

Joint appraisal report

Country	Bolivia
Reporting period	<i>September 2014 – September 2015</i>
Fiscal period	<i>January - December</i>
Graduation date	<i>2018</i>

1. EXECUTIVE SUMMARY

The Plurinational State of Bolivia is committed to free and universal vaccine access, which is the reason why immunisation for all children is backed by state funds. The national political priority aims at the building up of the Single Health System (SUS) and an Intercultural Community and Family Health policy (SAFCI, 2007) by expanding social participation in the planning, implementation, administration, monitoring and social control of health programmes and projects and creating avenues of dialogue between health institutions and the population to consolidate a national, non-sector-oriented, non-corporate vision, of beneficial impact on the population, with the purpose of “Living Well”.

The Expanded Programme on Immunisation (EPI) started in Bolivia in 1979 with four basic vaccines that provided protection against six diseases: BCG (tuberculosis), DTP (diphtheria, tetanus and pertussis), OPV (polio) and the measles vaccine. Since 2000, the EPI has expanded with new vaccines:

- The use of new vaccines started in 2000 – the pentavalent vaccine replaced DTP and the triple-antigen MMR (measles, mumps and rubella) replaced the measles vaccine, expanding protective cover to 10 serious childhood diseases.
- In 2008, the rotavirus vaccine for children under one year of age was introduced with the support of the Gavi Alliance. That same year, the yellow fever vaccine (YF) was integrated into the routine schedule.
- In 2010, regular immunisation began against the pandemic influenza strain and, afterwards, against seasonal flu.
- In 2014, the 13-valent pneumococcal vaccine (PCV-13) was introduced with Gavi Alliance support, for protection against 14 serious childhood diseases. In this sense, the country's immunisation schedule is at the forefront in terms of the vaccines recommended by PAHO/WHO, and is one of the most complete schedules on the continent.

From 2006 to the present, the EPI, moreover, has undergone transition from a children's immunisation programme towards a family programme, with the systematic inclusion of DT for adolescents and adults, YF in specific populations, with emphasis on high risk groups (in endemic

areas and workers in woodland zones) and seasonal flu in groups at risk (children under two, patients with chronic diseases, pregnant women, seniors) and health personnel. Underscored among future challenges is the introduction of the vaccine against the Human Papillomavirus (HPV) in female adolescents and the inclusion of the injectable polio vaccine (IPV) into the children's schedule.

In 2008, Bolivia obtained access to Gavi resources for health system and maternal and child healthcare strengthening, prioritising 37 municipalities distributed into 5 departments, for an amount of US\$ 2,093,231.

1.1. Gavi grant portfolio overview

The Bolivian EPI, in fulfilment of its set objectives, seeks to ensure immunisation for the vulnerable groups of the Bolivian population, so as to prevent, control and monitor vaccine-preventable diseases in accordance with the national immunisation schedule. It is in this sense that, starting in FY 2008, Bolivia, through the Gavi Alliance, has been receiving funding support for the introduction of the rotavirus and pneumococcal vaccine into the national schedule for its population under 1 year of age, which amounts to a total of 244,221 children. To date, coverage rates of 86.1% have been achieved for the third pentavalent doses, 86% for the second rotavirus doses and 56.9% for the third pneumococcal doses, as per administrative data from the National Health Information System (NHIS). The breakdown of programme funding for FY 2014 is given below in Table 1.

Table 1: Overall immunisation expenditure and funding from all sources (government and donors)

Expenditure by category	Expenditure/ Year	Funding Source			
		Country	Gavi	UNICEF	WHO
Traditional vaccines*	66,460,909	66,460,909			
New and underused vaccines**	19,185,936		19,185,963		
Injection materials (AD and other syringe types)	27,834,505	27,834,505			
Cold chain equipment	999,667	999,667			
Personnel	14,236	14,236		0	
Other ordinary expenses	9,582,073	9,508,044		39,719	34,310
Other capital costs	0				
Campaign costs	0				
Total immunisation expenses	124,077,326				
Total government health expenditure		104,817,361	19,185,936	39,719	34,310

*Traditional vaccines: BCG, DTP, OPV, first dose of Measles (or the MR / MMR combination), TT. Some countries will also include HepB and Hib in this line of vaccines if these vaccines were introduced without Gavi support.

The direct grants from Gavi to the country include funds to support the activities related to the introduction and launching of the rotavirus and pneumococcal vaccines, most of these delivered to the departmental health services (SEDES). Part of the funds is currently being used at the national level for strengthening the surveillance networks and improving pneumococcal vaccine coverage.

Another support component focuses on strengthening capacities in vaccine injection safety (since 2004). Initially, this supplied the country with AD syringes. When the country assumed the purchase of these syringes, the Gavi aid was reallocated to the training of health personnel on this topic and to the acquisition of 2 refrigerated vehicles to strengthen the cold chain and 10 vehicles to strengthen EPI management in the SEDES.

Another country funding window (HSS) channels resources to strengthening maternal and child healthcare services and is currently intervening in 37 municipalities distributed over 5 departments, with two objectives:

- To reorganise the health service networks and improve the quality of healthcare as well as the health management capacity of the 37 prioritised municipalities.
- To strengthen interventions for promotion and prevention in maternal and child healthcare with a community and intercultural approach, empowering the community in the 37 prioritised municipalities as regards its responsibility in healthcare.

1.2. Summary of grant performance, challenges and key recommendations

Grant performance (programmatic and financial management of NVS and HSS grants)

NVS

Achievements

- Despite the pneumococcal immunisation coverage of 56% during the first year of national schedule introduction (2014), the preliminary data for 2015 indicate that immunisation coverage will be similar to that of the pentavalent vaccine (approximately 84%).
- The impact studies on the introduction of the rotavirus vaccine indicate that, in the years following introduction, there has been a significant reduction in the frequency of serious diarrhoea cases (hospitalisations) and a decrease in the days of confinement due to rotavirus.
- Strengthening of the cold chain with the acquisition of 67 refrigerators for the health units.
- Improvements have been observed in social communication and promotion, personnel training, and the monitoring and evaluation of the programme through Gavi support.
- Strengthening of health service immunisation facilities thanks to the survey on reasons for non-immunisation.

Challenges

- Achieving and maintaining coverage rates higher than or equal to 95 % for all vaccines in all the municipalities of the country, emphasising the fourth and fifth doses of polio and pentavalent in children aged one and a half years and four years, respectively.
- Strengthening the programme at the central level with training and human resources for each EPI component, principally in the cold chain, supervision and monitoring, training, communication and social mobilisation, epidemiological surveillance and laboratory work, information systems, research, and evaluation.

- Introducing the inactivated polio vaccine (IPV, one dose), making an effective transition from the trivalent oral polio vaccine to the bivalent oral vaccine (eliminating serotype 2). A crucial point in this activity will be the acceptance of a third injectable vaccine at two months of age. Hence the personnel training and social communication components will be dealt with specifically during the next few months.
- Introducing the HPV vaccine into the national immunisation schedule.
- Including a second dose of MMR into the national immunisation schedule.
- Certifying the eradication of measles on the American continent and polio on the world scale.
- The EPI effective vaccine management (EVM) assessment (a requirement for continued Gavi support) in FY 2016.
- Completing the process of acquiring the second refrigerated vehicle under the best possible conditions.

HSS

Achievements

- Delivery of basic equipment for health service strengthening to the municipalities prioritised by the Gavi-HSS project, strengthening the functional integrated health service networks (REFISS).
- Implementation of health boards in the preparation of municipal health plans, strengthening the functional integrated health service networks.
- Dissemination of new standards to improve the quality of health services, strengthening the functional integrated health service networks.

Challenges

- Reinforcing funding coordination for health system strengthening from the national to the local level with Gavi Alliance support.
- Supporting processes of self-sustainability to guarantee equal access to immunisation services.

Key recommended actions to achieve sustained coverage and equity (list the most important 3-5 actions)

- Advanced transactions by EPI Bolivia through the agency of the Vaccine Act (3300) and the transactions undertaken with the Ministry of Economy and Finance support the financial sustainability of the national immunisation schedule.
- Advanced transactions by the EPI through the Gavi Alliance support the planned introduction of the human papillomavirus vaccine (HPV) for the female adolescent population and the implementation of the inactivated polio vaccine (IPV).
- Analysis of the indicators of access, completeness, coverage and monitoring, which make it possible to take relevant actions to enhance immunisation coverage, with the pertinent technical and financial support from other cooperation partners.
- To establish plans to reduce the causes of non-immunisation and lost opportunities.

1.3. Requests to Gavi's High Level Review Panel

Grant Renewals
New and underused vaccine support <ul style="list-style-type: none">• Renewal of the pneumococcal vaccine and the inactivated polio vaccine (IPV) in the presentation initially requested (monodose), once this is available.
Health systems strengthening support <ul style="list-style-type: none">• None

1.4. Brief description of joint appraisal process

<ol style="list-style-type: none">1. Gavi receives the relevant documents and updated templates.2. Announcement to the country of the Joint Appraisal and the visit of the mission concerned.3. Preparation of documents and written work by Gavi-HSS and the national EPI.4. Video conference and coordination by e-mail to fine-tune final preparations for the joint evaluation mission.5. The Ministry of Health and Gavi jointly call for the joint appraisal to be performed, and this is managed by the highest executive authority of the Ministry of Health.6. Preparation and discussion of the final version of the joint appraisal document in a two-day workshop for review and subsequent approval by the Inter-agency Coordinating Committee (ICC).<ol style="list-style-type: none">a. The interested parties on the country's side (EPI, Gavi-HSS, the Project Management Unit - UGESPRO, the General Directorate of Administrative Affairs - DGAA) and Gavi partners such as UNICEF and PAHO/WHO are included.b. Debates and analyses of the objectives are conducted based on the results obtained from the current 2008-2015 grant.c. These are based on processes current in the country and the results of the yearly progress reports submitted to Gavi.d. Recommendations are made at the review meetings, including responsibilities and dates for monitoring.7. The ICC is called upon for the approval of the process and the Joint Appraisal Report.

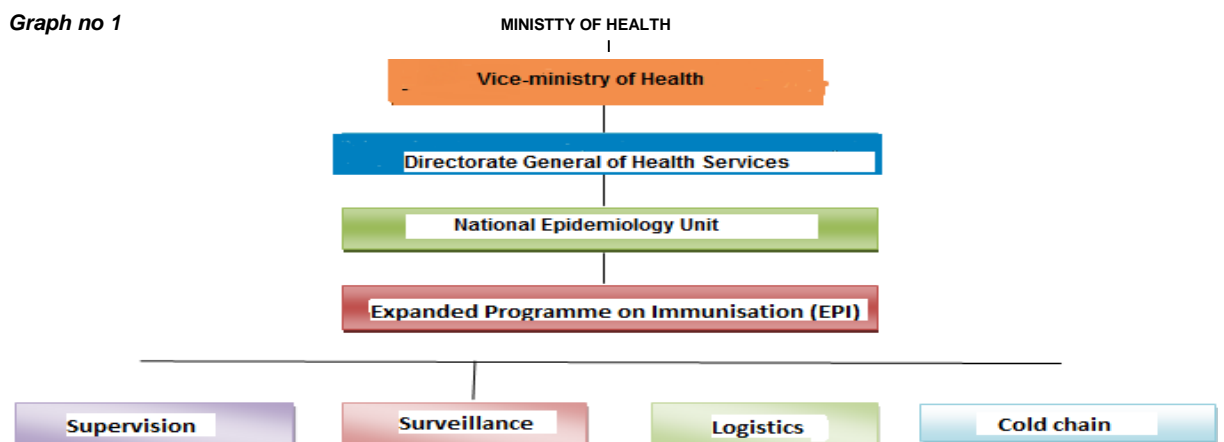
2. COUNTRY CONTEXT

Comment on the key contextual factors that directly affect the performance of Gavi grants.

The Sector Development Plan 2010-2020 promotes the state policy of Intercultural Community and Family Health (SAFCI), the thrust of which aims at the development of the Functional Integrated Health Service Networks (REFISS) and the strengthening of prioritised programmes such as the EPI.

The Ministry of Health of the Plurinational State of Bolivia has a structured organisational chart on which the EPI depends, as may be observed in Graph no 1. This establishes the four components contained in the EPI, which are: supervision, surveillance, logistics and cold chain.

Graph no 1



- Programme leadership, governance and management: The EPI maintains strict coordination with the ICC for financial advisory transactions to strengthen the EPI. The ICC organises external cooperation for the programme based on five-year and annual action plans established by consensus and revised periodically. This support complements the main source of programme funding, which is the national treasury (TGN), since this provides the resources necessary for the purchase of vaccines, syringes and biosafety boxes.

Costs and funding: The following table gives the breakdown of financial expenditure for the Bolivian Expanded Programme on Immunisation and its funding sources.

Expenditure by category	Expenditure/ Year	Funding Source			
		Country	Gavi	UNICEF	WHO
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* Traditional vaccines: BCG, DTP, OPV, first dose of Measles (or the MR / MMR combination), TT. Some countries will also include HepB and Hib in this line of vaccines if these vaccines were introduced without Gavi support.

- Other system components: The country draws up yearly schedules of EPI activities (requests for vaccines and supplies, refrigeration equipment and others); nevertheless, difficulties in the implementation of activities exist due to Gavi's administrative processes as PAHO/WHO's.
- On the other hand, the process of transacting support is complex for the implementation of the activities scheduled.
- Hiring technical support for the national EPI has to be considered, such as special consultants for the implementation and execution of the projects supported by the Gavi Alliance.
- A high turnover of health personnel on all levels hampers achievement of immunisation coverage and the targets of different EPI components.
- There are barriers to the acceptance of simultaneous injectable vaccine administration on the part of both health personnel and heads of families.
- The national immunisation coverage survey (ENCOVA) indicates that immunisation coverage rates are between 10% and 15% above administrative coverage rates, with no significant differences observed by gender and level of schooling or parents' socio-economic level. The proportion of complete basic schedules in children from 12 to 59 months old is 90.7%. Coverage rates in the rural areas are higher (10%) in comparison with the urban areas. On another hand, the secondary ENCOVA study makes it possible to determine the causes for non-immunisation and lost immunisation opportunities in specific areas (La Paz and El Alto).
- Disruption in EPI supply logistics due to blockades, demonstrations and other events.
- In the context of autonomous government development, new independent administrative procedures exist on the departmental level with regard to the transfer and management of the financial resources brought into each territorial entity, given that these enjoy their own legislative and executive autonomy. Frequent rotation of administrative personnel on this level affects the continuity of the administrative procedures previously mentioned.

3. GRANT PERFORMANCE, CHALLENGES AND RENEWAL REQUESTS

3.1. New and underused vaccine support

3.1.1. Grant performance and challenges

Programme performance and challenges:

- Coverage below the expected rate during the vaccine introduction year, partly due to the fact that the vaccines were not introduced by the start of the year and the vaccine stock at the outset was insufficient.
- Some complaints from health personnel and parents on pneumococcal vaccine introduction with regard to the simultaneous administration of injectable vaccines.
- The country has no socio-economic, ethnic or gender barriers in vaccine administration except for the difference in coverage between urban and rural areas owing to the way the service offer is organised and the high population of temporary migrants in peripheral urban areas.
- A refrigerated vehicle was acquired in keeping with bidding and purchasing regulations. However, in transacting the licence plates, the directorate for the prevention of vehicle robberies (DIPROVE) noted a disparity between the registration number of the vehicle and its documentation. This is being clarified with the pertinent legal authority.

Progress:

- The Interagency Coordinating Committee was reactivated as the managing entity for EPI external cooperation.
- Advances towards HPV vaccine introduction (cost-benefit study, National Immunisation Committee analysis, statement by the authorities).
- Sentinel surveillance systems for pneumonia, meningitis and rotavirus have been strengthened with standardised information systems in selected units. Three sentinel units have been selected to participate in the Global Surveillance Network.
- The National Institute of Public Health Laboratories (INLASA) now uses PCR techniques for pertussis and rotavirus.

Financial performance and challenges:

- At the Ministry of Health, EPI shows the best level of financial implementation among all the country's health programmes (95%).
- Vaccines and supplies are paid for in advance in a timely manner with national funds sent on a yearly basis to the PAHO Rotating Fund for vaccine purchases (except for the Gavi contribution to the rotavirus and pneumococcal vaccines).
- Delays have been observed in Gavi fund implementation, which has had to be allowed extended timelines.
- Rejection of PAHO/WHO transfers by some autonomous departmental governments has caused a delay in cash flow for scheduled EPI activities and the consequent untimely return of funds

3.1.2. NVS renewal request / Future plans and priorities

The EPI had an overestimated population count based on the projections of the population census of 2001. Hence, coverage rates were apparently lower than expected. However, after the Population and Housing Census (2012), adjustments were made showing more realistic coverage, ratified by ENCOVA (2013). Gavi is therefore requested to take these new denominators into account in calculating projections for new vaccines and the doses requested.

Support has been requested from Gavi for the introduction of IPV; this was accepted, so the vaccine and the grant for operational support to introduction are awaited.

Currently, the country is sending a letter of interest with regard to HPV vaccine introduction and would like to receive more specific information about the new policy and type of support to which Bolivia will have access as a graduating country.

3.2. Health systems strengthening (HSS) support

3.2.1. Grant performance and challenges

1. Grant performance

A. Programme performance:

Objective	Baseline value	Baseline source/date	Agreed target until end of support in original HSS application	Value for 2014	Source	Explanation if any targets were not achieved

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1. Coverage of the pre-natal check-up room	58%	ENDSA 2003	70%	60.76%	NHIS-Epidemiological Surveillance (ES)/MoH	The main problem is labour migration, which causes families to move temporarily to other departments or countries.
2. Reduction of early pregnancy	13%	ENDSA 2003	10%	20.89%	NHIS-ES/MoH	Although the target for this objective was not achieved, there was progress in 2014, given a decline by 6.1% in early pregnancy as compared with 2013, which represents a significant advance for the Plurinational State of Bolivia.
3. Institutional delivery coverage	61%	ENDSA 2003	70%	72.45%	NHIS-ES/MoH	
4. Pentavalent drop-out rate	5%	ENDSA 2003	1%	9.4%	EPI/MoH	According to ENCOVA (2013), the overall national pentavalent drop-out rate is 4.7%.
5. No of health staff trained and applying the standards of integrated maternal and child care with emphasis on immunisation and quality management in the 37 municipalities	0%	Gavi-HSS records	80%	68%	Gavi-HSS records	The Ministry of Health is highly committed to continue advancing in terms of health staff training, decreasing levels of precarious employment and strengthening resolution capacity with an intercultural approach towards universal access, progressing by 20% compared to the past year (48%).
6. Percentage of municipalities conducting work with health boards	0%	Gavi-HSS records	90%	100%	Gavi-HSS records	In 2014, induction workshops were held in the 37 municipalities prioritised by the Gavi HSS project. The second Municipal Health Board session was conducted at the municipality of Achacachi in La Paz department.
7. Percentage of management	2%	Gavi-HSS records	100%	100%	Gavi-HSS records	

agreements between municipalities, SEDES and the Ministry of Health in support of health service network activities for integrated healthcare with emphasis on immunisation						
8. Percentage of network establishments with basic equipment for integrated healthcare with emphasis on immunisation	38%	Gavi-HSS records	100%	46%	Gavi-HSS records	Although the target set was not achieved, Bs 6,646,551.90 were used to purchase equipment aimed at strengthening the resolution capacity of health establishments in the prioritised municipalities. This amount implies the allocation of 46% of the resources implemented to the purchase of primary care medical equipment out of the total funding granted to the Gavi-HSS project.

B. Financial performance:

- Financial implementation is aligned with the projection for FY 2014. This same trend has continued throughout the first six months of 2015.

2. Challenges

- Full implementation with existing project funds up to 31 December 2015, given that during the last three months there is a budget closure, and due to government policy, a report on the performance of financial statements is due for mandatory submission in March 2016.
- Accessing a new project for funding to consolidate achievements and thus contributing to health system strengthening and the national EPI.
- The high turnover among the technical and administrative team for the complete closure of this phase, with a view to the possible approval of new HSS and national EPI funding.

Strategic focus of HSS grant

The current Gavi-HSS grant includes a maternal and child healthcare component. Hence, support measures contribute to reduced mortality in these beneficiary groups.

The new Gavi-HSS proposal prioritises the strengthening of EPI operative systems to ensure the prevention and control of vaccine-preventable diseases, apart from working with civil society on advocacy and management, increasing economic resources to raise and maintain immunisation coverage and render immunisation access universal and equitable.

3.2.2. Request for a new tranche, no-cost extension, re-allocation or reprogramming of HSS funding / Future HSS application plans

No new cost-free extension of the Gavi-HSS project grant is projected.

As regards future plans of requesting HSS support, mention may be made of the development of the "health system strengthening support" project that contemplates four objectives to be implemented in 2016-2017. These are set forth below, representing a total US\$ 5,202,234:

- To strengthen the resolution capacity of the Functional Integrated Health Service Networks of the prioritised municipalities (US\$ 3,476,057)
- To strengthen EPI operative systems in an integrated manner to ensure the prevention and control of vaccine-preventable diseases (US\$ 1,025,262)
- To strengthen participative management, social control and communication (US\$ 595,302)
- Project management (US\$ 105,612)

Implementation of this project has been envisioned for 9 departmental capitals and the city of El Alto, covering a total of 120,727 children under 1 year of age.

3.3. Graduation plan implementation (*if relevant*)

The graduation plan (also called the transition plan) was prepared by the Ministry of Health with the technical cooperation of PAHO/WHO and UNICEF and the collaboration of one of the Gavi-PAHO/WHO missions. It is pending approval by the Gavi Executive Director.

The following lines of work were identified in the graduation plan:

- Political priority and basic legal principles
- Cold chain and supply chain
- Development of health sector human resources
- Communication and social mobilisation
- Supervision and monitoring
- Epidemiological and laboratory surveillance
- Information system
- Research

3.4. Financial management of all cash grants

- No liquidity problems were encountered in terms of funding in 2014, which facilitated the administrative asks of the Gavi-HSS project.
- Implementation was effective, efficient and in keeping with the regulations in force based on national policies of budget implementation control; use of accounting records, fulfilling the Annual Operational Plan (AOP).
- Procedures were undertaken to improve Gavi-HSS coordination, requesting support from all administrative authorities on process feasibility so as to be able to comply with plans for FY 2014, resulting in efficient and effective implementation.
- After the findings of the external audit held in September 2014 in keeping with national and international auditing standards (ISA and government auditing standards), the Ministry of Health has begun pertinent transactions to complete accounting for pending amounts while it awaits the visit and subsequent monitoring report on the external audit.

3.5. Recommended actions

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Actions	Responsibility (government, WHO, UNICEF, civil society organisations, other partners, Gavi Secretariat)	Timeline	Potential financial resources needed and source(s) of funding
Video conference between the external audit team, the General Directorate of Legal and Administrative Affairs, health services management and UGESPRO to agree on the next steps.	Government, Gavi Secretariat	September 2015	None
Financial Management Assessment	Gavi	November 2015	Gavi to finance
Effective Vaccine Management (EVM) assessment	PAHO, Government	June 2016	PAHO to finance
Formal confirmation of funds flow chosen by the country for the transition plan (PAHO or Govt accounts)	Government	September 2015	No financial implication
Development and implementation of a risk mitigation plan to address the problems of high staff turnover in the health sector	Government	December 2015	Government financing
Reporting on new vaccine introduction activities (in details)	PAHO, Government	December 2015	Government financing
Follow-up to the legal actions initiated by the Public Prosecutor against the companies involved in the acquisition and refurbishing of the first refrigerated vehicle, to obtain its early release	Government	September 2015	Government financing
Conclusion of the process of acquiring the second refrigerated vehicle, before closure on 31 December 2015	PAHO/WHO and government	November 2015	PAHO/WHO (Rotating Fund)

4. TECHNICAL ASSISTANCE

4.1 Current areas of activities and agency responsibilities

Bolivia uses the assistance of PAHO and UNICEF for technical EPI support. PAHO/WHO Bolivia gives support in the following components:

- EPI epidemiological surveillance and sentinel surveillance for new vaccines
- Purchase of reagents and laboratory supplies
- Supervision and monitoring of the country's sentinel hospitals
- Strengthening in terms of sentinel hospital staff training and evaluation
- Situational diagnosis of cold chain needs.
- Technical assistance to the regulating agency (UNIMED) in developing an institutional strengthening plan and certification process by the authority after evaluation of the regulations for vaccines
- Evaluation and draft of the Gavi graduation plan
- Technical support in reviewing the EPI technical manual
- Support to vaccine and supplies management through the Rotating Fund
- Transaction in the process of acquiring the first refrigerated vehicle for vaccine transport

The resources received by Gavi for health system strengthening and maternal and child healthcare services enjoyed PAHO technical support in the following activities:

- Preparation of a new grant proposal for health system strengthening 2016-2017.
- Preparation of the Gavi annual progress report.
- Participation in a regional workshop on health system strengthening in Roatán, Honduras

4.2 Future needs

- Strengthening EPI operation: Technical support for a sustainable integrated funding strategy for the Expanded Programme on Immunisation.
- Strengthening of human resources performance. Support for the adaptation and application of tools to evaluate health staff performance.
- Strengthening of knowledge management: Support for EPI-related operational research, such as identifying the barriers to non-immunisation, cold chain quality, etc.
- Sustainable national laboratory network: support for the sustainable financial management of the laboratory network on the national level.
- Strengthening communication and social mobilisation: preparation of crisis mitigation plans in the context of new vaccine introduction.
- Preparation for HPV vaccine introduction. Support in preparing epidemiological surveillance for HPV introduction.

5. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT & ADDITIONAL COMMENTS

Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism:

Submission to the ICC by the EPI manager and approval of the minutes after a round of questions with the signatures of the ICC participants present at the meeting.

Issues raised during debrief of joint appraisal findings with the national coordination entity:

Has an analysis of vaccine cost-effectiveness been conducted or is it being projected?
Is the sustainability of Gavi-supported initiatives being considered so as not to suffer when cooperation support disappears?
What was the country's experience of the mission?

Any additional comments from

- MoH: A high rate of on-time implementation, in compliance with the most demanding standards and requirements, is facilitated for EPI personnel and the Gavi-HSS team.
- Partners: Much work was done and organised before the arrival of the mission. The joint appraisal process is highly participative for all partners and has been extremely positive and productive. Coordination between the team and the Ministry of Health has been exceptional.
- Gavi Senior Country Manager: Cost-effectiveness studies have been considered as part of the activities suggested for the future.

6. ANNEXES

- **Annex A. Key data**

Table of NVS grant funding for vaccines (source: Annual Progress Report)

Vaccine		Dose (#)	Delivery date	Funding (US\$)
ROTA		160,000	07-April-2014	483,500
		84,000	30-June-2014	257,171
	Total	244,000		740,671
PCV-13		46,800	08-December-2014	169,246
		129,600	11-August-2014	468,275
		124,200	20-February-2015	448,405
	Total	300,600		1,085,925
	Grand Total			1,826,597

- **Annex B. Status of implementation of the key actions from the last joint appraisal and any additional High Level Review Panel (HLRP) recommendations**

Key actions from the last appraisal or additional HLRP recommendations	Recommendation	Current status of implementation
Coordination and governance	To ensure the revitalisation and strengthening of the ICC or equivalent entity as a priority, as mentioned in the annual progress report	Implemented
Programme management	To provide additional information about how the ministry of health proposes to approach the problems of high staff turnover (high turnover in the Gavi HSS grant coordination teams), as experienced during the first year of the Gavi HSS grant	A process of categorising the human resources of the Ministry of Health has been initiated to create a system of incentives and institutionalise responsibilities.
	According to the monitoring and evaluation framework, HSS1 performance has been low and some targets were not met. It is suggested for the country to offer more details and information regarding lessons learned and corrective measures.	The technical and administrative team was consolidated in 2014, increasing capacities, apart from strengthening coordination and implementation through the Directorate of Health Services, the Directorate of Health Promotion and the national EPI. Moreover, priority was given to the activities of the municipal health boards. This strategy worked appropriately and achieved implementation of more than 80% of scheduled activities. The strengthening of continuous monitoring and evaluation of activities was successful.
	Details of accountability regarding the activities completed and lessons learned are requested for the grant funds received for vaccine introduction (PCV-13)	Global accounting was performed for the vaccine introduction grant, indicating that a part of the resources was not implemented by the departmental health services (SEDES), for which reason their extension and rescheduling was requested. However, a more detailed accounting is yet to be made.
Data quality	To provide more information regarding the plans to implement the nominal records and the data quality plans	Implementation of the systems is expected in 2016, between vaccine introduction fund rescheduling and the transition plan.
Health system strengthening	To ensure evaluation of the first HSS grant so as to improve a future proposal and use the	As the evaluation is not mandatory, due to the lack of funds and to this not being considered part of the first grant, a final evaluation will be done

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	lessons learned for the future approval of a second HSS grant	at the end of the second HSS grant if this is approved
Financial Sustainability	To provide more information regarding plans for the financial sustainability of the programme and to develop a transition/graduation plan	The transition plan has been developed and is awaiting Gavi approval. The country has been assuming the cost of the rotavirus vaccine without difficulty, financing this completely for 2016. Moreover, there is a political commitment to the EPI and the introduction of new vaccines. Financial sustainability for vaccine acquisition is supported by the Vaccine Act, which has the status of a constitutional obligation. The new draft bill on vaccines and the prevention of vaccine-preventable diseases envisions the responsibility of autonomous departmental and local governments in preserving, distributing and maintaining the cold chain. The challenge is to gradually improve the financial contribution of each municipality and department to the financial sustainability of the programme.

- **Annex C. Description of joint appraisal process** (e.g. team composition, how information was gathered, how discussions were held)

The joint appraisal team was composed of Ministry of Health personnel (national EPI, Gavi-HSS project, UGESPRO General Coordinator, the International Relations Unit and the representative from the DGAA), UNICEF Bolivia, PAHO/WHO Bolivia, PAHO/WHO Washington and the Gavi representative.

The information in this Joint Appraisal Report was obtained through high-level consultations with inter-institutional representatives, the review of revised and validated reports, preliminary studies, the EPI five-year plan for 2016-2020, and the annual progress reports, and through brainstorming between the members of the drafting team.

Joint meetings with the multidisciplinary team that lasted four days were scheduled in order to draw up the joint appraisal.

- **Annex D. HSS grant overview**

General information on the HSS grant							
1.1 HSS grant approval date		October 2009					
1.2 Date of reprogramming approved by IRC, if any		NA					
1.3 Total grant amount (US\$)		US\$ 2,093,231					
1.4 Grant duration		6 years and 3 months					
1.5 Implementation year		October 2009 – December 2015					
(US\$ in million)	2008	2009	2010	2011	2012	2013	2014
1.6 Grant approved as per Decision Letter	0	697,000	349,000	348,990	698,000	0	0
1.7 Disbursement of tranches	0	697,000	349,000	345,470	698,000	0	0
1.8 Annual expenditure	0	83,429	420,703	489,815	85,712	289,566	290,329
1.9 Delays in implementation (yes/no), with reasons		Yes: lack of consistency in Gavi-HSS personnel due to a high amount of Gavi-HSS project employee turnover.					
1.10 Previous HSS grants (duration and amount approved)		NA					

1.11	List HSS grant objectives Strategic Objective 1 Reorganise the Health Service Networks and improve the quality of care as well as the health management capacity of the 37 prioritised municipalities Strategic Objective 2: To strengthen interventions for promotion and prevention in mother-child healthcare with a community and intercultural approach, empowering the community as regards its responsibility in healthcare in the 37 prioritised municipalities.
1.12	Amount and scope of reprogramming (if relevant) NA

• **Annex E. Prioritised needs in technical assistance**

Technical assistance type	Rationale	Desired outcome	Modalities (incl. personnel requirements, etc. Duration)	Funding source	Possible supplier	Included in multi-year plan
Technical support for a sustainable integrated funding strategy for the Expanded Programme on Immunisation	Joint pooling of funds is required to ensure the financial sustainability of the EPI. The national level guarantees the provision of vaccines and supplies, but greater participation and commitment is required from the departmental and municipal governments to put the different EPI components into effect.	Financing strategy approved	A consultant specialising in health economics or funding, for 6 months	Gavi, UNICEF	PAHO/WHO	Yes
Support in the adaptation and application of tools to evaluate health staff performance.	Performance evaluation will allow for the development of incentive strategies, careers for health professionals, and will contribute to labour stability	Tools validated and being applied	A consultant to customise, adapt and validate the tools. Workshops for tool validation. National training seminar in	Gavi and PAHO/WHO	PAHO/WHO	Yes

Technical assistance type	Rationale	Desired outcome	Modalities (incl. personnel requirements, etc. Duration)	Funding source	Possible supplier	Include d in multi-year plan
			the use of the tools.			
Support in EPI-related operational research, such as identifying the barriers to non-immunisation, cold chain quality, etc.	Lack of sufficient evidence to back operational decision-making and the negotiation of resources for EPI strengthening	Yearly national publications on the research done	Funds in open competition regulated by the EPI. A consultant to design the competition call, evaluate initial research proposals and support the rating commission.	Gavi, PAHO/WHO, UNICEF	PAHO/WHO	No
Support for the sustainable financial management of the laboratory network on the national level.	The laboratory network supports itself through the sale of services to public and private entities and still does not offer free point-of-use services.	Improvement in the financial sustainability of the laboratory network	A consultant will be hired to conduct analyses of financial feasibility scenarios and costing through coordination with public insurance and INASES.	Gavi, PAHO/WHO, World Bank, IDB	PAHO/WHO	Yes
Preparation of mitigation and contingency plans for crisis situations in the context of new vaccine introduction	A mitigation plan is required for diverse contingencies: AEFIs from the vaccine and the simultaneous application of injectables, outbreaks and other events	Updating of the action protocol and its algorithms in the context of crisis situations	A consultant to develop a diagnostics and a proposal for EPI mitigation plans	Gavi, UNICEF	PAHO/WHO, UNICEF	YES
Support in preparing epidemiological surveillance for HPV introduction.	A baseline is required with respect to HPV infection frequency and genotyping in	Mapping of circulating HPV genotypes in the country's regions	Surveillance system under training in the sentinel hospitals of each	Gavi, PAHO/WHO	PAHO/WHO	No

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Technical assistance type	Rationale	Desired outcome	Modalities (incl. personnel requirements, etc. Duration)	Funding source	Possible supplier	Included in multi-year plan
	the country's regions		department in the country			