



Annual Progress Report 2009

Submitted by

The Government of

[Bosnia and Herzegovina]

Reporting on year: 2009

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

and any hard copy could be sent to :

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Switzerland**

Enquiries to: 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 [*Name of Country*].....

Minister of Health:

Title:

Signature:

Date:

Minister of Finance:

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. Janja Bojanic	PHI RS		
Dr.Mirsada Mulaomerovic	FPHI		

Comments from partners:

You may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

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	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 ¹ rate in base-year and planned thereafter	1,33	1,33	1,33	1,33	1,33	1,33	1,33	1,33
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with Hib 3 rd 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 st dose of	34654	33186	33319	33552	33787	34057	34329	34638
Coverage	31700	31900	32010	32250	32500	32750	33000	33360
Wastage ¹ 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 st 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 nd 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] x100	4,7%	4,2	4,3	4,0	3,5	3,5	3,2	3,2

¹ 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 α after Table 7.1.

Annual Measles Drop out rate (for countries applying for YF)								
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* 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						
	2009	2010	2011	2012	2013	2014	2015	2016
Births	34209	34477	34357	34051	34000	33781	33288	33513
Infants' deaths	Please see explanation below	213	195	200	200	225	224	225
Surviving infants	34583** Please see explanation below	34264	34162	33851	33800	33556	33064	33288
Pregnant women	34209	34477	34357	34051	34000	33781	33288	33513
Target population vaccinated with BCG	34209	34477	34357	34051	34000	33781	33288	33513
BCG coverage*	33183	32753	33326	33029	32980	32767	31624	31837
Target population vaccinated with OPV3	34583	34264	34162	33851	33800	33556	33064	33288
OPV3 coverage**	31125	32208	32112	31819	31772	31543	31410	31624
Target population vaccinated with DTP (DTP3)***	34583	34264	34162	33851	33800	33556	33064	33288
DTP3 coverage**	31125	31180	32112	31819	31772	31543	31410	30958
Target population vaccinated with DTP (DTP1)****	34583	34264	34162	33851	33800	33556	33064	33288
Wastage ² rate in base-year and planned thereafter	1	1,33	1,33	1,33	1,33	1,33	1,33	1,33
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of Hib.....	32538	34264	34162	33851	33800	33556	33064	33288
..... Coverage**	26030**	31522	31429	31143	31096	30871	30418	30625
Target population vaccinated with 1 st dose of Hib.....	34583	34264	34162	33851	33800	33556	33064	33288
Wastage ¹ rate in base-year and planned thereafter	1,25	1,05	1,05	1,05	1,05	1,05	1,05	1,05
Target population vaccinated with 1 st dose of Measles	33512	34264	34162	33851	33800	33556	33064	33288
Target population vaccinated with 2 nd dose of Measles	35360	33996	33186	33054	33150	32922	33234	32438
Measles coverage**	31180	32550	32454	32158	32110	31878	31410	31623

² 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 α after Table 7.1.

Pregnant women vaccinated with TT+								
TT+ coverage****								
Vit A supplement								
Annual DTP Drop out rate $[(DTP1 - DTP3)/DTP1] \times 100$	4,9	4,2	4,3	3,2	3,2	3,5	3,5	3,5
Annual Measles Drop out rate (for countries applying for YF)								

* * There are children born in neighboring countries, and are coming back to Bosnia to be immunized therefore number of surviving infants are higher than number of live births registered in the country

* 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)					
Total:					
Remaining funds for next year:					

1.1.3 ICC meetings

How many times did the ICC meet in 2009? _____ ICC met four times in 2009 _____
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 the first ICC Meeting Sarajevo, 28 January 2009

1. Present : dr.Mitar Tešanović, epidemiologist, RS Public Health Institute
Dr.Fani Majkić, Coordinator for Immunization programme, Federal Ministry of Health
dr. Zlatko Vučina, Director, Institute for Public Health FBiH
dr. Mirsada Mulaomerović, Epidemiologist , Institute for Public Health FBiH
Haris Hajrulahović, WHO
dr.Selena Bajraktarević, UNICEF
2. Other invitedi:
dr. Safet Omerović Federal minister, Federal Ministry of Health
Prof. Dr Ranko Škrbić, RS Minister , RS Ministry of Health and Social Welfare
dr. Draženka Maličbegović, Assistant Minister , Ministry of Civil Affairs
dr Jelena Ravlija, Institute for Public Health FBiH
dr. Janja Bojanić, RS Public Health Institute
dr. Dragana Stojisavljević, Director, RS Public Health Institute
dr Jasna Šadic , Department for Health Brčko District
dr Aida Čemerlić, Assistant Director Institutre for Public Health FBiH

Agenda:

1. ICC Annual work plan for 2009
2. AOB

Discussion;

1. UNICEF has prepared proposal of ICC Annual Work plan for 2009 with some activities which were considered during the meeting All ICC members committed themselves to enter their planned activities in Immunization programme for 2009 and completing it (**ICC members**)
2. ICC members – received a letter where GAVI confirmed vaccine donation for 2009 therefore for the purpose of delivery of vaccines and equipment for injecting, entity Coordinators need to reply the request on the quantities, entity coordinators need to respond to the request on the vaccine quantity, delivery dates and number of deliveries. This reply needs to be sent to UNICEF till **2 February 2009.** (**F.Majkić, M. Mulaomerović i M.Tešanović**)
3. **2 /02/09 Entity coordinators will send information on the addresses** where shipments of the vaccines and injecting equipment will be delivered in 2009
4. Institute for Public Health Brcko sent a letter with an explanation that they do not need donation of HepB and Hib vaccines in 2009 because of the changes in their immunization calendar (introducing new combined vaccines) This quantity will be distributed between two entities..
5. Activities on Immunization Programme for 2009 planned by WHO will be integrated part of the ICC Annual Work plan (**H.Hajrulahović**)
6. Activities on promotion of Immunization Programme are very important for strengthening of Immunization programme and a meeting of the communication group will take place 11/02/09. WHO will send a request to the ministers to nominate the members of this Working Group (**H.Hajrulahović?**)
7. UNICEF will financially support the work of this group and will organize a meeting 11/02/09 (**S.Bajraktarević**)
8. For the purpose of strengthening the system for monitoring AFP in RS, WHO will consider the proposal for supporting organizing workshops and field trips by Public Health Institute of RS and FBiH Institutes for Public Health of RS and FBiH have to submit request to WHO with needed funding to enable considering these activities (**M.Tešanović i M. Mulaomerović**)
9. Immunization of Roma is activity which will be supported by UNICEF, but it is necessary to develop a program which should be integrated part of the action plan for eradication of morbili,. Already establishe Working Groups started working on this. (**F.Majkić**)

It was agreed that second ICC meeting take place 19.March.09.

Minute of the Inter-agency Coordination Committee (ICC) for immunization program meeting

Sarajevo, March 19 2009

3. Present : dr. Mitar Tešanović, epidemiologist, Health Protection Institute RS
dr Slobodan Stanić, director, Health Protection Institute RS
dr. Janja Bojanić, epidemiologist, Health Protection Institute RS
dr. Draženka Malićbegović, minister deputy, Ministry of Civil affairs
dr Aida Ćemerlić, director deputy, Federal Institute for Public Health
dr Jasna Šadić, epidemiologist, Health Department Brčko District
dr. Fani Majkić, immunization program coordinator, Federal MoH
dr. Zlatko Vučina, director, Federal Institute for Public Health
dr. Mirsada Mulaomerović, epidemiologist, Federal Institute for Public Health
dr. Patrik Olin, consultant, WHO
Haris Hajrulahović, WHO representative
dr. Selena Bajraktarević, UNICEF
4. Others invited:
dr. Safet Omerović, Federal Minister, Federal Health Ministry
Prof. Dr Ranko Škrbić, Minister, Health and Social Protection RS minister,
dr Jelena Ravlija, epidemiologist, Federal Institute for public health

Agenda:

- Consolidation of the Work Plan ICC for 2009 (S.Bajraktarević)
- Establishing Working group for communication in Immunization program and immunization promotion, agreement on the proposed activity plan draft (S. Bajraktarević)
- Agreement on evaluation of introducing of the new vaccines (H.Hajrulahović)
- Information on Conference on immunization in BiH (H.Hajrulahović)

Discussion ;

S. Bajraktarević provided information that UNICEF, after collecting entity data on need for vaccines and equipment for safe injecting in year 2009, on **16. February** these data were sent to UNICEF office for supplies in Copenhagen and that vaccine shipment has already started. Also, it has been repeated that DB representatives declared that due to the changes to the immunization calendar and introducing the new vaccines in year 2009 they do not have the need for the vaccine that were donated by GAVi, therefore these vaccine were distributed among two entities.

UNICEF prepared activity plan draft for communication and promotion of immunization that also includes marking European immunization week, and entities were asked to consider plan proposition and to submit their suggestions and additions to the proposed communication plan to UNICEF by 26. March, in order for the final communication plan to be made together with all the entity activities that are planned for this year.

dr. M. Tešanović and dr J. Bojanić suggested that , for the purpose of marking of European immunization week, main activities to be conducted should be directed toward establishing cooperation with media representatives, with training for immunization would be provided and cooperation willingness would be expressed, for the purpose of overcoming confuse/sensationalistic and incorrect reporting on vaccines and vaccination.

It has been noted that the big immunization program problem are the health workers and that they convey confusion and uncertainty of justification of vaccination to the parents and that they in this action special attention should be paid to them. It has also been emphasized that in this segment all the positive experience from this area that were collected in year 2002 should be utilized, as well as experience in communication on the topic of bird flue prevention.

Dr Z.Vučina reported that Federal Institute for Public Health will support all activities related to European Immunization Week, KAP study which is planned to perform all other activities associated to Program ,therefore support from UNICEF and WHO will be very much appreciated.

Dr.M. Mulaomerovic suggested parents to be a focus group as that was recognized as a problem in the field work, as well as politicians who have to start long term planning budget for vaccines because we are coming into the month of marking Immunization week with problem of vaccine insufficiency. . Dr Vučina and dr Mulaomerović also mentioned that health workers are continuously focus group for the

FPHI as they, so far, have worked on education of health professionals mostly with UNICEF and WHO support.

dr D. Malićbegović suggested that work group is appointed, that would work on making of Communication Strategy in immunization program and to consider adopting of this document at Ministry council or at the Ministry Conference that has preliminary been scheduled for 30. April. She also said that issue of financing the vaccines acquisition should be addresses at the Ministry Conference in order for promotion of timely vaccine acquisition and prevent it's shortage and hence the suspension of vaccination. For that purpose, proposition of making of three-year budgeting for vaccines acquisition has been suggested.

dr.P. Olin presented the steps that were recommended by WHO on new vaccines evaluation. Document has been translated and distributed to ICC members. It has been emphasized that the evaluation goal is to estimate the influence of introducing the new vaccine to immunization program and foreseen period of time for conducting the evaluation is 10 days. It has also been proposed for evaluation to be conducted in September 2009. **WHO** will technically support the process of evaluating the introduction of new vaccines in entities, while the possibility of the financial support for the local experts that are involved in conducting the evaluation will be verified with the WHO Copenhagen office. Also, possibility of including DB in evaluation will be checked. If UNICEF has the possibility to financially support the local teams that are included in evaluation process, it would be good to do it and to mutually conduct the evaluation.

dr.J. Šadić emphasized the importance of communication within the immunization program between entities and including of DB. She suggested for the unique vaccination calendar to be considered, that would be same in all the entities and DB. She emphasized willingness for participating in communication and promotion of immunization activities as well as evaluation of introducing the new vaccines.

H.Hajrulahović mentioned that WHO is planning conference on immunization that would take place in May or June this year, approximately 100 participants are planned to be invited. For purpose of organizing the conference, topics and issues that entity experts would like to be addressed and discussed about in the area of immunization should be considered. Those topics and suggestions should be submitted to WHO by the end of this month.

dr F.Majkić emphasized the fact that there have been some organizational changes in Federal Health Ministry that also reflect on immunization program, she also added that immunization program in FBiH is conducted under supervision of Institute for Public Health, as it is also the case in RS, therefore her membership in ICC committee is no longer formal and official. Therefore she recommended for her name to be excluded from the ICC members list, but invitation has to be sent to the Federal Health Ministry to delegate it's representative from the ministry to attend the meeting and participate in work of this committee.

Conclusions:

- At the next Minister conference, WHO will suggest forming of the work group for creating the communication strategy in the immunization program and action plan for it's enforcement
- **By 26. March** entity representatives should send activities suggestion for communication and promotion of immunization, i.e. updated communication plan draft that was created by UNICEF, with activities that are planned in year 2009. at entity level and DB, including the European immunization week
- **By 26. March** entity representatives should send activities in immunization program that are planned in year 2009 at entity level incorporated in ICC work plan

By 31. March entity representatives should send the topics suggestion for conference on immunization that is being organized by WHO.

Minute for the Inter-agency coordination committee(ICC) meeting for immunization program

Sarajevo, 22. April 2009

Present: dr Mitar Tešanović, epidemiologist, Institute for health protection RS
dr Janja Bojanić, epidemiologist, Institute for health protection RS
dr Jelena Ravlija, epidemiologist, Federal Institute for Public Health
dr Aida Čemerlić, Deputy director, Federal Institute for Public Health
dr Fani Majkić, Federal Ministry of health
dr Zlatko Vučina, director, Federal Institute for Public Health
dr Mirsada Mulaomerović, epidemiologist, Federal Institute for Public Health

Haris Hajrulahović, WHO representative
Zlatan Peršić, expert associate for public relations Federal Ministry of health
Milka Mrđa, PR, Institute for health protection RS
Dalibor Pejović, Senior expert associate for projects, Department of health Ministry of Civil Affairs
Prof. dr Žarko Papić, Independent Bureau for humanitarian affairs
dr Jasmina Krehić, toxicologist, Clinic Center Sarajevo
dr Smail Zubčević, neuropaediatrician, Clinic Center Sarajevo
Alema Kazazić, journalist and UNICEF consultant
Nineta Popović, UNICEF
Nela Kačmarčik, UNICEF
dr Selena Bajraktarević, UNICEF

Others invited:

- dr Safet Omerović, Federal minister, Federal Ministry of health
Prof. Dr Ranko Škrbić, minister of health and social protection RS, Ministry of health and social protection
- dr Slobodan Stanić, director, Institute for health protection RS
- dr Jasna Šadić, epidemiologist, Department of health Brčko District

Agenda:

- Agreement on marking of European week of immunization (EWI) -2009
- Agreement on making of the Annual report on progress in 2008 for GAVI
(To form a work group that will prepare Annual report by 30/04/09 and send it to ICC for approval)
- Report on activities on elimination of morbili and rubeola (WHO)

Discussion:

European immunization week is being marked by Federal Institute for Public Health BiH and Institute for health protection RS in period of 26 until 29 April 2009, with support of World health organization and UNICEF in BiH. Regarding the importance of immunization, as well as important role of media in education of citizens, especially parents, all media have been invited to join this action according to their interests and possibilities.

As part of marking European Week of Immunization on Monday, April 27. 2009 in the premises of Federal Public Health Institute, round table is being organized with the topic of „Immunization XX civilization achievement“. Organizers of this manifestation are Ministry of Health F BiH and Public Health Institute F BiH Ministry of Health and Social Welfare of RS and Institute for health protection RS World Health Organization and UNICEF in BiH.

Following goals of the Round table have been agreed on:

- To announce European week of immunization with presentation of the planned activities and material that has been created for education and communication on the topic of immunization (brochures for parents, posters for Medical Institutes and 'Questions and answers' for health workers and journalists)
- To establish an open dialog among journalists and health workers for the purpose of responsible informing of public on immunization as well as on other topics in the area of health care that, by its nature, represent very sensitive questions and need very serious approach when being reported about;
- To pay attention to irresponsible reporting of media and possible consequences to the health of children and broader public safety of BiH citizens and broader;
- To define the role of journalists and health workers and their commitments to parents in the process of informing and making right decisions of parents regarding health and protection of their children;

In order for specified goals to be achieved organization of the round table was agreed, according to the following structure:

Block I (Moderator: Alema Kazazić, journalist and UNICEF consultant)

Training of the cantonal and regional coordinators of the immunization program from both entities on the topic of communicating with media in crisis situations

Block II (Moderator : Prof.Žarko Papić,)

Round table – Immunization-civilization achievement

Block III (Moderator : Zlatan Peršić, expert associate for public relations Federal Health Ministry)

Press Conference

Considering the fact that the meeting was prolonged due to long discussion on the topic of organizing ESI, it was agreed that the continuation of ICC and discussion on the topic of making of the Annual report on progress in 2008 for GAVI and report on the activities that are being conducted for the purpose of elimination of morbila and rubeole will take place in the week after 29. April, UNICEF will organize meeting and inform the members of ICC.

Minutes of the Inter-agency Coordination Committee (ICC) for immunization program meeting
Sarajevo, 27 May 2009

5. Present : Dr. Mitar Tešanović, Epidemiologist, Public Health Institute RS
Dr. Aida Čemerlić, Deputy Director, Federal Public Health Institute
Dr. Zlatko Vučina, Director, Federal Public Health Institute
Dr. Mirsada Mulaomerović, Epidemiologist, Federal Public Health Institute
Dr. Jelena Ravlija, epidemiologist, Federal Public Health Institute
Dr. Aida Pilav, Assistant to Minister, Federal Ministry of Health
Snjezana Brckalo, Ministry of Civil Affairs
Dr. Selena Bajraktarević, UNICEF
6. Others invited:
Dr. Safet Omerović, Federal Minister, Federal Ministry of Health
Prof. Dr Ranko Škrbić, Minister, Ministry of Health and Social Welfare RS
Dr. Slobodan Stanić, Director, Public Health Institute RS
Dr. Janja Bojanić, Epidemiologist, Public Health Institute RS
Dr. Draženka Malićbegović, Assistant to Minister, Ministry of Civil Affairs
Dr. Fani Majkić, Federal MoH
Haris Hajrulahović, WHO representative
Dr. Jasna Šadić, epidemiologist, Health Department Brčko District

Agenda:

1. Adoption of GAVI Annual Progress Report 2008 and its submission to GAVI Secretariat
2. Establishment of the communication working group at the state level (UNICEF)
3. AOB

Conclusions:

1. Adoption of GAVI Annual Progress Report 2008 and its submission to GAVI Secretariat
ICC members has adopted the APR 2008 developed by technical entity experts and asked UNICEF to send the soft copy of the report to GAVI today.
The original hard copy of the report along with signatures will be sent by the Ministry of Civil Affairs as soon as all signatures are being collected.
2. Establishment of the communication working group at the state level (UNICEF)
UNICEF will send letter to the Minister of Civil Affairs by the end of this week requesting establishment of the Communication Task Group at the state level. TOR of this task group will be elaborated later on.

*Are any Civil Society Organizations members of the ICC: [Yes/No]
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:

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 2009

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 2009]

[List any change in doses per vial and change in presentation in 2009]

Dates shipments were received in 2009

Republika Srpska

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2009)
Hepatitis B	mono	3500	2001	Sep 2009
Hib	mono	41588	January 2008	Sep 2009

Federation BiH

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2009)
Hib	mono	29812	01.05.2004	11/06/2009
Hib		30000	01.05.2004	2/10/2009

Please report on any problems encountered.

[List problems encountered]

Very complicated administrative procedure of obtaining custom clerences for import of vaccines into the counhtry,

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.

- Harmonised Decree on implementation of programme of compulsory immunizations for 2009
- Monitoring of the programme - monthly/ quarterly/ annually, pertaining to coverage of EPI vaccines, consumption and wastage of vaccines, immunisation adverse effects
- Evaluation of programme of immunisation of children in FBiH in 2008 before paediatricians and EPI coordinators
- Activities and supervision over AFP – meetings with paediatricians – planning of written – educational material
- Report on procurement of vaccines, consumption of vaccines, coverage, GAVI-report, AFP-report – submitted to UNICEF/WHO, GAVI

- The Expert Body appointed by the Ministry of Health of the Federation of Bosnia and Herzegovina with the goal to accomplish the programme objectives of eliminating morbills and rubeola, proposed a strategy for additional immunisation of children in the Federation of Bosnia and Herzegovina and developed the Activity Plan. A series of meetings on this topic was held with the main programme executors, as well as a joint, central meeting in Sarajevo for the whole of BiH, attended, apart from the WHO consultant, by the epidemiologists and paediatricians in charge of Programme implementation
- The assessment of situation conducted after the introduction of a new vaccine (PIE) in BiH, in order to assess general impact of introduction of new vaccines on the immunisation programme in both entities, as well as to learn important lessons for introduction of new vaccines in the future. After the initiative of the Department for Communicable Diseases of the Regional WHO Office for Europe, the activity of conducting the situation assessment was planned by the heads of Department for epidemiology of the Institute for health protection/Public health in RS and FBiH, in cooperation with the Regional WHO Office (one professional health associate and one advisor/consultant), WHO Office for BiH (one professional health associate and supporting staff) and the Centre for Control and Prevention of diseases SAD (US CDC) (one epidemiologist and one professional health associate for epidemics). Implementation of assessment was funded by the WHO and CDC.
- Assessment of situation after the introduction of vaccine against Hib in RS, i. e., vaccine DTP-IPV in FBiH, in a duration of 10 days, was carried out in the period from 14 – 24 October 2009.
- «European Immunisation Week» with the slogan Prevent, Protect and Immunise was marked with the series of activities –the Joint Central Celebration was held in the Institute for Public Health with the executors of the immunisation programme from all of BiH, and with journalists and non-governmental organisations. Several TV and radio shows were broadcasted with the topic of immunisation and six cantonal workshops were held.

Problems:

The main findings of the Evaluation Team:

- Introduction of vaccine DTP-IPV has significantly increased the costs of programme of immunisation in FBiH.
- Ministry of health FBiH did not take into account the long-term financial sustainability when they made the decision on introduction of a new vaccine
- Policy of immunization wastage has not been adequately implemented: in some cantons/regions used vials and needles are disposed of together with ordinary city waste.
- Health professionals collect data needed for calculating the wastage rate and forward to cantons/regions; they have also been introduced to formula for calculating the wastage rate. However, the wastage rates are not calculated at the level of health institution and used for anticipation of needs.
- Limited capacity of cold chain
- Visits intended to implement supervision are not organised regularly at all levels.
- In FBiH, at cantonal level, there is a lack of human resources.
- The existing information systems in both entities do not provide adequate data for assessment of vaccination coverage and rate of incomplete immunization.

Problems stated by local experts regarding immunization:

Problems on records and reporting are the same as in previous years:

- Problem of census and the problem of denominators is chronic
- In cantons at the border with the Republic of Croatia children to one year of age receive vaccines in this neighbouring Republic, so planning and execution of vaccination in the Federation is more difficult.
- There are departures from the agreed definitions, nomenclatures and methodologies in the system of information
- The actual operationalisation was not methodologically harmonised
- The feeling of health professionals that records are ballast of work is still present
- Situation still not ready for computer processing of data, i.e., immunization register.
- What also affected lower coverage is the lack of vaccines. Returning half quantity of HB vaccine in 2008, due to lack of records on temperature during transport, and monodose presentation of Hep B vaccine.

- Some cantons state that parents are not interested in regular respond to vaccination (most cantons still invite children for vaccination)
- Increased caution of health professionals due to possible post-vaccinal reactions, and extension of contra-indications for vaccination
- Distance of points from users, reduced number of vaccination points
- Reform of health system,
- Media controversies on safety 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.

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 were fully spent and there was no leftover for 2009.

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

1.2.5. Efikasan menadm.

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [12-16.6.07]

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

[List major recommendations]

- Management of vaccines and logistics needs to be redesigned in order to become a demand system or distribution for every level with clear guidelines for anticipation and specified level of maximal-minimal supplies.
- Although the current planning methodology is correct, in a mature immunization programme the logistics managers should use other planning methods such as the analysis of old logistics data in order to validate the anticipation.
- Health care workers in cantons/municipalities should be trained in vaccine management and logistics as well as planning.
- Standard operational procedures should be organised and documented
- The quality and number of supervisory visits to cantonal/municipal storerooms and health care centres should be increased.
- Vaccine storerooms should be reorganised in accordance with adequate guidelines. Dry storage of syringes and other equipment should be equally well managed as cold storage.
- The minimum of logistic information should be registered at all levels and reported on.
- Solvents should be separately registered and reported on at all levels.
- All pieces of data should be collected and reported on standard forms and reports.
- Data should be processed and analysed at all levels.
- In order to improve quality of data and services, the system of feedback reporting should be established.
- Supervision of delivery system could help to resolve many problems in distribution, data collection, and supervision.
- Preparation of a training programme for vaccine handlers on topic: vaccine storage on safe temperatures, monitoring of temperature in health care centres, transport of vaccines, ice packing.

2. . Preparation of standard operational procedures for: monitoring of temperature, adjusting the refrigerator temperature, vaccine handling in refrigerator, ice packing, transport of vaccines, handling vaccines during transport.
 3. Development of standard operational procedures (SOP) for central storage:
 4. Pilot test: «Study of temperature monitoring and testing frozen water blocks for transport of vaccines.»
 5. Pilot test: Establishing «supervised system of truck delivery» in order to improve all activities pertaining to vaccines at the District level in an integrated approach to management (see Annex 2 for details)
 6. Improvement of physical conditions in cold and dry storage.
 7. Improvement of temperature monitoring in central cold storage. Feeding in the table and adequate alarm should be reactivated. It would be much better for these systems to be replaced with the multi-channel continuous electronic registering of temperature whose alarm is linked to the automatic telephone call.
 8. Based on the Plan for quality and EVSM recommendations for the assessment, Work Plans for improving the central cold storage should be developed with well defined, available activities and in a clear time frame.
1. Improvement of logistics management information system. The system needs to be fully reorganised and simplified. The system of manual supplies management which was developed and tested by WHO can be used for this purpose.
 2. Brief training course for logistics management information system for both central and cantonal/municipal level of logistics managers could help to improve the situation. This training should include:
 - Explanation of the cycle of management and logistics
 - Explanation of the concept of logistics
 - Systems push and pull
 - Improvement of storage and distribution
 - Data required for logistics system
 - Analysis of logistics information and indicators

Supervised system of delivery

In a supervised system of delivery, every Institute for Public Health (IPH) should develop a distribution plan effective for not less than 6 forthcoming months. The Plan should be developed in accordance with the programme of health care institutions which will be visited and the planned trips, each of the trips lasting for less than one day. A typical tour which makes one distribution cycle may require 10 working days per month.

Every distribution team needs a vehicle that can take both the personnel and the supplies.

Before a specific trip, a sufficient supply of vaccines and other supplies (syringes, solvents, droppers, safety boxes) for this group of health care institutions. At the arrival to every health care institution, a logistician/supervisor has to:

- Make physical counting of vaccines and other supplies,
- Check and correct supply registers
- Fill in the form for distribution from the cold box, dispensing supplies in the car
- Collect full safety boxes and place them in a special box in the car,
- Make a supervisory conversation with the health institutions personnel, using the supervisory check list,
- Take over the reporting forms on immunization, checking whether they are complete and correcting last month's reports if some additional data became available in the meantime.

Within the visit of Mr. Terry Hart, UNICEF, BiH, from 07-11 December 2009, for the purpose of the report on effects of a grant provided by the Government of Japan to strengthen the cold chain system and logistics in BiH, the review was made practically once again, and given recommendations.. Proposed activities:

1. To find adequate refrigerator space and dry storage for the Federation level - Sarajevo
2. To set up and adjust the operational systems for temperature monitoring in all cold chambers
3. To make a forecast of future needs for cold chain capacity
4. Advice is needed in all locations in assembling and defining the number of temperature sensors
5. Insufficient number of temperature monitors – additional 200 needed
6. Needed funds for procurement of freezing indicators for transport of vaccines in the field
7. Urgently needed 29 refrigerators (to fill in the acute deficit)

8. Needed solution for lack of storage space for flu vaccine (lack of funds to rent space in private sector)

- Priority training for new staff and training – reminder for old staff

Was an action plan prepared following the EVSM/VMA? Yes/

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

[List main activities]

- A series of training meetings with the consultant and local experts pertaining to vaccine management held,
- Translated WHO materials- Cold Chain and Safe Injecting,
- Improved information system (logistics management information system for central and cantonal/municipal level of logistics managers)
- Donation from the Government of Japan + procurement and construction of the central storage in Institute for Public Health FBiH Mostar, where a chamber was purchased, the alarm system with the telephone notification, a generator with automatic switch, a big chamber in the central storage in Sarajevo (old one replaced), a smaller chamber in Tuzla, and 2 vehicles for distribution of vaccines.

When will the next EVSM/VMA* be conducted? [mm/yyyy]kada će se sljedeći sprovesti

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2. Sve zemlje će trebati sprovesti EVSM u drugoj godini novih vakcina u GAVI fazi 2*

Table 1.2

Vaccine 1:	
Anticipated stock on 1 January 2010
Vaccine 2:	
Anticipated stock on 1 January 2010
Vaccine 3:	
Anticipated stock on 1 January 2010

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

Republika Srpska

Injection Safety Material	Quantity	Date received
AD-BCG	3200	Sep 2009
AD syringes	43889	Sep2009
AD-Rec	46110	Sep 2009
Safety boxes	1000	Sep 2009

Federation BiH

Injection Safety Material	Quantity	
AD-BCG	30203	2/10/2009
AD syringes	33000	11/06/2009
AD-Rec	36460	11/06/2009
Safety boxes	1450	11/06/2009

Please report on any problems encountered.

[List problems]

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]

Health Insurance Fund Republika Srpska,
Cantonal health Insurance Funds
GAVI

Please report how sharps waste is being disposed of.

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

In 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.

Describe how health institutions dispose of sharps waste.

There is no adequate disposal way-it differs from one canton to another- somewhere sterilization and crusher are used (in PHIZZ canton it is autoclaved), in bigger centres it is packed in different ways (safety boxes or improvised boxes or plastic bottles and send directly to waste dump) but there are also cases of direct disposal at waste dump. There are four sintions for recommended disposal.

Rulebook for disposal of medical waste 2009, for level of the Federation BiH

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

[List problems]

Problems during the implementation of a transition plan for safe injections and sharp waste
In some institutions there is no selection of waste – they do not separate sharps waste from other medical waste. Financial problems prevent purchase of equipment for sterilisation of infectious waste on the principle of microwaves, including the crushers as part of this equipment.

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(održivost finance).

Table 2.1: Overall Expenditures and Financing for ImmunizationUkupni troškovi finansiranja za imuniz

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 \$. The purpose of table 21 is understanding trends in costs of immunization programme and financial flows

	Reporting Year 2009	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>			
Traditional Vaccines	748,655€	797,751€	789,345€
New Vaccines	1,894,330 €	2,019,382€	2102,078€
Injection supplies	159,223 €	120,000 €	140,000€
Cold Chain equipment	20,000 €	35,000 €	45,000 €
Operational costs	750,000 €	700,000 €	690,000€
Vehicle for vaccine transportation	33,884 €	65,000 €	75,000€
Training of Health Professionals and Development of Educational Materials	122,556 €	65,000 €	60,000€
Total EPI	3 728 648 €	3 802133€	3 901 423€
Total Government Health	Half billion €	Half billion €	Half billion €

Exchange rate used	1 US= 0,744 €
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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.

Pursuant to the Law, vaccines should be funded from the budget. There is a framework budget document which serves to the Government for future financial projections, a budget request followed by an action plan, but these funds are always smaller (Discrepancy between legal obligation and what is actually received).

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\$)

<i>1st vaccine:.....</i>		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	#						
Total value to be co-financed by country	\$						

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

<i>2nd vaccine:.....</i>		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	#						
Total value to be co-financed by country	\$						

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

<i>3rd vaccine:.....</i>		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	#						
Total value to be co-financed by country	\$						

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

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
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**:

Problems with accuracy of data due to lack of consensus, child-birth in neighbouring countries, and still unstable situation regarding migrations.

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

Problem of migrations influences that the number for DTP vaccine (the number of survived infants) in some cantons is

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

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

Vaccine 1:

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 Hibvaccine

	<i>Use data in:</i>		2011	2012	2013	2014	2015	2016
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	34162	33851	33800	33556	33000	33360
Target immunisation coverage with the third dose	<i>Table B</i>	#	31429	31143	31096	30871	30418	30625
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	34162	33851	33800	33556	33064	33288
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1,05	1,05	1,05	1,05	1,05	1,05
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	0	100	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\$)

		2011	2012	2013	2014	2015	2016
Number of vaccine doses	#	107610	106386	106430	105509	103512	105084
Number of AD syringes	#	113759	112452	112509	111528	109404	111089
Number of re-constitution syringes	#	-	-	-	-	-	-
Number of safety boxes	#	1263	1248	1249	1238	1214	1233
Total value to be co-financed by GAVI	\$	394,109	389,623	389785	386413	379098	384857

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>		2010	2011	2012	2013	2014	2015
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\$)

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

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>		2010	2011	2012	2013	2014	2015
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\$)

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

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 15th 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 10th 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
Government focal point to contact for any clarifications			
Other partners and contacts who took part in putting this report together			

- 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 ³ (% 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
Objective 1:						
Activity 1.1:						
Activity 1.2:						
Objective 2:						
Activity 2.1:						
Activity 2.2:						
Objective 3:						
Activity 3.1:						

³ For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed
Annual Progress Report 2009

Activity 3.2:						
Support Functions						
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

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

M&E support costs					
Technical support					
TOTAL COSTS				(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

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

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 support⁴

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).

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

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					
TOTAL COSTS					

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 support⁵

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).

⁵ 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:

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 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.

Here we are sending you the request submitted by the Federal Public Health Institute pertaining additional needs in Hib vaccines.

The ICC Committee kindly ask GAVI to consider the request below.

Public Health Institute FBiH

No 3-02-02-1-479/10

GAVI

Att.to ICC

Subject: Request in additional quantity of HiB from Federation of BiH to GAVI

We would kindly request you to increase the quantity of ordered vaccines in 2011 for the additional number of 16 250 doses. The number of previously donated Hib vaccines in 2010 doses was estimated according to stipulated methodology, and additional number of 16 250 doses which will serve as necessary buffer was not included.

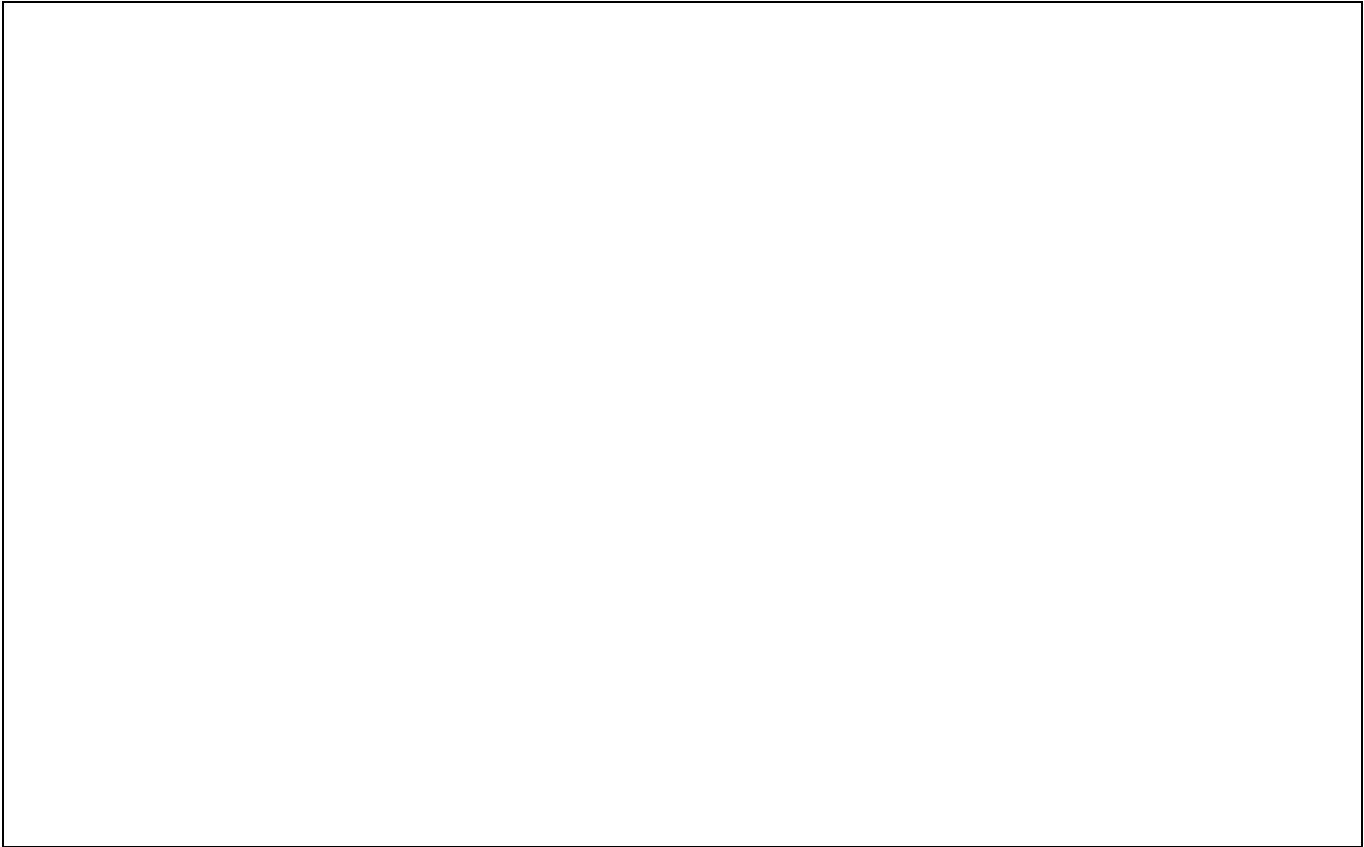
Without provided buffer, HiB immunization programme in Federation will not be able to meet the needs of children and children will not be timely protected against diseases.

This is very important because we have been facing problems in ensuring sufficient quantities of HiB vaccines for continued immunization of children in Federation BiH in 2010.

We would like to emphasize that in 2010 we are already facing a stock outs vaccines and interrupting vaccines programme. In order to overcome Hib stockout we borrowed 15,000 Hib from Republika Srpska government and need to return these vaccines as soon as we get the Hib for FBiH donated by GAVI.

Thank you in advance for considering our urgent request,

Dr.Jelena Ravlija, Federal Epidemiologist FBiH
Federal Public Health Institute



~ End ~