



Annual Progress Report 2007

Submitted by

The Government of

Pakistan

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(to be accompanied with Excel sheet as prescribed)

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

Signatures Page for ISS, INS and NVS

For the Government of Pakistan

Ministry of Health:

Title:

Signature:

Date:

Ministry of Finance:

Title:

Signature:

Date:

We, the undersigned members of the Inter-Agency Co-ordinating Committee for EPI Pakistan endorse this report, including the attached excel sheet. 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. H. B. Memon, National EPI Manager	Federal Expanded Program on Immunization (EPI)		
Dr. Shafiquddin, Chief Health, P&D	Planning & Development Division, Govt of Pakistan		
Dr. Khalif Bile Mahmoud, WHO Country Representative	World Health Organization (WHO)		
Mr. Martin Mogwanja Country Representative	UNICEF		
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Dr. Inaamul Haq, Senior Health Specialist	World Bank		
Mr. Abdul Haiy Khan, Chairman	Rotary International		
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Progress Report Form: Table of Contents

1. Report on progress made during 2007

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

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

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

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

4. Health System Strengthening (HSS)

5. Checklist

6. Comments

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No YES

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

The ISS funds are credited in the account of Government of Pakistan in the State Bank of Pakistan. These funds are reflected in the Annual Development Budget of the Ministry of Health with the approval of Ministry of Finance.

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.

Mechanism for management of ISS funds, including the role of ICC:

Pakistan was approved for GAVI ISS (Phase 1) funds in 2001. It was agreed by the ICC that these funds would be used through government channels, which required preparation and approval of the project documents (PC-1s). Consequently project documents (PC-1s) were prepared for all the provinces/areas (7 in number) including Federal EPI Cell. The share of each province/area was agreed by the ICC and approved by the competent authority¹ of GoP.

The PC-1s were developed for a period of five years (2003-2008) with the duration of the GAVI ISS (Phase 1) support. The PC 1 describes the activities along with their budget line on annual basis. The implementation started in 2003². The duration of existing PC-1s have been extended till 2009. Under this arrangement based on the cumulative requirements of the PC-1s, GAVI was requested each year for transfer of the required funds³ to:

1. State Bank of Pakistan, for local level expenditures i.e. trainings, salaries, meetings, office & health facility furniture etc.
2. UNICEF Copenhagen, for procurement of hardware i.e. cold chain equipment, office equipment, transport etc.

The utilization of the funds for local level expenditure was not often timely because of procedural delays and also availability of funds in some cases for similar activities through other donors requiring less procedural inputs. Based on the experience the flow of funds mechanism has been improved by bringing about suitable changes.

The utilization of the funds for procurement through UNICEF was generally smooth and the procured

¹ Provincial Health Departments, Provincial Planning & Development departments, Ministry of Health and Planning & Development Division of Government of Pakistan

² Financial year(1st July 2003- 30th June 2004)

³ An amount of US \$50,000 was transferred to WHO for recruitment of human resource as per PC-1s.

hardware was delivered to province/areas according to the PC-1 schedule.

The GAVI ISS (Phase 1) funds available to Pakistan were used according to the project documents (7 PC-1s) prepared at the beginning of 2001, as explained above. The fund flow mechanism is regulated by a financial management system exclusively devised and approved by the Government of Pakistan after the concurrence of NICC as well. For transfer of GAVI funds and their utilization, the provisions contained in approved PC1s and financial management system had to be followed, which gives a perception that there is no flexibility in GAVI funding. As far as the transfer of funds from GAVI secretariat is concerned, there are no conditions attached by them except approval of the NICC for these expenditures. So far the flow of funds from GAVI Secretariat to Government of Pakistan has been smooth and free of bottlenecks.

The ISS funds are being used for the following activities:

1. Cold chain equipment at different levels for replenishment of the old cold chain units and establishment of the new EPI Centres.
2. Transport (bicycles, motorbikes, supervisory vehicles, trucks etc) for service delivery and supervision.
3. Office equipment for strengthening of recording and reporting system.
4. Office furniture mainly for establishment of static EPI Centres.
5. Payment of salaries of the vaccinators and other EPI staff recruited under the PC-1s.
6. Trainings of vaccinators and supervisors at district level on different components of EPI .
7. Social mobilization activities.
8. Meetings for programme management and progress review.
9. Performance rewards to individual EPI staff /district EPI teams.

Financial Management and Audit

1. The funds are utilized according to the Financial Management System for GAVI Funds utilization, prescribed by the Controller General of Accounts, Government of Pakistan.
2. The system has strong inbuilt component for financial discipline and monitoring mechanism.
3. The funds are audited by Government of Pakistan as per its procedure on annual basis. The audit up to fiscal year 2006-07 has been completed. The findings of audit are under action at present.
4. The funds transferred and utilized through GOP will be in accordance with the GOP financial rules. The funds transferred and utilized through WHO or UNICEF will be spent as per financial rules of these organizations. All funds would be subject to internal and external audit in accordance with the rules and regulations of the respective organization/agency through which these are being utilized. ICC will be regularly updated on the utilization of the funds.

1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007 US \$ 4.49 million.
 Remaining funds (carry over) from 2006 US \$ 3.04 million.
 Balance to be carried over to 2008 US \$ 5.36 million.

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/ Province	District	
Vaccines					
Injection supplies					
Personnel	0.527			0.527	
Transportation, Maintenance and overheads	0.070		0.070		
Training	0.117			0.117	
IEC / social mobilization	0.035		0.035		
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles (motorcycles)	0.761			0.761	
Cold chain equipment					
Others:					
Furniture & Fixture	0.118	0.005	0.113		
Consultancy, T.A etc	0.086		0.086		
Stationary & Utilities	0.026	0.010	0.016		
Contingency	0.083	0.027	0.056		
Rewards	0.347	0.002		0.345	
Total:	2.170	0.044	0.376	1.75	
Remaining funds for next year:	5.360				

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

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

An update on GAVI funding (allocation & utilization) is presented in all NICC meetings held in 2007. The minutes of the NICC meetings are attached.

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

Activities Supported by ISS:

1. Procurement of transport and office furniture.
2. Consultancy, Technical assistance, Consultative Meetings.
3. Staff salaries
4. Human resource development. (Training activities)
5. Operational cost, repair and maintenance of transport and equipments.
6. Utilities, Stationery and communication.
7. Social Mobilization.
8. Performance Rewards.
9. Contingency.

Activities Supported by Other than ISS Funds:

1. Consensus meetings with the Provinces were held for introduction of Tetravalent vaccine.
2. Tetravalent (DPT-Hep B) vaccine and corresponding number of syringes and safety boxes under NVS Phase-1 support.
3. Revision and printing of recording, reporting and monitoring EPI tools.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for ? 3rd quarter of 2009

**If no DQA has been passed, when will the DQA be conducted?*

**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*

**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

The recommendations of the DQA are placed at **Annex- 1**

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

YES

☒

NO

☐

If yes, please report on the degree of its implementation and attach the plan.

Plan to address the recommendations of DQA and its current status is placed at **Annex- 1**

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

DQA results were presented in NICC meeting held on May 14, 2004 and plan of action was developed and circulated to all provinces for necessary action

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

*No specific EPI coverage evaluation survey was conducted in 2007. However, Pakistan Social and Living Standards Measurement Survey (PSLM) 2006-07 was conducted in 2007. Based on record and recall, the antigen wise coverage shows 82% of children have received the BCG vaccination, 80% received DPT3, 81% OPV3, and 78% received measles vaccine. (Immunization portion of the PSLM 2006-7 is placed at **Annex-2**.*

1.1.4. ICC meetings

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

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

Following ICC meeting were conducted in 2007

- | | |
|---|---------|
| 1. NICC meeting held on March 2007 | Annex-3 |
| 2. NICC meeting dated 16 th April 2007 | Annex-4 |
| 3. NICC meeting dated 30 th April 2007 | Annex-5 |
| 4. NICC meeting dated 5 th September 2007. | Annex-6 |
| 4. NICC meeting dated 8 th November 2007. | Annex-7 |

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

1.2.1. Receipt of new and under-used vaccines during 2007

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2006.

Hepatitis B vaccination under the support of GAVI NVS Phase 1 was introduced in the country in 2002. It remained continued till 2006.

The Monovalent Hepatitis B vaccine was replaced by tetravalent vaccine in 2006 and 2007 which included DPT and Hep B in a combination form.

The tetravalent (DPT-Hep B) vaccine was launched in a phased manner in the country. It was initially introduced in two provinces in the last quarter of 2006 and later on fully integrated in the country in 2007.

Shipments of DPT-Hep B received from July 2006 to December 2006

Vaccine	Vials size	Quantity in Doses / pcs	Date shipment received (2006)
Tetravalent DPT-Hep B	10 dose vial	2,150,500,	31 st July 2006
Tetravalent DPT-Hep B	10 dose vial	1,150,000	25 th Sept 2006
Tetravalent DPT-Hep B	10 dose vial	1,000,000	5 th Dec 2006
Tetravalent DPT-Hep B	10 dose vial	2,151,500	18 th Dec 2006
Tetravalent DPT-Hep B	10 dose vial	2,150,000	12 th Jan 2007
Total vaccine received in 2006		8,602,000	

Shipments of DPT-Hep B received from Jan 2007-to-December 2007

Vaccine	Vial size	Quantity in Doses / pcs	Date shipment received (2007)
Tetravalent DPT-Hep B	10 dose vial	2,000,000	6 th March 2007
Tetravalent DPT-Hep B	10 dose vial	1,500,000	12 th April 2007
Tetravalent DPT-Hep B	10 dose vial	3,000,000	9 th July 2007
Tetravalent DPT-Hep B	10 dose vial	2,400,000	14 th Sept 2007
Tetravalent DPT-Hep B	10 dose vial	3,100,000	5 th November 2007
Tetravalent DPT-Hep B	10 dose vial	5,309,500	December 2007
Total vaccine received in 2007		17,309,500	

Please report on any problems encountered.

The consensus meeting with the provinces and areas were held and it was decided to launch tetravalent vaccine in two provinces Sindh and NWFP in last quarter of 2006 and fully integration of the vaccine in the country in 1st quarter of 2007. However, the implementation was started later in all provinces in mid of 2007.

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.

Activities carried out:

- Tetravalent (DPT-HepB) Vaccine was introduced after a series of consultative meetings with all the Stake holders, NEAG and Provinces and necessary orientation of the field and supervisory staff through the existing immunization delivery system.
- It has been included in the immunization schedule and has replaced both DPT and HepB in 1st Q of 2007
- Tetravalent vaccine was initially introduced in Sindh and NWFP province in the last quarter of 2006 and further integrated in the country in 1st quarter of 2007.
- The Schedule was shared and vaccine and logistics were distributed according to the approved plan.
- EPI Tools (Vaccination Card, Daily Immunization Register, Permanent Register, Monitoring Chart, Monthly Reporting Form etc) were revised and distributed to the provinces and districts
- Total 26 million doses combo vaccine was received in 2006 and 2007.
-

Activities for Introduction of Pentavalent Vaccine:

- Series of high level consultative meetings of all the stake holders (MoH, Planning Division, Research Institute, Academia, Clinicians, Private Sector, WHO, UNICEF, World Bank, DFID etc.) held for introduction of Pentavalent vaccine.
- Consensus also developed with the provinces in the National EPI Review Meetings.
- Approval from the Ministry of Health and other members of the National Independent Review Committee
- Country will contribute US \$ 0.3 / dose under co-financing mechanism.
- The activities planned for introduction of Pentavalent vaccine in 2008 will be documented in Annual Progress Report 2008.

Unforeseen problems in introduction of Pentavalent Vaccine:

The EPI Pakistan has requested to initiate supplying of pentavalent vaccine in May 2008 as the Program has planned to introduce this vaccine through out the country in July 2008.

UNICEF Copenhagen is conveying to the EPI Pakistan for registration of pentavalent vaccine in the Ministry of Health which is beyond the control of EPI Program. Program can facilitate the agent of the manufacturer who will apply for registration. The process should be completed in the 2nd quarter of 2008.

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

The GAVI secretariat has approved USD 1,811,000 for introduction of pentavalent vaccine in the country from July 2008 onwards.

These funds were approved on: 18th December 2007 under Reference code No 08-PAK -08 b-Y. The plan of action has been developed and utilization of these funds will be done timely.

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

These funds will be utilized to procure cold rooms 20 cubic meters for districts, training of the EPI workers and printing of vaccinators manual with modification of this new vaccine.

The status of utilization of these funds will be documented in the Annual Progress Report 2008.

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

Please summarize the major recommendations from the EVSM/VMA

It was recommended to improve the skill of the staff on the same areas which were mostly recommended in previous EVSM.:

1. Storage of the vaccines
2. Selection of the cold chain
3. Effective stock management
4. Vaccine distribution system
5. Use of Multi Dose Vial Policy
6. Reduction in vaccine wastage and
7. Interpretation of VVM.

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

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

In the context of both EVSM, the series of activities were planned which are given below:

Cold chain assessment for 34 RED priority districts- documented findings and recommendation of the existing cold chain status. All provinces were debriefed on the findings of the assessment.

1. Cold Chain and vaccine Management Guidelines developed and circulated
2. Standard Operating Procedures- SoPs for Federal, Provincial, District and Facility level on Cold Chain and vaccine Management, was circulated.
3. Development of Cold Chain & Vaccine Management (CCVM) learning guides and training Materials- containing 10 Sessions on CCVM.
4. Modified CCVM Training Materials for facility level
5. Translation of modified CCVM training materials to Urdu to be used at district and facility levels.
6. Cold Chain and Vaccine Management Training Courses conducted at the following places:

- Bhurban in July 2006 (14 trainees from Federal and provincial focal points)
- Islamabad in October 2006: (trainees from Earth quake affected areas including FANA districts).

The EPI team with the support of UNICEF has also conducted CCVM courses in 2007 at Lahore, Karachi, Peshawar and Quetta

The next EVSM/VMA* will be conducted in: last quarter of 2008.

**All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.*

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind (kind✓)

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

GAVI provided auto-disable (AD) syringes and safety boxes for all EPI vaccines in the country through UNICEF during 2003-2005. The total worth of this support was US\$ 8.67 million. The injection safety practices in the immunization services has been taken up from the Government funds and the required AD syringes and safety boxes are being procured in the country from Government's budget except AD syringes for tetravalent (DPT-HepB) vaccine.

Please report on any problems encountered.

No problems encountered.

1.3.2. Progress of transition plan for safe injections and management of sharps waste

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

EPI Pakistan has sufficient funds allocated in the financial document to meet injection safety practices in immunization services in the country. The transition from GAVI support to Government budget did not encounter any shortfall in the purchase and supply of injection safety material. The government of Pakistan is also committed to continue this support in future under EPI.

Timeline for the transition plan of injection safety.							
100% safe immunization injections by the end of 2008; Appropriate sharps waste management in every district by 2010		2005	2006	2007	2008	2009	2010
		Implementation Status					
1. Endorse the national injection safety policy.	Endorse National Injection Safety Policy Document.						
	Distribute injection safety policy document and guidelines to all districts.						
2. Implement injection safety pilot project.	Implement pilot project on injection safety in 4 districts.						
	Expand injection safety to all districts based on experiences made in pilot project.						
3. Provide sufficient safe disposable injection equipment.	Provide sufficient supplies of adequate safe disposable injection equipment bundled with vaccines and safety boxes to all districts.						Implemented
	Provide AD syringes and safety boxes to the private health sector.						Not implemented. Due to weak public-private partnership
4. Improve safe injection practices.	Establish improved on-the-job training on injection safety.						Implemented
	Include injection safety in pre-service training curricula of health staff including vaccinators and supervisors.						Implemented
	Regularly monitor and supervise safe injection practices in all districts including the use of safe reconstitution.						Implemented
	Include private health sector staff in injection safety training.						Partially implemented
5. Adequately dispose of sharps waste.	Provide high-temperature incinerators at Tehsil level.						Implemented in few districts only and rest are to be provided in the coming years.
	Provide appropriate transport of safety full boxes to tehsil and exchange for new injection equipment.						Partially implemented
	Provide health service staff with information, guidelines and regular training on waste management.						Implemented in EPI staff

Please report how sharps waste is being disposed of.

EPI centres are based mostly in BHUs and RHCs where incinerating facilities are limited. The best possible way to destroy the sharps waste is through burn and buried policy in the specified place in the facility where approach of the people is restricted.

In the meanwhile, Government of Pakistan under National Hepatitis Control Program has provided incinerators to few and waste collection vehicles to 50% of the districts to make possible the disposal of waste. There is also planned to provide the incinerators to rest of the districts in this year.

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

There was no problem in the transitional plan for safe injection and sharp waste as the Government of Pakistan has provided sufficient funds to the EPI Program to meet the standard practice of injection safety in immunization services. However, curative side and private sector are struggling to improve the practices.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

There was no support from GAVI Alliance on injection safety in 2007. However, EPI Pakistan received Injection safety support from 2003 to 2005 only and that was support in kind. The Government of Pakistan is bearing all the expenses from 2006 onward.

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

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	2007	2007	2008	2009
	<i>Actual</i>	<i>Planned</i>	<i>Planned</i>	<i>Planned</i>
Expenditures by Category				
Vaccines	\$93.00	\$35.04	\$76.78	\$70.16
Injection supplies	\$5.00	\$4.49	\$4.92	\$4.92
Cold Chain equipment	\$2.00	\$2.90	\$2.27	\$1.78
Operational costs (Personnel)	\$21.00	\$26.14	\$26.66	\$27.20
Operational costs (Vehicles)	\$3.00	\$14.41	\$7.10	\$6.31
Other operational expenditures	\$17.00	\$71.73	\$36.29	\$37.32
Miscellaneous	\$2.00	\$29.53	\$30.12	\$30.73
	\$143.00			
Financing by Source				
Government (incl. WB loans)	\$74.00	\$84.62	\$85.90	\$87.83
GAVI Fund	\$44.00	\$39.18	\$67.97	\$59.57
Other EPI Partners; UNICEF, WHO, World Bank etc.	\$25.60	\$102.90	\$49.34	\$50.89
Total Expenditure	\$143.60			
Total Financing	\$143.60			
Total Funding Gaps	-			

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination.

During 2007, there was support from different sources. Government of Pakistan supported for routine immunization including the purchase of vaccines and logistics.

Polio SIAs: World Bank provided funds for procurement of OPV vaccine, the expenditures on operational cost and social mobilization were provided by WHO and UNICEF respectively.

Measles campaign was conducted in the country except Punjab in 2007. the support was provided by Government, partners and International Funds for Immunization (IFFI).

GAVI support was also acquired for tetravalent (DPT-HepB) vaccine and Immunization Services Support during the year.

All resources provided to the EPI Program were fully utilized during the year as given in the table above.

Table 2.2: Country Co-Financing (in US\$)

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

1st GAVI awarded vaccine:

Pentavalent is the first awarded vaccine to be introduced under GAVI co-financing from July 2008 onwards. The country will have to bear US \$ 0.3 per dose for year 2008, 2009 and 2010 which comes out to be US\$ 3,192,111- 6,004,190 and 5,363,360 respectively.

1st GAVI awarded vaccine. (DTP-HepB-Hib)	2007	2007	2008	2009	2010
	<i>Actual</i>	<i>Planned</i>	<i>Planned</i>	<i>Planned</i>	<i>Planned</i>
Co-financing amount (in US\$ per dose)					
Government			0.3	0.3	0.3
Other sources (please specify) GAVI			3.3	3.3	2.9
Total Co-Financing (US\$ per dose)			0.3	0.3	0.3

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

As Pakistan falls in the intermediate group and launching of 1st awarded vaccine is being held in July 2008. In initial 3 years, the country has to pay US\$ 0.3 per dose and after that US\$ 0.40 per dose till 2015 if the GAVI support continues.

2nd GAVI awarded vaccine: (Not Applicable).

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

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

Not applicable

Table 2.3: Country Co-Financing (in US\$)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other	Yes	BCG, OPV, Measles, TT	GoP
UNICEF	Yes	Tettravalent (DPT-HepB) , OPV using WB funds	GAVI
PAHO Revolving Fund			
Donations			
Other (specify)			

Note: polio vaccine for SIAs was procured through UNICEF under World Bank IDA Buy Down partnership.

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
NA		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2007
	(month/year)	(day/month)
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	
National health sector plan	
National health budget	Yes
Medium-term expenditure framework	
SWAp	
cMYP Cost & Financing Analysis	Yes
Annual immunization plan	Yes
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
There will be no hindrance securing resources for vaccine c-financing. However, there will be delayed in transfer of co-financing funds to UNICEF because of availability of funds in 3 rd quarter of 2008 as per allocation of Government funds in fiscal year that starts from July and will end in June of the next year.

Request for new and under-used vaccines for year 2009

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

3.1. Up-dated immunization targets

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

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

No changes made in this report.

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2006 & 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births	5,911,405	6,013,023	6,036,603	6,093,175	6,148,985	6,203,964	6,258,041	6,311,139		
Infants' deaths	484,735	481,042	464,818	469,174	473,472	477,705	481,869	485,958		
Surviving infants	5,426,669	5,531,981	5,571,785	5,624,001	5,675,513	5,726,259	5,776,171	5,825,181		
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1st dose of DTP.	4,436,987	1,591,562	--	--	--	--	--	--		
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd dose of DTP.	3,804,921	1,395,563	--	--	--	--	--	--		
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1st dose of DTP-HeP B		3,913,087								
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd dose of DTP-HeP B		3,609,891								
Wastage rate till 2007 and plan for 2008 beyond***										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1st dose of DTP-HeP-B-Hib (Penta).	--	--	2,702,316	5,624,001	5,675,513	5,726,259	5,776,171	5,825,181		
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd dose of DTP-HeP-B+Hib (Penta)	--	--	2,423,726	5,061,601	5,107,962	5,268,158	5,429,601	5,592,174		
Wastage rate till 2007 and plan for 2008 beyond***	--		1.05	1.05	1.05	1.05	1.05	1.05		
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	3,055,840	3,297,909	4,829,282	5,179,199	5,534,087	5,707,647	5,882,559	6,058,693		
Infants vaccinated / to be vaccinated with BCG	5,044,017	5,607,921	5,131,113	5,301,062	5,534,087	5,707,647	5,882,559	6,058,693		
Infants vaccinated / to be vaccinated with Measles (1 st dose)	4,045,244	4,957,254	4,847,453	5,061,601	5,107,962	5,268,158	5,429,601	5,592,174		

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined). ** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced. *** Indicate actual wastage rate obtained in past years. **** Insert any row as necessary

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

No change in presentation of the vaccine is being made

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
▪ Phasing: Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided ▪ Wastage of vaccines: Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid. ▪ Buffer stock: The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ Anticipated vaccines in stock at start of year 2009: It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines. ▪ AD syringes: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines. ▪ Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines. ▪ Safety boxes: A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

3.3 Confirmed/revised request for injection safety support for the year 2009

Injection safety was supported by GAVI to Pakistan was only for 3 years period (2003-5). The Government of Pakistan is bearing all the expenses from 2006 onward to procure injection safety material for immunization services.

Table 8: Estimated supplies for safety of vaccination for the next two years with (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)

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

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

4 Only for lyophilized vaccines. Write zero for other vaccines.

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

4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: 2008

Current Health Systems Support will end in: 2009

Funds received in 2007: Yes/No No
If yes, date received: (dd/mm/yyyy)
If Yes, total amount: US\$

Funds disbursed to date:	US\$
--------------------------	------

Balance of installment left:	US\$
------------------------------	------

Requested amount to be disbursed for 2009 US\$

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

There are three channels to be used to transfer these funds for HSS which are WHO, UNICEF and Ministry of Health. The detail of the funds distribution is given in the below table.

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

Approval of the GAVI Alliance Board to the Pakistan proposal on Health Systems Strengthening (HSS) was made in last quarter 2007. Two years proposal was approved amounting US\$ 23 million. The first year's funds for HSS amounting to U.S \$ 16,898,500 were to be transferred to the Government of Pakistan for 2008.

The National Interagency Coordination Committee (NICC) was held on 4th April 2008 wherein it was agreed to utilize GAVI Phase-2 HSS funds through UNICEF, WHO and Government of Pakistan channels. The detail activities, their cost and agency to be responsible to manage funds is placed at **Annex- 8**. The summary is given below:

	Funds to be transferred to	US\$ in million
1	UNICEF	6.617
2	Ministry of Health	3.129
3	WHO	7.133
	Total budget for year 2008	16.88

The transfers of funds are in process. Hopefully, the activities will start implementing from June 2008 onward.

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?

1. Under the GAVI Alliance CSO Support, 15 CSOs working in maternal and child health all over the country have come together to support the Ministry of Health in HSS. Based on their geographical presence the CSOs have been divided into three geographical clusters. Each cluster comprising five to six CSOs has one CSO as a coordinator. The three clusters form the CSO Consortium which reports to the Technical Working Group (TWG) of GAVI CSO Support and further reports to National Health Sector Coordination Committee (NHSCC).

The 15 selected CSOs as potential recipients of the GAVI Alliance CSO support include the following:

1. **Aga Khan Health Services** (Islamabad)
2. **Aga Khan University** (Karachi)
3. **APWA** - All Pakistan Women Association (Islamabad)
4. **BDN** - Basic Development Need (Nowshera)
5. **CHIP** - Civil Society Human and Institutional development Programme (Islamabad)
6. **HANDS** – Health and Nutrition Development Society (Karachi)
7. **HELP** – Health Education and Literacy Programme (Karachi)
8. **LIFE** – Literacy/Information in Family Health and Environment (Islamabad)
9. **NRSP** – National Rural Support Programme (Islamabad)
10. **PAVHNA** – Pakistan Voluntary Health and Nutrition Association (Karachi)
11. **PRSP** – Punjab Rural Support Programme (Lahore)
12. **PVDP** – Participatory Village Development Programme (Hyderabad)
13. **SABAWON** – Social Action Bureau for Assistance in Welfare and Organisational Networking (Peshawar)
14. **SAVE The Children UK** (Islamabad)
15. **The Health Foundation** (Karachi)

2. Each CSO submitted a proposal to the GAVI CSO Support Pakistan office, based on its comparative advantage and geographical presence to work in areas. The 15 proposals were merged together through a consultative process by the CSOs to form one Pakistan Civil Society Organizations' country proposal which was submitted to GAVI Secretariat on March 6th, 2008. In this regard, the approval from GAVI board is awaited. Through the new GAVI funding will strengthen the involvement of civil society organizations (CSOs) in immunization, maternal and child health and related health services. The aim is to encourage cooperation between the public sector and civil society to help build sustainability in the planning and delivery of these services which will enable the achievement of the MDGs.

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

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

The proposal on HSS was approved by GAVI Board in last quarter of 2007 and implementation is being started in 2008. The following activities and their estimated cost is given below. The GAVI Secretariat is in process of transfer of US\$ 16.88 million to UNICEF, WHO and Ministry of Health Pakistan.

	Item	Unit	Year-2008		Year-2009		Total		Transfer of funds from GAVI to
			Qty	Cost in Rs.	Qty	Cost Rs.	Total Qty	Cost Rs.	
OBJECTIVE 1: Improve the national maternal health care to more than 70% and EPI coverage for child health									
1.1	Strengthen the drug/procurement system by supplementing 30% IMNCI Recommended drugs in BHUs on cost sharing basis	No	4,824	70.306	5,162	70.425	9,986	140.731	UNICEF
1.2	Strengthen the logistic/procurement system by supplementing 50% IMNCI recommended equipment in BHUs	No	4,824	291.500	0	0	4,824	291.500	UNICEF
1.3	Establish neonatal Units in 20% 20% First Referral Facilities (DHQs/THQs)	No	26	23.400	0	0	26	23.400	MoH
1.4	Establish ORT corners in 50% FLCFs	No	6,561	52.488	0	0	6,561	52.488	MoH
1.5	Weighing scales for Children for LHWs (one / LHW)	No	89,148	40.574	0	0	89,148	40.574	UNICEF
1.6	Computers & equipment for FPIU of LHW program	No	10	1.00	0	0	10	1.000	MoH
1.7	Strengthen the district transport system by replacing off-road Suzuki pickups of LHS (1 Suzuki pickup each for 100 LHS)	No	100	30.00	0	0	100	30.000	MoH
1.8	Zinc Sulphate suspension for LHWs (15 bottles /LHW/Month)	No	322,439	25.623	1,085,854	99.105	1,408,293	124.728	UNICEF
1.9	International consultant for IMNCI planning workshop	No	7	0.72	0	0	7	0.720	WHO
1.1	National Academia workshop for IMNCI introduction	No	1	1.495	0	0	1	1.495	WHO
1.11	National Academia workshop for EmNOC	No	1	1.495	0	0	1	1.495	WHO
1.12	Training of Teaching staff on imparting IMNCI training	No	4	1.993	0	0	4	1.993	WHO
1.13	Training of Teaching staff on imparting EmNOC training	No	4	1.993	0	0	4	1.993	WHO
1.14	Development of Instructor manual for IMNCI training	No	1	0.36	0	0	1	0.360	WHO

1.15	Development of Students manual for IMNCI training	No	1	0.36	0	0	1	0.360	WHO
1.16	Development of Instructor manual for EmNOC training	No	1	0.36	0	0	1	0.360	WHO
1.17	Development of Students manual for EmNOC training	No	1	0.36	0	0	1	0.360	WHO
1.18	Printing of instructor and student manuals	No	2,500	0.875	0	0	2,500	0.875	WHO
1.19	Training of LHWs on vaccination	No	21,500	129.00	0	0	21,500	129.000	WHO
1.2	Train private sector health care providers on IMNCI	No	16	7.68	17	8.217	33	15.897	WHO
1.21	Train private sector health care providers on EmNOC	No	16	7.68	17	8.217	33	15.897	WHO
	SUB-TOTAL OBJECTIVE 1			689.262		185.964		875.226	
OBJECTIVE 2: Enhance effectiveness of district health care delivery service through strengthening human resource development, organizational management and leadership capacity, logistics, supplies and infrastructure.									
2.1	Comprehensive district mapping of Public & Private Health Sector	No	130	13.000	0	0.000	130	13.000	WHO
2.2	Training of district health managers Including M&E, and exposure to district team solving approach methodology	No	14	14.490	15	15.504	29	29.994	WHO
2.3	Training of Zilla monitoring committees on health system management & monitoring	No	129	5.870	138	6.280	267	12.150	WHO
2.4	Support for district MNCH Training Coordinator	No	129	46.139	138	55.972	267	102.111	MoH
2.5	Support to the District MNCH Public Health Specialist	No	119	21.420	127	22.919	246	44.339	MoH
2.6	Workshop on information use for district health managers	No	4	4.659	0	0.000	4	4.659	MoH
2.7	LHW-MIS software training & implem. in Balochistan & Sindh	No	51	2.500	0	0.000	51	2.500	MoH
2.8	Support to WMOs at DHQ/THQ (2 at each DHQ/THQ)	No	428	41.088	458	43.964	886	85.052	MoH
2.9	Support for provincial and Federal levels in supervision, monitoring and evaluation of health system performance	No	5	6.000	0	0.000	5	6.000	MoH
2.1	Support to external review and evaluation	No	0	0.000	1	3.000	1	3.000	MoH
	SUB-TOTAL OBJECTIVE 2			155.166		147.639		302.805	
OBJECTIVE 3: Improve community and civil society organizations involvement in health system decision making mechanism.									
3.1	Revitalization of LHW health committees	No	10,000	10.000	0	0	10,000	10.000	MoH
3.2	Establish, develop and involve female health volunteers and CSOs in supervision & evaluation for MNCH scaled up	No	4	6.000	0	0	4	6.000	MoH

	services								
3.3	Community-based emerging operational need assessment & gap analysis for 2nd phase of GAVI HSS	No	1	6.000	0	0	1	6.000	MoH
	SUB-TOTAL OBJECTIVE 3			22.000		0.000		22.000	
4. Research, survey and assessments									
4.1	Research, survey and assessments	Lump sum	0	0.000	0	29.306	0	29.306	WHO
	SUB-TOTAL			0.000	--	29.306		29.306	
5. Program Management and transport									
5.1	Program Management, office equipment, operational cost	Lump sum	0	25.342	0	26.809	0	52.151	MoH
5.2	Vehicles	No	135	121.000	0	0.000	135	121.000	MoH
	SUB-TOTAL			146.342		26.809		173.151	
	GRAND TOTAL			1,012.770		389.718		1402.488	

Activity		Rs	US\$
Activities at serial No 1.1, 1.2, 1.5 & 1.8	UNICEF	397.036	6.617
Activities at serial Nos 1.3, 1.4, 1.6, 1.7, 2.4-2.10, 3.1-3.3, 5.1-5.2	MoH	187.731	3.129
Activities at serial Nos 1.9 - 1.21, 2.1-2.3 & 4.1	WHO	428.003	7.133
Total budget for year 2008		1012.77	16.88

Table 11. Baseline indicators <i>(Add other indicators according to the HSS proposal)</i>							
Indicator	Relevant goals/ objectives	Data Source	Baseline Value⁴	Source⁵	Date of Baseline	Target	Date for Target
1. Under five mortality rate (per 1000)	Goal level indicator	FBS*	103	Pakistan Family Planning and Reproductive Health Survey 2001-02	2001	<65	2012
2. Infant mortality rate (per 1000)	Goal level indicator	FBS	76	-do-	2001	<55	2012
3. Proportion of deliveries assisted by Skilled Birth Attendants (SBAs)	Goal and objectives 1, 2 & 3	FBS	30	-do-	2001	50%	2012
4. Contraceptive Prevalence Rate (CPR)	Objective 1 & 2	FBS	28%	-do-	2001	45%	2012
5. National DPT3 coverage (%)	Objective 1 & 2	MoH	64.5%	EPI Coverage – Third Party Evaluation	2006	>85%	2012
6. Number / percentage of districts achieving ≥80% DPT coverage -	Objective 1 & 2	MoH	25%	-do-	2006	80%	2012

Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

⁴ If baseline data is not available indicate whether baseline data collection is planned and when

⁵ Important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
ISS reported on		
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

6. Comments

ICC/HSCC comments:

~ End ~