

Annual Progress Report 2007

Submitted by

The Government of

	Bolivia		
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, <u>rajkumar@gavialliance.org</u> or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

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

Signatures Page for ISS, INS and NVS

For the Government of Bolivia

Ministerio de Salud y Deportes:

Dr. Walter Selum Rivero

Title: Ministro de Salud y Deportes

Ministerio de Planificación del Desarrollo:

Lic. Graciela Toro Ibáñez

Title:

Ministra de Planificación del Desarrollo

Signature:

Signature:

Date: 15/05/08

Date: 15/05/08

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

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

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

Name/Title	Agency/Organisation	Signature	Date
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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 <u>Immunization Services Support (ISS)</u>

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes

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?

ISS funds are inserted as a budget line of the annual national plans of action.

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.

The ISS funds are managed by PAHO, Bolivian office, received through PAHO RO. The decision on the use on the ISS funds is taken by the national immunization programme, reported and endorsed by the ICC.

The 2007 ISS funds (USD 71 875) were received together with the second tranche in La Paz in February 2008.

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: 0 \$US

Remaining funds (carry over) from 2006: NR Balance to be carried over to 2008: \$US 71 875

Table 1: Use of 2007 funds during 2008

A use of leaves wineties	Total amount in	AMOUNT OF FUNDS			
Area of Immunization	Total amount in	PUBLIC SECTOR			PRIVATE
Services Support	US \$	Central	Region/State/Province	District	SECTOR & Other
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles	51 000	26000	25000		
Cold chain equipment					
Computers	20 875		20 875		
Total:	71 875				
Remaining funds for next	0				
year:					

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

<u>Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds</u> were discussed.

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

- In 2007, two major national campaigns were conducted: yellow fever among 2-44y. and measles rubella among 2-15y. In some areas, these were an opportunity to strengthen the routine programme, in others, it added to the workload, decreasing significantly the efficiency of the routine programme. The 2 campaigns were a huge success in coverage, though.

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?					
Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?					
YES NO					
If yes, please report on the degree of its implementation and attach the plan.					
Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.					
Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).					

1.1.4. ICC meetings

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

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

Members of Civil Society Organizations	PROCOSI (Red de 34 ONG que trabajan en salud)	 Dr. José Ignácio Carreño, Gerente de Programas Dra. Wendy McFarren, Directora
	CARITAS (Red de ONG de la Iglesia católica)	Dr. Roberto Barja
	Red Cross	Dr. Abel Peña y Lillo
	Club de Leones	Sra. Dely de Rios, Gobernadora Bolivia
	Rotary Club	Lic. Jose Manuel Palenque, Presidente Distrito
	Comité Nacional de inmunización	Dr. Adalid Zamora, Presidente

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)
Rotavirus	Mono		July 1 st 2008	NR

Please report on any problems encountered.

The initial presentation (liquid, 3 dose schedule) selected by the country was changed to the lyophilized 2 dose schedule one, because of the delay in the WHO prequalification: This impedes its procurement through the Revolving Fund.

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.

122	LISA OF GAV	l fundina anti	ty support f	or the introd	luction of the	e new vaccine
1.Z.J.	USE OF GAV	ı tunama enu	LV SUDDOIL II	or me muoc	JUCLION OF LINE	: new vaccine

These funds were received on: April 2008

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 ______

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in 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
Jeringas	15.898.492	Mar/Abr/Jun/2007
Cajas de Bioseguridad	100.400	Mayo/Ago/2007

Please report on any problems encountered.

The injection safety material received in 2007 corresponded to the 2006 needs (second year of support). Meanwhile, the MoH had purchased already the safety material from its own funds.

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.

Given the delay in receiving the supplies for the first and second years of support, Bolivia has requested GAVI (letter to GAVI, 9 January 2008, through RO) that the support be converted into cash, and this money to be used in waste management activities. Since 2007, Bolivia is acquiring 100% of the safety material with national funds (through the PAHO revolving Fund).

Please report how sharps waste is being disposed of.

Major urban areas: buried in specific controlled sites. Minor urban and rural areas: local burying and burning (although the latter this is not the official policy).	

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

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	2008	2009
	Actual	Planned	Planned
Expenditures by main category (total does not add to 100%)			
Vaccines and injection supplies	10.233.923	13.006.824	15.146.000
Campaigns	3.001.240	580.761	-
Cold Chain equipment	1.085.900	215.670	250.402
Operational costs	373.185	47.255	50 000
Rotavirus introduction	-	250.210	-
Financing by Source			
Government	11992648	13.190.136	14.545.508
GAVI Fund (including rotavirus vaccine)		1,363,513	1.529.862
UNICEF	266000	75000	114.803
WHO	276624	323107	150 000
Other (2007: Nordic Fund, Canada, European Commission, vaccine donation from Brazil)	1952400		
Total Expenditure	15.899.052	15.380.590	16.656.268
Total Funding Gaps	-	428.234	250.402

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...

Bolivia is sustainable for the procurement of all vaccines, syringes and safety boxes, with the exception of the rotavirus vaccine, already financed from the start at 50%. The financing trends indicate an increasing proportion of expenditures financed by the Government.

In 2007, the major part of the external support was specifically dedicated to 2 national immunization campaigns.

The 2008 and 2009 gaps are mainly for vehicles and cold chain equipment.

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: rotavirus (to be introduced in July 2008, if rotarix made available)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government	NR	NR	3	3.15
Other sources (please specify)	NR	NR	-	-
Total Co-Financing (US\$ per dose)			3	3.15

otal Co-Financing (US\$ per dose)			3	3.15
ease describe and explain the past and fut warded vaccine.	cure trends in	co-financin	ig levels for	the 1 st G
For 2 nd GAVI awarded vaccine.	0007	2007	0000	2000
Please specify which vaccine (ex: DTP-HepB)	2007 Actual	2007 Planned	2008 Planned	2009 Planned
Co-financing amount (in US\$ per dose)	Actual	i latitieu	1 latitieu	Tiarined
Government				
Other sources (please specify)				
1 2/				
Fotal Co-Financing (US\$ per dose)				
Total Co-Financing (US\$ per dose)				
Name describe and contain the most and for	(u - ond o
lease describe and explain the past and fut- warded vaccine.	ure trenas in	co-financin	g levels for	the 2 ^m G

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 cofinancing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by vaccines?	by the Ministry of Heal	th in your country fo	r procuring EPI
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF			
PAHO Revolving Fund	X	All regular EPI	Govnt Bolivia
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 (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	N/A					
National health sector plan	N/A					
National health budget	N/A					
Medium-term expenditure framework	N/A					
SWAp	N/A					
cMYP Cost & Financing Analysis	N/A					
Annual immunization plan	N/A					
Other	N/A					

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

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

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

3.1. Up-dated immunization targets

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

eta	ease provide justification on changes to baseline, targets, wastage rate, vaccine presentation, c. from the previously approved plan, and on reported figures which differ from those reported in e 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.

Niverbanaf	Achievements and targets									
Number of	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births	278.369	278.618	278.885	279.170	279.237	279.542				
Infants' deaths	16.778	16.650	16.989	17.452	17.457	17.713				
Surviving infants	261.591	261.968	261.896	261.718	261.780	264.691				
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*	226.826	222.129	225.230	227.694	230.366	235.574				
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*	216.099	214.152	217.373	219.843	222.503	227.634				
NEW VACCINES **										
Infants to be vaccinated in 2008 and beyond with 1 st dose of rotavirus vaccine			119.163	209.374	222.503	238.231				
Infants to be vaccinated in 2008 and beyond with 2 nd dose of rotavirus vaccine			107.247	189.000	200.262	214.392				
Wastage rate plan for 2008 and beyond*** (rotavirus)]	1%	1%	1%	1%				
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT										
Infants vaccinated / to be vaccinated with BCG										
Infants vaccinated / to be vaccinated with Measles (1st dose)										

^{*} 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.

554 403 rotavirus doses (2 dose schedule) will be needed in 2009.							

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 a10 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.
- <u>AD syringes:</u> 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

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		

ICC comments:

6.

Comments

~ End ~