



# Annual Progress Report 2008

Submitted by

The Government of

[Bi H ]

Reporting on year: \_\_2008\_\_

Requesting for support year: \_2010/2011\_

Date of submission: \_\_\_\_\_27 May 2009\_\_\_\_\_

**Deadline for submission: 15 May 2009**

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: [apr@gavialliance.org](mailto:apr@gavialliance.org)

and any hard copy could be sent to :

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Chemin de Mines 2.  
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Enquiries to: [apr@gavialliance.org](mailto:apr@gavialliance.org) or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

**Government Signatures Page for all GAVI Support  
(ISS, INS, NVS, HSS, CSO)**

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

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

**Ministry of Civil Affairs::**

Title: .....

Signature: .....

Date: .....

**Ministry of Finance and Treasure:**

Title: .....

Signature: .....

Date: .....

*This report has been compiled by:*

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Position: entity PHI epidemiologists

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.....

## ICC Signatures Page

*If the country is reporting on ISS, INS, NVS support*

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

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

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

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

**Comments from partners:**

You may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

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As this report been reviewed by the GAVI core RWG: y/n

.....

.....

.....



## Signatures Page for GAVI Alliance CSO Support (Type A & B)

This report on the GAVI Alliance CSO Support has been completed by:

Name: .....  
 Post: .....  
 Organisation:.....  
 Date: .....  
 Signature: .....

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name: .....  
 Post: .....  
 Organisation:.....  
 Date: .....  
 Signature: .....

We, the undersigned members of the National Health Sector Coordinating Committee, ..... (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
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Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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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*





**Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)**

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	32786	32917	33049	33280	33513	33781	34051	34357
Infants' deaths	221	222	223	224	225	225	200	195
Surviving infants	33054	33186	33319	33552	33787	34057	34329	34638
Pregnant women								
Target population vaccinated with BCG	32786	32917	33049	33280	33513	33781	34051	34357
BCG coverage*	31802	31950	32090	32310	32540	32800	33100	33400
Target population vaccinated with OPV3	33054	33186	33319	33552	33787	34057	34329	34638
OPV3 coverage**	31401	31526	31986	32209	32773	33035	33642	33945
Target population vaccinated with DTP (DTP3)***	33054	33186	33319	33552	33787	34057	34329	34638
DTP3 coverage**	30740	30862	30986	31203	31422	31673	31926	32213
Target population vaccinated with DTP (DTP1)***	33054	33186	33319	33552	33787	34057	34329	34638
coverage	31700	31900	32010	32250	32500	32750	33000	33360
Wastage <sup>1</sup> rate in base-year and planned thereafter	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with HepB3 <sup>rd</sup> dose of .....	33054	33186	33319	33552	33787	34057	34329	34638
..... Coverage**	30740	30862	30986	31203	31422	31673	31926	32213
Target population vaccinated with 1 <sup>st</sup> dose of .....	33054	33186	33319	33552	33787	34057	34329	34638
Coverage	31800	31950	32090	32310	32540	32800	33100	33400
Wastage <sup>1</sup> rate in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Target population vaccinated with Hib3 <sup>rd</sup> dose of	33054	33186	33319	33552	33787	34057	34329	34638
Coverage**	31070	31195	31320	31539	31760	32014	32269	32560
Target population vaccinated with Hib 1 <sup>st</sup> dose of	33054	33186	33319	33552	33787	34057	34329	34638
Coverage**	31700	31900	32010	32250	32500	32750	33000	33360
Wastage <sup>1</sup> rate in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Target population vaccinated with 1 <sup>st</sup> dose of Measles	33054	33186	33319	33552	33787	34057	34329	34638
coverage	31400	31550	31700	31920	32150	32430	32720	33040
Target population vaccinated with 2 <sup>nd</sup> dose of Measles	35043	34 011	33987	33234	32438	32922	33054	33186
Measles coverage**	27871	32310	32627	31194	31464	32263	32392	32522

<sup>1</sup> The formula to calculate a vaccine wastage rate (in percentage):  $[(A - B) / A] \times 100$ . Whereby: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table  $\alpha$  after Table 7.1.

Pregnant women vaccinated with TT+									
TT+ coverage****									
Vit A supplement	Mothers (<6 weeks from delivery)								
	Infants (>6 months)								
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100		3.03	3.25	3.19	3.25	3.32	3.29	3.25	3.43
Annual Measles Drop out rate (for countries applying for YF)									

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of surviving infants

\*\*\* Indicate total number of children vaccinated with either DTP alone or combined

\*\*\*\* Number of pregnant women vaccinated with TT+ out of total pregnant women

**Table B: Updated baseline and annual targets**

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	34477	32917	33049	33280	33513	33781	34051	34357
Infants' deaths	213	222	223	224	225	225	200	195
Surviving infants	34264	33186	33319	33552	33787	34057	34329	34638
Pregnant women	34477	32917	33049	33280	33513	33781	34051	34357
Target population vaccinated with BCG	34477	32917	33049	33280	33513	33781	34051	34357
BCG coverage*	32796	31950	32090	32310	32540	32800	33100	33400
Target population vaccinated with OPV3	34264	33186	33319	33552	33787	34057	34329	34638
OPV3 coverage**	29327	30862	30986	31203	31422	31673	31926	32213
Target population vaccinated with DTP (DTP3)***	34264	33186	33319	33552	33787	34057	34329	34638
DTP3 coverage**	30995	30862	30986	31203	31422	31673	31926	32213
Target population vaccinated with DTP (DTP1)***	34264	33186	33319	33552	33787	34057	34329	34638
Coverage	32527	31900	32010	32250	32500	32750	33000	33360
Wastage <sup>2</sup> rate in base-year and planned thereafter	1,33	1,33	1,33	1,33	1,33	1,33	1,33	1,33
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with Hib 3 <sup>rd</sup> dose of .....	34654	33186	33319	33552	33787	34057	34329	34638
..... Coverage**	33749	31195	31320	31539	31760	32014	32269	32560
Target population vaccinated with Hib 1 <sup>st</sup> dose of .....	34654	33186	33319	33552	33787	34057	34329	34638

<sup>2</sup> The formula to calculate a vaccine wastage rate (in percentage):  $[(A - B) / A] \times 100$ . Whereby: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table  $\alpha$  after Table 7.1.

Coverage	31700	31900	32010	32250	32500	32750	33000	33360
Wastage <sup>1</sup> rate in base-year and planned thereafter	1,05	1,05	1,05	1,05	1,05	1,05	1,05	1,05
Target population vaccinated with 1 <sup>st</sup> dose of Measles	33834	31550	31700	31920	32150	32430	32720	33040
Measles coverage**	27871	32310	32627	31194	31464	32263	32392	32522
Target population vaccinated with 2 <sup>nd</sup> dose of Measles	35043	34 011	33987	33234	32438	32922	33054	33186
Measles coverage**	27381	32310	32287	31572	30816	31605	31731	31858
Pregnant women vaccinated with TT+								
TT+ coverage****								
Vit A supplement	Mothers (<6 weeks from delivery)							
	Infants (>6 months)							
Annual DTP Drop out rate $[(DTP1-DTP3)/DTP1] \times 100$	4,7%	4,2	4,3	4,0	3,5	3,5	3,2	3,2
Annual Measles Drop out rate (for countries applying for YF)								

\* Number of infants vaccinated out of total births

\*\* Number of infants vaccinated out of surviving infants

\*\*\* Indicate total number of children vaccinated with either DTP alone or combined

\*\*\*\* Number of pregnant women vaccinated with TT+ out of total pregnant women

\*\*\*\* Number of pregnant women vaccinated with TT+ out of total pregnant women

## **1. Immunization Programme Support (ISS, NVS, INS)**

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

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

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

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

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

### 1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008 \_\_\_\_\_

Remaining funds (carry over) from 2007 \_\_\_\_\_

Balance to be carried over to 2009 \_\_\_\_\_

**Table 1.1: Use of funds during 2008\***

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

### 1.1.3 ICC meetings

*How many times did the ICC meet in 2008? \_ Four times.*

***Please attach the minutes (DOCUMENT N°.....) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.***

#### **Minutes from First ICC meeting**

Sarajevo, 31 January 2008

#### **Second Interagency Coordination Committee Meeting Minutes**

Sarajevo, 21 March 2008

Present: Dr. Mitar Tesanovic, Epidemiologist, PHI RS

Dr. Fani Majkic, FMOH

Mr. Haris Hajrulahovic, WHO BiH

Dr. Drazenka Malicbegovic-Rados, Assistant of Minister, Ministry of Civil Affairs

Prof. Dr. Zlatko Puvacic, Epidemiologist; Federal Public Health Institute

Dr. Selena Bajraktarevic, UNICEF BiH

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

Dr. Safet Omerovic, Minister, Federal Ministry of Health

Prof. Ranko Skrbic, Minister, Ministry of Health and Social Welfare RS

Dr. Janja Bojanic, Public Health Institute RS

Dr. Jasna Sadic, EPI Manager, District Brcko

Dr. Zlatko Vucina, Director, Federal Public Health Institute

Dr. Dragana Stojisavljevic, Director, RS Public Health Institute

Dr. Aida Cemerlic, Deputy Director, Federal Public Health Institute

Dr. Mirsada Mulaomerovic, Federal Public Health Institute

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

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

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

#### **Third Interagency Coordination Committee Meeting Minutes**

Sarajevo, 22 July 2008

Present: Dr. Mitar Tesanovic, Epidemiologist, PHI RS

Dr. Fani Majkic, FMOH

Mr. Haris Hajrulahovic, WHO BiH

Dr. Drazenka Malicbegovic-Rados, Assistant of Minister, Ministry of Civil Affairs

Prof. Dr. Zlatko Puvacic, Epidemiologist; Federal Public Health Institute

Dr. Selena Bajraktarevic, UNICEF BiH

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

Dr. Safet Omerovic, Minister, Federal Ministry of Health

Prof. Ranko Skrbic, Minister, Ministry of Health and Social Welfare RS

Dr. Janja Bojanic, Public Health Institute RS

Dr. Jasna Sadic, EPI Manager, District Brcko

Dr. Zlatko Vucina, Director, Federal Public Health Institute

Dr. Dragana Stojisavljevic, Director, RS Public Health Institute

## Agenda

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

## Conclusions

Prof. Puvačić FBIH

1. Federation BiH is experiencing a small grassroots anti-vaccination movement, the main source being the media releases of Ms. Jagoda Savic. Despite of this in our immunization activities over 50 % of children have been immunized since the beginning of the year. MMR immunization campaign which was planned for June has been postponed for September due to Ms. Savic's involvement. 52,000 doses of the MMR vaccine intended for the campaign are in government storage prepared for campaign.
2. Federation BiH has held a seminar for those responsible for the Roma population. Participants consisted of educated Roma population. Special Roma immunization cards were developed in order to easier track the immunization records of the mobile population. Also, since in May one Roma child died shortly after vaccination, it was decided that immunizations done among the Roma population would be preceded by a physical exam by a paediatrician in order to minimize the likelihood of association of vaccination with other possible causes of death.

Dr Mitar Tešanović

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

Mr Hajrulahović

8. WHO is focusing on an MMR campaign. Currently they are finishing a situation analysis and by the end of the year, they are planning a conference. The conference will provide immunization information, answer professional questions, and prepare medical professionals and the general population for an immunization campaign. WHO is also working on a training package for health professionals to decrease doubts concerning the safety and quality of vaccines.
9. WHO is also aiding in the organization of Agency for drugs. The Agency will have three major units such as the headquarters which will be located in Banja Luka, the laboratory located in Sarajevo, and the centre to follow up on adverse events located in Mostar.
10. Concerning the anti-vaccination campaign, UNICEF, WHO, and governments jointly will prepare a social mobilization and communication plan to enable government and professionals involved in immunization programme to provide appropriate response and to react properly in vaccination communication crisis.

Dr Fani Majkić

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

Dr Malićbegović MoCA

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

Prof.Puvačić i dr Tešanović

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

#### **Fourth Interagency Coordination Committee Meeting Minutes Sarajevo, 12 August 2008**

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

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

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

#### **Agenda:**

- Endorsement of GAVI Annual Progress Report

#### **Conclusions:**

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

*Are any Civil Society Organizations members of the ICC: [Yes]  
if yes, which ones?*

List CSO member organisations

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

#### **Attachments:**

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (DOCUMENT N°.....) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT N°.....) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement of funds (DOCUMENT N°.....) spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

#### **1.1.4 Immunization Data Quality Audit (DQA)**

*If a DQA was implemented in 2007 or 2008 please list the recommendations below:*

List major recommendations

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

YES

NO

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

**Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy]**

*Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).*

*List studies conducted:*

*List challenges in collecting and reporting administrative data:*

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

### 1.2.1. Receipt of new and under-used vaccines during 2008

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)

[List new and under-used vaccine introduced in 2008]

[List any change in doses per vial and change in presentation in 2008]

Dates shipments were received in 2008.

#### Republika Srpska

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2008)
Hepatitis B	mono	30 600	2001	1 May 2008
Hepatitis B	multi - 10 doses	3600	2001	1May 2008
Hib	mono	38760	January 2008	26 Nov 2008

#### Federation BiH

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Hepatitis B	mono	44 370	01.05.2004	1May 2008
Hepatitis B	multi - 10 doses	5200	01.05.2004	1May 2008
Hib	mono	56200	01.01.2007	22 May and 26 May 2008 2008

#### District of Brcko

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Hepatitis B	mono	1530	2001	1May 2008
HepatitisB	multi - 10 doses	200	2001	1May 2008
Hib	mono	1940	January 2007	22 May 2008

Please report on any problems encountered.

Problems with Hib vaccines encountered in Federation of BiH and following was noted by the government of FBiH:

Hib vaccines in a total amount of ordered vaccines is 56,200 doses ( Hib 10dose vials) out of that 29,000 doses arrived with coloured CCM and are suspended for further use by the government of FBiH Hib vaccines came in 44 boxes and out of that:19 boxes arrived on 22 nd May, 25 boxes were delayed in transit and arrived on 26<sup>th</sup> May

Out of 44 boxes 7 boxes arrived with changed colour on CCM (Boxes No: 1,3,5,8,9,10,13)

Minutes developed by the Entity of FBiH:

- a) Hib vaccine, along with the appropriate solvent, which was donated by UNICEF was delivered to the Institute for Public Health on 28.05.2008 at 11 AM. After unloading of boxes containing the vaccine and solvent, both committees, that is the receiving committee from the Federal Ministry and the receiving committee from the Institute for Public Health, initiated the quality control procedure for the shipment and concluded the following:
  - all vaccines were delivered in specified Styrofoam box with the electronic system installed to ensure temperature levels during transport
  - each box contained one MK (monitoring card and electronic system Q- tag 2+(Type I)).

- there is no evidence of damage from observing the exterior condition of the boxes
  - after inspecting every Q-tag, it was observed that all Q-tags (except for one located in box 4) were stopped at 240.00. This means that ten days intended for transport had expired – the temperature monitors showed OK. In box 4, the Q-tag was stopped at 184.39 and monitor showed OK.
  - After inspecting the MK in each box, we concluded that 7 boxes (number 1,4,6,7,11,12,and 14 had a working MK card which had labels with all white fields while the MK in all other boxes had darkened labels (pink color) in field A. One had field B filled in too.
- b) Both committees analyzed this problem in the presence of EPI coordinator and contacted UNICEF. It was concluded that the vaccines took longer to transport than the time allotted by the Q-tag and so the only control of cold-chain during transport was MK. Considering that the MK in boxes no. 1,4,6,7,11,12,and 14 were not reacted- it was decided to accept the vaccines and put them into storage in CHK (total amount = 27.460 doses). The other boxes had a darkened A and B field and so were not accepted because they, based of the mentioned indicators and the inadequate Q-tag, were suspected of being exposed to higher temperatures
- c) Hib vaccines in boxes which contained the reacted MK were not placed into cold chain. They were left out in temperatures above 18 °C

*Signed by Director of Federal Public Health Institute*

**RS**

*Didn't have any major problems.*

**DB**

*Didn't have any major problems.*

### 1.2.2. Major activities

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

**BiH**

o **European Immunization Week (EIW)**

In joint collaboration with WHO, UNICEF helped the governments of BiH to organize a country-wide **European Immunization Week (EIW)**, under slogan "I am the child – immunize me", and to appeal to adults to respect the rights of children to be immunized and protected through safe and timely immunization. The initiative was launched in period from 21 to 27 April, and range of activities across the country was supported by UNICEF and organized by entity government from public awareness campaigns, exhibitions in kindergartens, and the presentation of updated immunization schedule with introduction of new vaccine,

Much press attention for EIW was generated through press conferences, interviews and TV and radio broadcasts organised during the EIW. Furthermore, UNICEF provided technical assistance to government and enabled them to use the power of advocacy and targeted communication applied during the EIW, and to build the Child friendly Parliament through developing and adopting a Declaration on immunization and EIW. This was the first time in history that children were invited to the Parliament building, sitting together with government politicians and participating in the parliamentary session. Leaflets and poster -developed within EIW - were posted on the speaker place conveying the message on the right of child to immunization and reminding adults/politicians on their responsibilities. The whole immunization event with children attracted a lot of attention of journalists and media representatives who were there following and reporting on this unusual event in various papers and TVs. The Child friendly Parliament initiative will be continued, and it become a model of good practice for raising awareness and responsibilities of policy makers towards children rights in other areas as well.

- **Capacity development of health professionals involved in immunization programme**

With UNICEF support the government of BiH conducted 21 training seminars and round tables on importance of the safe and timely immunization for 450 health professionals.

- **Development and production of educational materials**

UNICEF, together with WHO, supported the government to develop 11,000 leaflets, 1,100 posters and 200 t-shirts with slogan of the **EIW "I am the child – immunize me"**, and all parents and their children involved in catch up immunization received the message on the right to immunization.

- **Pandemic Vaccination Preparedness**

UNICEF BiH has been part of the CEE/CIS Regional Country Assessments for **Pandemic Vaccination Preparedness** and has continued providing technical assistance to the governments of BiH in development of the Pandemic Influenza Vaccination Operational Plan through the mission organized from 9-22 March 2008. This mission was conducted simultaneously with the mission that complemented to the pandemic vaccination preparedness of the country targeting effective vaccine store management (EVSM) and process that maintain the quality of vaccines throughout the effective cold chain.

As a result of these missions, entity government developed Pandemic Influenza Vaccination (PIV) Operational Plan that was added into the broader National Pandemic Preparedness Plans. Furthermore, the capacity of national immunization programmes to deliver a pandemic vaccine was improved and strengthened through entity training seminars organized on cold store management for 70 health professionals involved in vaccines' delivery. In addition, the provision of three cold rooms, 10 refrigerators and temperature monitoring devices expanded and improved capacity of cold chain and immunization programme at all levels in the country. Furthermore, provision of three specialized vehicles to entity PHIs improved delivery of routine vaccines from the central to entity/regional levels. This provision of supply, improved access to and quality of immunization programme at all levels in the country.

#### **F-BiH:**

*Public Health Institute of the Federation of BiH implemented the following activities in 2008:*

- *Monitoring of the program – monthly/annually, pertaining to EPI vaccines coverage, vaccine consumption and wastage, immunization adverse effects – continuous and timely;*
- *Quarterly reporting of Cantonal EPI Coordinators on immunization coverage and vaccine consumption – analysis and discussions;*
- *Data quality control – analysis, discussions;*
- *Several educational meetings/consultations were organized for program personnel, with focus on the following topics:*
  1. *Importance of quality enhancement of immunization program*
  2. *List of indicators for immunization program quality monitoring*
  3. *Current problems*
- *Intensifying activities on increasing immunization coverage :Monitoring of unvaccinated children“ (based on proposal of National EPI Coordinator for F BiH and evaluated as important for assessment of F BiH immunization program quality by epidemiologists and paediatricians);*
- *Number of activities pertaining to application of Hib vaccines, supplied by GAVI;*
- *Central-level cold storage control (work with the consultant);*

#### **RS**

*During 2008, MoH RS together with the Public Health Institute have implemented the following activities in 2008:*

*Celebration of European Immunization Week ensuring that every child is immunized and protected from major vaccine-preventable diseases through the **catch-up immunization conducted in hard-to-reach areas** of RS. Through this initiative the RS government implemented **targeted activities for unimmunized children**. 2,500 socially excluded children from Roma and returnees families through outreach activities conducted by 135 mobile medical teams from health centres at the community level. Children under one year were immunized against diphtheria, tetanus, pertussis and poliomyelitis. Older children received vaccines against measles, mumps and rubella. In addition, children, together with*

their parents, received key information on the importance of immunization along with a vaccination schedule with the appointment date for the next vaccine.

- *Monitoring of the program – monthly/annually, pertaining to EPI vaccines coverage, vaccine consumption and wastage, immunization adverse effects – continuous and timely;*
- *Data quality control – analysis, discussions with professionals from regional PHI;*

**DB**

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

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

These funds were received on 2003 and based on an ICC decision made in year 2003, distributed between Federation of Bosnia and Herzegovina, Republic of Srpska and Brcko District , as 52%, 44% and 3% respectively

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

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
2008	17.000 \$	2008	0( there is no leftover for 2009)	20 training seminars and round tables on importance of the safe and timely immunization for 450 health conducted in BiH	We did not encounter any problem

In 2008 remaining balance of 17.000 \$ ( 17 % of total GAVI funds) was used for 20 training seminars and round tables on safe immunization, and 450 health professionals increased their knowledge and improved the immunization practices. By end of 2008 GAVI funds are fully spent and there is no leftover for 2009.

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

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

*If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.*

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

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

*If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.*

[List main activities]

When will the next EVSM/VMA\* be conducted? no data

**Table 1.2**

<b>Vaccine 1: .....</b>	
<b>Anticipated stock on 1 January 2010</b>	.....
<b>Vaccine 2: .....</b>	
<b>Anticipated stock on 1 January 2010</b>	.....
<b>Vaccine 3: .....</b>	
<b>Anticipated stock on 1 January 2010</b>	.....

## 1.3 Injection Safety

### 1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies?...Yes in supply.....

*If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).*

#### *Republika Srpska*

<b>Injection Safety Material</b>	<b>Quantity</b>	<b>Date received</b>
AD-BCG	14,500	Not delivered
AD syringes	54,300	Not delivered
AD-Rec	5,000	Not delivered
Safety boxes	825	Not delivered

#### *Federation BiH*

<b>Injection Safety Material</b>	<b>Quantity</b>	<b>Date received</b>
AD-BCG	21,000	Not delivered
AD syringes	78,700	Not delivered
AD-Rec	7,300	Not delivered
Safety boxes	1200	Not delivered

#### *District of Brcko*

<b>Injection Safety Material</b>	<b>Quantity</b>	<b>Date received</b>
AD-BCG	800	Not delivered
AD syringes	2,700	Not delivered
AD-Rec	300	Not delivered
Safety boxes	50	Not delivered

*Please report on any problems encountered.*

[List problems]

- SD Copenhagen, sent truck with injection safety material to BiH which arrived to the BiH border on 1 July, and due to several issues which appeared at the BiH border including the entering into the country, injection safety supply couldn't be delivered neither to FBiH entity nor to RS and District Brcko government, therefore SD Copenhagen returned the truck with the supply back to Copenhagen.

### 1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

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

[List sources of funding for injection safety supplies in 2008]

*Support has ended in 2008, The entity of two government and District Brcko continued providing injection safety supply, but there are stockouts in injection safety supply, therefore government has requested to get GAVI procured injection safety supply in 2008 which wasn't handed over to the BiH's government last year.*

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

[Describe how sharps is being disposed of by health facilities]

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

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

[List problems]

Due to Lack of available supply at the local market and lack of timely secured resources for procurement of injection safety supply there are stock out in injection safety supply .

**1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (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:*

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

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

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

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	<b>Reporting Year 2008</b>	<b>Reporting Year + 1</b>	<b>Reporting Year + 2</b>
	Expenditures	Budgeted	Budgeted
<b><i>Expenditures by Category</i></b>			
Traditional Vaccines	648,675€	737,731€	689,345€
New Vaccines	1,594,700 €	1,919,482€	2,202,078€
Injection supplies	109,966 €	100,000 €	120,000€
Cold Chain equipment	25,000 €	30,000 €	35,000 €
Operational costs	550,000 €	600,000 €	650,000€
Vehicle for vaccine transportation	43,884 €	100,000 €	65,000€
Training of Health Professionals and Development of Educational Materials	182,556 €	45,000 €	55,000€
<b>Total EPI</b>	<b>2,675,000 €</b>	<b>3,175,000€</b>	<b>3,625,000€</b>
<b>Total Government Health</b>	Half billion €	Half billion €	Half billion €

<b>Exchange rate used</b>	1 US= 0,735 €
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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 next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.



## Future Country Co-Financing (in US\$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ....)

**Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)**

<sup>1<sup>st</sup></sup> vaccine:....Hib.....		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
<b>Total value to be co-financed by country</b>	<b>\$</b>						

**Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)**

<sup>2<sup>nd</sup></sup> vaccine:.....		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
<b>Total value to be co-financed by country</b>	<b>\$</b>						

**Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US\$)**

<sup>3<sup>rd</sup></sup> vaccine:.....		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
<b>Total value to be co-financed by country</b>	<b>\$</b>						

**Table 2.3: Country Co-Financing in the Reporting Year (2008)**

<b>Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>			
<b>Schedule of Co-Financing Payments</b>	<b>Planned Payment Schedule in Reporting Year</b>	<b>Actual Payments Date in Reporting Year</b>	<b>Proposed Payment Date for Next Year</b>
	(month/year)	(day/month)	
HepB	January 2008	April 2008	January 2009
Hib	January 2008	April 2008	January 2009
3rd Awarded Vaccine (specify)			

<b>Q. 2: How Much did you co-finance?</b>		
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
HepB	90 %	
2nd Awarded Vaccine (specify)	0	0
3rd Awarded Vaccine (specify)		

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

If the country is in default please describe and explain the steps the country is planning to come out of default.

### 3. Request for new and under-used vaccines for year 2010

Section 3 is to the request new and under-used vaccines and related injection safety supplies for 2010.

#### 3.1. Up-dated immunization targets

Please provide justification and reasons for 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.

Are there changes between table A and B? Yes/no

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes **in births**:

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Provide justification for any changes **in surviving infants**:

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Provide justification for any changes **in Targets by vaccine**:

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Provide justification for any changes **in Wastage by vaccine**:

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**Vaccine 1: .....Hib monodose.....**

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

**(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; .....)**

**Table 3.1: Specifications of vaccinations with new vaccine**

Hib monodose	Use data in:		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	Table B	#	33319	33552	33787	34057	34329	34638
Target immunisation coverage with the third dose	Table B	#	31320	31539	31760	32014	32269	32560
Number of children to be vaccinated with the first dose	Table B	#	32010	32250	32500	32750	33000	33360
Estimated vaccine wastage factor	Excel sheet Table E - tab 5	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	Excel sheet Table D - tab 4	\$	25%	75%	100	100	100	100

\* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

**Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)**

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	100,832	101,588	102,375	103,163	103,950	105,084
Number of AD syringes	#	106,593	107,393	108,225	109,058	109,890	111,089
Number of re-constitution syringes	#	-	-	-	-	-	-
Number of safety boxes	#	1,183	1,192	1,201	1,211	1,220	1,233
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>	<b>25%</b>	<b>75%</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

**Vaccine 2:** .....

Same procedure as above (table 3.1 and 3.2)

**Table 3.3: Specifications of vaccinations with new vaccine**

	<i>Use data in:</i>		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

\* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

**Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)**

		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>						

**Vaccine 3:** .....

Same procedure as above (table 3.1 and 3.2)

**Table 3.5: Specifications of vaccinations with new vaccine**

	<i>Use data in:</i>		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

\* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

**Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)**

		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>						

## 4. Health Systems Strengthening (HSS)

### Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15<sup>th</sup> May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

**4.1 Information relating to this report:**

- a) Fiscal year runs from .....(month) to .....(month).
- b) This HSS report covers the period from .....(month/year) to .....(month year)
- c) Duration of current National Health Plan is from .....(month/year) to .....(month/year).
- d) Duration of the immunisation cMYP:
- e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10<sup>th</sup> March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

Name	Organisation	Role played in report submission	Contact email and telephone number
<b>Government focal point to contact for any clarifications</b>			
<b>Other partners and contacts who took part in putting this report together</b>			

- f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

- g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

#### 4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved									
Date the funds arrived									
Amount spent									
Balance									
Amount requested									

Amount spent in 2008:

Remaining balance from total:

**Table 4.3 note:** This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	Planned Activity for reporting year	Report on progress <sup>3</sup> (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
<b>Objective 1:</b>						
Activity 1.1:						
Activity 1.2:						
<b>Objective 2:</b>						
Activity 2.1:						
Activity 2.2:						
<b>Objective 3:</b>						
Activity 3.1:						

<sup>3</sup> For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

Activity 3.2:						
<b>Support Functions</b>						
Management						
M&E						
Technical Support						

**Table 4.4 note:** This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year’s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

**Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009**

<b>Major Activities</b>	<b>Planned Activity for current year (ie.2009)</b>	<b>Planned expenditure in coming year</b>	<b>Balance available (To be automatically filled in from previous table)</b>	<b>Request for 2009</b>	<b>Explanation of differences in activities and expenditures from original application or previously approved adjustments**</b>
<b>Objective 1:</b>					
Activity 1.1:					
Activity 1.2:					
<b>Objective 2:</b>					
Activity 2.1:					
Activity 2.2:					
<b>Objective 3:</b>					
Activity 3.1:					
Activity 3.2:					
<b>Support costs</b>					
Management costs					

M&E support costs					
Technical support					
<b>TOTAL COSTS</b>				(This figure should correspond to the figure shown for 2009 in table 4.2)	

**Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments**

<b>Major Activities</b>	<b>Planned Activity for current year (ie.2009)</b>	<b>Planned expenditure in coming year</b>	<b>Balance available (To be automatically filled in from previous table)</b>	<b>Request for 2010</b>	<b>Explanation of differences in activities and expenditures from original application or previously approved adjustments**</b>
<b>Objective 1:</b>					
Activity 1.1:					
Activity 1.2:					
<b>Objective 2:</b>					
Activity 2.1:					
Activity 2.2:					
<b>Objective 3:</b>					
Activity 3.1:					
Activity 3.2:					
<b>Support costs</b>					
Management costs					
M&E support costs					
Technical support					
<b>TOTAL COSTS</b>					

#### 4.6 Programme implementation for reporting year:

- a) Please provide a narrative on 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. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

- b) Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

#### 4.7 Financial overview during reporting year:

*4.7 note:* In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate “project” funds. These are the kind of issues to be discussed in this section

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

- b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

#### 4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets

#### **4.9 Attachments**

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

#### **Financial Comptroller Ministry of Health:**

Name:

Title / Post:

Signature:

Date:



## **5. Strengthened Involvement of Civil Society Organisations (CSOs)**

### **1.1 TYPE A: Support to strengthen coordination and representation of CSOs**

**This section is to be completed by countries that have received GAVI TYPE A CSO support<sup>4</sup>**

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

*Please list any abbreviations and acronyms that are used in this report below:*

#### **5.1.1 Mapping exercise**

*Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).*

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<sup>4</sup> Type A GAVI Alliance CSO support is available to all GAVI eligible countries.  
Annual Progress Report 2008

*Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.*

### **5.1.2 Nomination process**

*Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).*

*Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.*

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

### 5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US\$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
<b>TOTAL COSTS</b>					

#### **5.1.4 Management of funds**

*Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.*

## **TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP**

**This section is to be completed by countries that have received GAVI TYPE B CSO support<sup>5</sup>**

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

*Please list any abbreviations and acronyms that are used in this report below:*

### **5.2.1 Programme implementation**

*Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.*

*Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).*

<sup>5</sup> Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

*Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.*

*Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).*

*Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.*

*For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.*

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved





## 5.2.4 Monitoring and Evaluation

*Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).*

*These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.*

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

*Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.*

## 6. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
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 review report attached to Annual Progress Report		

## **7. Comments**

*ICC/HSCC comments:*

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

~ End ~