indicators. The challenge in the future for all countries will be:
 - Maintain the results achieved
 - Analyze how to solve challenges
 - Guarantee the achievement of new vaccine coverage.
- ✓ It is important that representatives from the Ministry of Finances attended this meeting given that every investment made on health is profit. Therefore, she urges them to consider a larger investment in EPI as it is a program aimed to protect the Honduran population.
- ✓ She ended up by congratulating EPI staff as she recognizes that they do a great job as well as the vaccination staff of the Ministry of Health; once again she underlined the importance of unifying efforts in order to obtain better results.

UNICEF: Dr. Javier Rodriguez expressed that:

- ✓ Human resources are very important and he gave the following example:

If we have a nice house with a nice window (as EPI), it is important to know that we reinforce the surrounding structure such as the ceiling, floor and walls so that it continues looking good. He personally thinks that EPI has done more than it is expected and that it is a leading office within the Ministry of Health. Nevertheless, he considers that other offices shall attempt the reach that same level taking advantage of

the current situation: new methods for the provision of resources, the horizontalization of programs, primary health care, among others, that would allow EPI to succeed.

- ✓ Finally, he underlined that no matter how much effort EPI makes it will not obtain the aimed results unless it receives support from others, as this model has begun to reach saturation; therefore, from a strategic point of view, it is necessary to work intensively.

Inter-American Children Institute (ICI): Dr. Fernando Tome expressed:

- ✓ That he has followed the progress made by EPI for several decades. He congratulates EPI for the achievements accomplished as well as for the actions taken for the prevention of diseases.
- ✓ The analysis of the low coverage reached in the Metropolitan Areas of the Central District and San Pedro Sula indicates that it is necessary to have meetings aimed to encourage the staff, probably offering awards or prizes for the achievement of the target coverage.
- ✓ He acknowledges the excellent management of vaccination cards in the regions of San Pedro Sula, Department of Cortes, as EPI has included all the comments and suggestions made before and has taken corrective actions when needed (Minas de Oro). This management has allowed traveling population to keep records of the vaccines received and program the new ones.
- ✓ He ended up congratulating EPI and expressing his permanent support.

EPI: Dr. Ida Berenice Molina underlined:

- ✓ That EPI has the support of all the organizations of the civil society, specially during the National Vaccination Days though it is necessary to have sustained support for the regular program; therefore, she urges all organizations and cooperation agencies to keep providing EPI both technical and financial support.
- ✓ It is necessary to strengthen the management of health services at the departmental level in order to establish sustainable mechanisms of coordination and joint management, which will allow EPI to overcome the existing barriers for the improvement of vaccination coverage.
- ✓ EPI also needs more vaccination staff that will increase its capacity for existing and new vaccines. In relation of the staff offered by the Armed Forces, each health unit establishes its own need of human resources but in some cases support was not requested in order to avoid confrontation with local gangs (maras).
- ✓ She agrees with the idea that it is necessary to obtain vaccination information from the private sector. A Ministerial resolution is being elaborated in order to regulate vaccination in the private sector.

~ End ~