

Joint Appraisal report 2018

Country	Bolivia
Full JA or JA update	<input type="checkbox"/> full JA <input checked="" type="checkbox"/> JA update
Date and location of Joint Appraisal meeting	La Paz, Bolivia, 8 to 12 October 2018
Participants / affiliation¹	Ministry of Health, National EPI, PAHO/WHO and UNICEF
Reporting period	2017
Fiscal period²	From 1 January to 31 December 2017
Comprehensive Multi Year Plan (cMYP) duration	5 years
Gavi transition / co-financing group	<i>Transition</i>

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine renewal request (NVA)	Yes <input checked="" type="checkbox"/> X	No <input type="checkbox"/>	N/A <input type="checkbox"/>
HSS renewal request	Yes <input checked="" type="checkbox"/> X	No <input type="checkbox"/>	N/A <input type="checkbox"/>
CCEOP renewal request	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> X	N/A <input type="checkbox"/>

Observations on vaccine request

Population	11,145,770 inhabitants				
Birth cohort	243,110 inhabitants				
Vaccine	IPV	HPV*			
Population in the target age cohort	243,110	117,758			
Target population to be vaccinated (first dose)	243,110	117,758			
Target population to be vaccinated (last dose)	243,110	117,758			
Implied coverage rate	83.1%	60.4%			
Last available WUENIC coverage rate	Dec – 2017	Dec - 2017			
Last available admin coverage rate	3 (OPV)	2 (HPV)			
Wastage rate	0.5%	0.5%			
Buffer					
Stock reported	IPV=0 OPV=332,880	HPV=254			

Indicative interest to introduce new vaccines or request Health System Strengthening in the future³ **NOT APPLICABLE**

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year

¹ If taking too much space, the list of participants may also be provided as an annex.

² If the country reporting period deviates from the fiscal period, please provide a short explanation.

³ Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

Remarks: For the time being, the country does not anticipate new vaccine introduction.

2. RECENT CHANGES IN COUNTRY CONTEXT AND POTENTIAL RISKS FOR NEXT YEAR

The country has not experienced any economic, political or social changes that directly affect Gavi's support for programme implementation.

The General State Budget for fiscal year (FY) 2017 allocates a higher percentage for Health and Education than for Defence (Armed Forces) and Governance (Police).

The budget allocated to Health in 2005 totalled Bs 2.773 billion (3.6% of GDP). By 2017 the amount had increased six-fold to Bs 18.304 billion (6.9% of GDP). This budget growth is due to an increase in the number of doctors, nurses and hospitals. The country is politically committed to continuing its compliance with the undertakings set forth in the Framework Agreement signed between the Plurinational State of Bolivia and Gavi.

3. PERFORMANCE OF THE IMMUNISATION PROGRAMME

1. Performance of the National EPI

The activities of the Expanded Programme on Immunisation (EPI) fall within the legal and regulatory framework as part of the national health policy establishing the mandatory and free nature of vaccine-preventable disease (VPD) protection through immunisation services.

The HPV vaccine was introduced into the national schedule in FY 2017, prioritising the target group of school-going girls born in FYs 2005, 2006 and 2007, for whom it has had a positive impact with coverage of 60.2%.

Immunisation coverage rates for infants under 1 year of age decreased in comparison with previous years due to a work overload on operational staff brought about by the new vaccine introduction, the reappearance of anti-vaccine groups, supply and demand-related factors, a health sector strike of approximately three months and a greater incidence of rabies cases in the country.

Epidemiological surveillance of VPDs, with an emphasis on measles, polio and AFP, was strengthened during the fiscal period.

Complying with recommendations on handling epidemiological risk, Bolivia issued the epidemiological alert on the outbreak of measles cases in neighbouring countries, thus strengthening the active search for diseases for immediate notification.

1.1. Data Quality

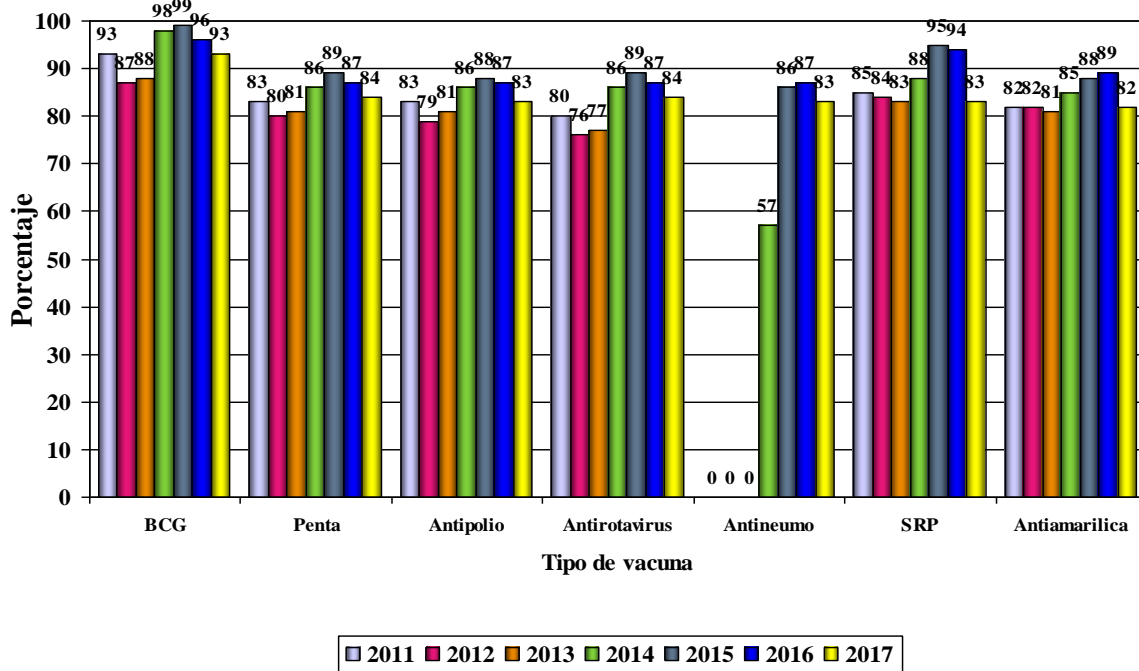
Data quality measurement is conducted through the National Health Information-Epidemiological Surveillance System (SNIS-VE), which is responsible for checking the accuracy of information. For such purposes, the country uses information technology tools and monthly reporting, consolidated into a single system. This contributes to making timely and reliable information available for EPI decision-making.

1.1.1. Coverage

National coverage for third pentavalent doses in 2017 was 83.5%, a decrease of 3.4% in comparison with 2016. The dropout rate for the pentavalent vaccine was 8% compared with 7% in 2016. Second-dose rotavirus coverage was 84%, third-dose pneumococcal coverage 83%, third-dose polio coverage 83%, and MMR coverage in children aged 12 to 23 months of age was 83%, according to SNIS-VE administrative data for 2017.

During supervision visits to the departments, the country performed rapid coverage monitoring, with findings reflecting an average 90% coverage for the population surveyed.

Graph 1: Evolution of immunisation coverage in children by fiscal year, Bolivia, 2011-2017



Source: SNIS-VE/Ministry of Health, FY 2011-2017

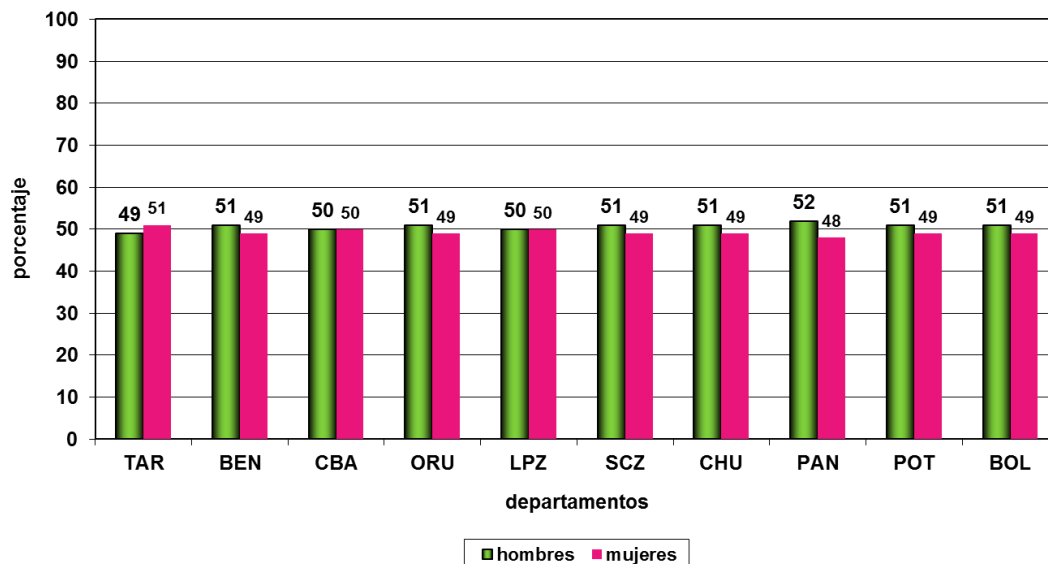
Vertical axis = Percentage; horizontal axis = Vaccine type: BCG, Penta, Polio, Rotavirus, Pneumococcal, MMR, Yellow Fever

1.1.2. Report on Equity

The Bolivian State guarantees equitable access to universal and free immunisation nationwide with access criteria.

As regards gender, there is no significant difference observed by departments in coverage between the male and female populations and at the national level the gap does not reach an average 1-point differential.

Graph 2: Coverage of third pentavalent vaccine doses in boys and girls under 1 year of age by department and gender, Bolivia 2017

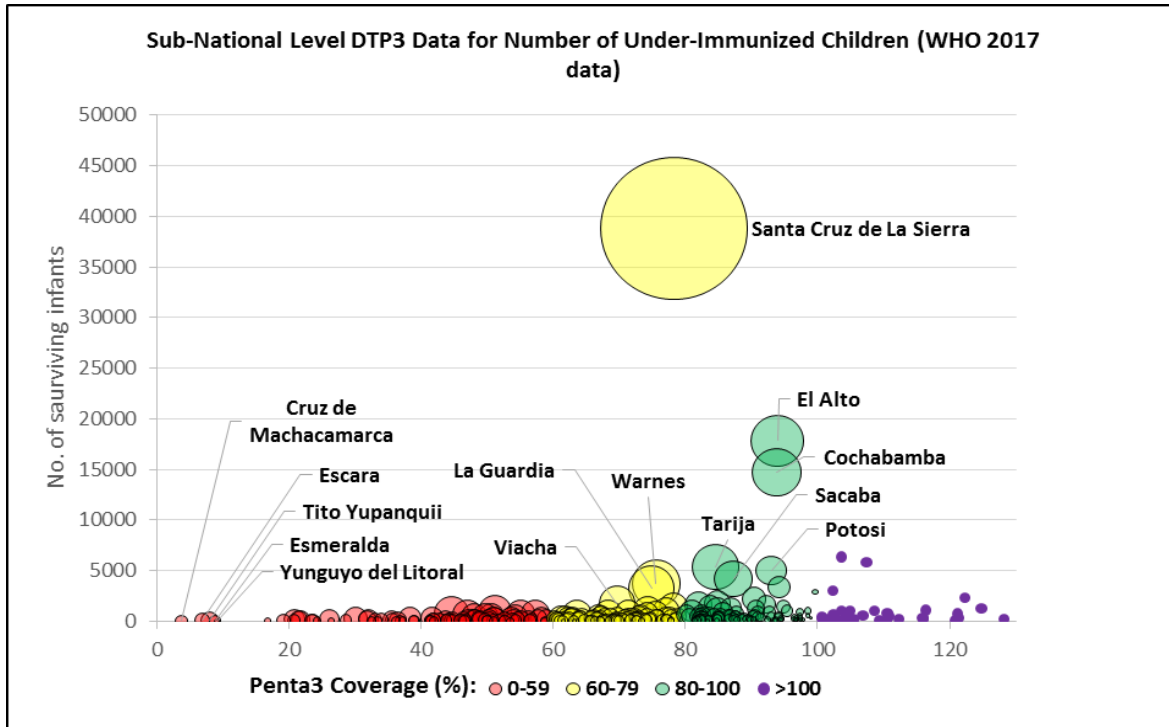


Source: SNIS-VE/Ministry of Health, FY 2017

Vertical axis = percentage; horizontal axis = departments; green = men, pink = women

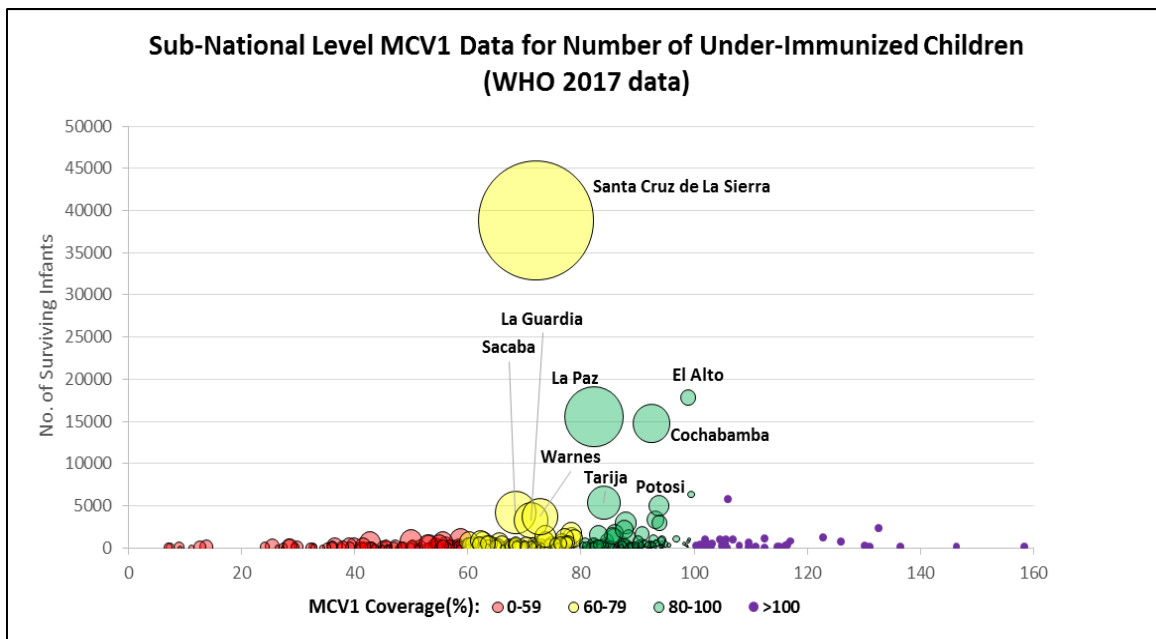
A total of 62.3% of the population under 1 year of age is concentrated in the municipalities of Santa Cruz de la Sierra, Warnes and La Guardia, where third-dose pentavalent and MMR coverage are below 90%, directly affecting the regional and national levels.

Graph 3: Municipalities by third-dose pentavalent coverage rates, Bolivia, 2017



Source: SNIS-VE/Ministry of Health, FY 2017

Graph 4: Municipalities by first-dose MMR coverage rate, Bolivia, 2017



Source: SNIS-VE/Ministry of Health, FY 2017

1.1.3. Report on VPD epidemiological surveillance

In terms of measles and rubella epidemiological surveillance, a decrease was observed in the notification rate, at 0.6 per 100,000 inhabitants in 2017.

The notification rate for acute flaccid paralysis in 2017 amounted to 0.72 per 100,000 inhabitants, reflecting a decline since 2013 and an improvement compared with 2016.

There were 52 suspected measles cases reported for 2017 and 193 cases for the same period in 2018.

1.2. Effective Vaccine Management (EVM) Assessment in the framework of the Improvement Plan

In terms of fulfilling the EVM Improvement Plan for the 30 activities programmed, the country implemented 20% of activities, with 12% of activities in progress and 33% pending start-up in 2017 (see Annex A).

1.3. Post Introduction Evaluation (PIE)

No vaccine post-introduction evaluations were conducted in the country.

1.4. Revision of the EPI

The EPI implements a five-year plan for 2016-2020, prioritising 12 components. An action plan has similarly been established for the same period with a programme backed by the resources of the Ministry of Health, UNICEF and PAHO/WHO.

The most relevant activities undertaken in 2017 were as follows:

- A proposal to update the new Vaccine Act and its regulations was prepared with Gavi support during the first six months of 2017.
- National cross-supervision was conducted in the nine departments, institutionalised by the central level for implementation every year with national treasury resources.
- The National Immunisation Committee, a technical entity fundamental to national HPV implementation, was strengthened.
- Vaccine and supplies reception reports for head offices at the three levels were implemented.
- In terms of the cold chain, storage capacity will be strengthened in the nine departmental health secretariats (SEDES) and 21 health service networks by providing equipment for vaccine temperature maintenance and monitoring with Gavi support.
- Training in the areas of injection safety, VPD epidemiological surveillance and cold chain management was conducted in the nine departments.
- Support with national and Gavi resources was provided for the design and production of informative and educational material adapted interculturally by regions for campaigns and other EPI activities.
- An Annual Operating Plan approved by the Ministry of Health for operating expenses and logistics in multi-programme activities exists, with budgets allocated by the autonomous departmental and municipal governments who implement them annually.
- The national EPI uses technical documents and regulations to implement national supervision.
- The protocol for handling AEFIs was drawn up and training in sentinel surveillance was held at the national and sub-national levels.
- Technical analysis of the information systems used by the SNIS-VE showed that SOAPS is the software suited for implementing the nominal record system.
- To implement HPV immunisation, work was done on populations identified by the Ministry of Education, for which the Ministry of Health conducted a national survey of educational units with the support of operations personnel.

- The conduct of a national immunisation coverage survey (ENCOVA) with Gavi resources is projected for 2018.

1.5. Report on the demonstration programme for the HPV vaccine

Not applicable since the vaccine is already included in the EPI national immunisation schedule.

2. Difficulties

Constraints to achieving adequate coverage rates include the following:

- Economic resources allocated by the departmental and municipal governments were insufficient for supplementary EPI activities.
- There was a shortage of human resources to support immunisation activities.
- There was high rotation among health personnel at all three levels.

3. Progress

The main advances achieved were:

- management in updating the Vaccine Act; and
- advocacy and awareness-raising among sub-national government authorities and civil society to create strategic alliances related to increased budget allocations to benefit immunisation activities.

4. Challenges

The challenges faced by the national EPI are as follows:

- consolidating cold chain equipment strengthening at the three levels nationwide;
- conduct of the international evaluation on data quality;
- conduct of the survey on national immunisation coverage (ENCOVA) and reasons for non-immunisation and missed immunisation opportunities; and
- updating of EPI cold chain and logistics guides and manuals.

3.4. Immunisation financing

The current Vaccine Act guarantees the budget allocation of 5% of short-term social security funds collected by the Ministry of Health, which earmarks these as budget items for administrative expenses, purchases of vaccines and supplies, and operating expenses.

The Plurinational State of Bolivia complies with the agreements it has established with Gavi, assuming complete payment for the 13-valent pneumococcal vaccine and guaranteeing its financing with specific Ministry of Health resources.

With regards to the disbursement and proper implementation of resources, the following table is a summary for 2017.

Table 1: Immunisation financing of the Plurinational State of Bolivia, 2017

Description	Budget in Bs	Implementation	Balance in Bs	Percentage
Other specific resources	96,395,564.00	94,860,169.68	1,535,394.32	98.41
United Nations Children's Fund	76,395,000.00	32,694.40	43,700.60	42.80
Revolving Fund for vaccine purchases – BOL702-Bolivia (Gavi)	17,311,087.30	9,393,143.56	7,917,943.71	54.26
Total	190,101,651.30	104,286,007.64	9,497,038.63	59

Source: National EPI/Ministry of Health, FY 2017

The main sources of financing were other specific Ministry of Health income, income from UN donations and Gavi resources.

Of these resources, the equivalent of Bs. 90,359,374.00 was assigned by the Ministry of Health for vaccine purchases, corresponding to 95.26% of the national budget.

The Ministry of Health has internal control systems for budget implementation such as the SISPOA and the SIGEP, where accounting records are kept, in addition to which the ministry undertakes internal audits.

4. PERFORMANCE OF GAVI SUPPORT

4.1. Performance of vaccine support

Inactivated Poliovirus (IPV) vaccine grant

In the context of the Polio Eradication Endgame Strategic Plan 2013-2018, the Plurinational State of Bolivia introduced one dose of IPV for the population under 2 months of age in 2016.

A total of 104,000 doses of IPV in a multi-dose (5-dose) presentation were received through the PAHO/WHO Revolving Fund on 26 April 2017 and 39,000 doses in a monodose presentation on 15 February 2017.

Based on 2017 administrative data, a 91% coverage rate was reached for the first dose as per the national immunisation schedule, thus protecting the infant population from type 2 poliovirus. The wastage rate was 10% for multi-dose vials.

The country is currently working on activities to implement fractioned doses at the operational level of the EPI in order to cope with a possible worldwide vaccine shortfall.

Human Papillomavirus (HPV) vaccine introduction grant

1. Achievements against agreed objectives

Introduction of the HPV vaccine was initiated through drafting and agreement on the content of the technical guidelines and the guide to vaccine introduction operations: disease burden, vaccine availability and safety, targets/activities and supplies programmed, the information system (records and reports), monitoring/supervision/evaluation and social communication.

This process involved the participation of members of the National Immunisation Committee (NIC), the EPI regional managers and technical staff of the Ministry of Education. There was intensive internal coordination with the health programmes for school-going children and adolescents, with cancer and sexual health programmes and with the pharmaceutical surveillance unit for monitoring AEFIs. There was external coordination with other health sectors, the insurance and private sectors, associations of heads of families, the national legislative assembly, the nine departmental assemblies, the communications media and other groups.

The target population taken was that earmarked by the Ministry of Education for the three cohorts aged 10, 11 and 12 years of age in 2017, with first-dose coverage of 80% and second-dose coverage of 60%. For this reason, the decision was made to extend immunisation up to April 2018 and, subsequently, to December in order to ensure protection with two doses for at least 80% of the target population.

Weekly immunisation coverage analyses were conducted and the nuances discussed in long-distance calls, e-mails and targeted telephone calls. Based on the results, sequenced priorities for supervision were defined.

The vaccine has been included in the national immunisation schedule, guaranteeing that the country will fund 100% of the doses for 10-year-old girls starting in 2018.

2. General progress of implementation

Under this support 10 lines of action were prioritised, 100% of which were implemented along with the budget allocated to them.

In terms of political priority and legal basis, the national promotion committee was formed and resolutions for HPV immunisation were issued by the ministries of health and education. The presidential arm launched HPV immunisation with the support of the Legislative Assembly.

In terms of planning, microplanning workshops were conducted in all 110 health networks of the country and 1,610 departmental facilitators were trained. These, in turn, trained 16,100 health employees with the support of a toolkit that included recorded videos of the members of the NIC. In addition, statisticians from the EPI and the regional SNIS were trained to improve HPV immunisation records and reporting. A total of 12,009 educational units were visited, while house-to-house visits were conducted to immunise girls not going to school.

Digital thermometers were purchased for the national and departmental supervisors and 253 supervisions were conducted between network coordinators, health facilities and educational units.

EPI technical teams from the departments in turn carried out intensive and extensive supervision of all the health networks in their departments, thus complementing training procedures in terms of key aspects.

In total, 1,232 supervisions were conducted on network coordinators, health facilities and educational units.

A kit containing impressions and audio-visual materials supporting vaccine introduction was compiled for social communication purposes.

The HPV vaccine has been included in the national immunisation schedule, guaranteeing that the country will fund 100% of the doses for 10-year-old girls starting in 2018. Moreover, the Ministry of Education has already included the vaccine in its ministry resolution 01, which ensures HPV immunisation.

The following results were obtained with regards to immunisation status progress in the three age cohorts for the year of vaccine introduction:

Table 2: HPV immunisation coverage in girls aged 10, 11 and 12 by department, Bolivia, 17 April to 31 December 2017

Department	Population SNIS	Population Ministry of Education	Enrolled Vaccinated 1st dose	% 1st dose	Enrolled Vaccinated 2nd dose	% 2nd dose	Enrolled Vaccinated 1st dose	Total Vaccinated 1st dose	% 1st dose INE POP.	Vaccinated 2nd dose NOT enrolled	Total vaccinated 2nd dose	% 2nd dose INE POP.
Chuquisaca	21,101	17,564	15,713	89.5	15,198	86.5	170	15,883	75.3	154	15,352	72.8
La Paz	85,429	76,101	60,837	79.9	38,612	50.7	240	61,077	71.5	90	38,702	45.3
Cochabamba	61,889	56,027	45,090	80.5	40,138	71.6	600	45,690	73.8	487	40,625	65.6
Oruro	17,309	14,088	12,714	90.2	12,192	86.5	83	12,797	73.9	90	12,282	71.0
Potosí	30,647	23,562	22,016	93.4	21,504	91.3	450	22,466	73.3	431	21,935	71.6
Tarija	16,140	13,425	11,798	87.9	11,004	82.0	244	12,042	74.6	182	11,186	69.3
Santa Cruz	97,800	81,132	63,211	77.9	56,749	69.9	1,071	64,282	65.7	966	57,715	59.0
Beni	16,411	15,033	13,303	88.5	11,501	76.5	123	13,426	81.8	91	11,592	70.6
Pando	4,494	3,445	2,842	82.5	2,764	80.2	8	2,850	63.4	9	2,773	61.7
TOTAL	351,220	300,377	247,524	82.4	209,662	69.8	2,989	250,513	71.3	2,500	212,162	60.4

Source: National EPI/Ministry of Health, FY 2017

3. Measles and rubella situation analysis

The last indigenous case of measles was recorded in 2000, after which no imported cases have been confirmed up to the present.

From 2006 to 2015, the country conducted an immunisation campaign, with more than 9 million people on an accumulated basis immunised between 5 and 55 years of age.

The second MMR dose after 18 months is projected for inclusion in the immunisation schedule in 2018, backed by the proprietary resources of the National Treasury.

4.2. Performance of Gavi HSS support (if country is receiving Gavi HSS support)

1. Progress of HSS grant implementation

A total of 60% of the activities planned were implemented in 2017.

2. Achievements against agreed objectives

Strategic Objective 1

Dissemination meetings were held with the authorities of the 10 prioritised municipalities, achieving project implementation and the signing of internal government agreements that will facilitate the execution of operations and equipment purchases.

Strategic Objective 2

Fifty-five facilitators were trained in the ICD-10 classification of VPDs in the municipalities of Santa Cruz de la Sierra, La Paz and El Alto, enabling a strengthening of active epidemiological surveillance in the health networks of municipalities with greater numbers of unimmunised children.

Capacity-building was conducted for *Mi Salud* doctors in the 10 capital cities to strengthen the programme in outreach immunisation activities.

Strategic Objective 3

Meetings in participative health management were held with municipal authorities and civil society in the towns of Oruro, Sucre, Potosí and Cochabamba for local level management in the drive to increase budget and infrastructure allocations by the departmental and municipal levels.

The EPI was strengthened in the area of innovative mass communication materials.

3. HSS support to remedy low immunisation coverage and existing gaps

The 10 municipalities prioritised by the Gavi-Health System and Immunisation Strengthening (HSIS) project averaged above 90% in third-dose pentavalent vaccine coverage for 2017, however, the number of unimmunised children in five departments increased during the same period.

This indicates that gaps in coverage still exist in the large cities. For this reason, the EPI and the Gavi-HSIS project have been conducting activities focusing on intensified immunisation to improve coverage at the different levels.

4. The choice of activities continues to be relevant

The national EPI continues to prioritise the initial activities programmed.

5. Efforts to deal with implementation difficulties that include planned budget reallocation

Work continues in coordination with the national EPI regarding budget reallocation.

6. Alignment of Gavi HSS support and contribution to health sector strategies and plans

Gavi HSS support is aligned with current national and sector plans stressing disease prevention and health promotion activities.

Project implementation is coordinated at the country's three management levels and contributes to an improved quality of life and to equity and immunisation access.

7. Other initiatives of interest not supported by Gavi that deal with the key factors affecting low coverage and equity

- The training of cold chain technicians in corrective and preventive equipment maintenance.
- Use of evidence from demographic studies regarding populations with high peri-urban migration.
- Self-training instruments in digital media to strengthen health personnel skills at departmental and municipal levels.
- Procurement of refrigerated vehicles for vaccine transport at the level of the nine departments.
- Support in generating mechanisms for the direct purchase of cold chain equipment by the municipalities through a Gavi partner in the country.

Objective 1	
Objective of the HSS grant (as per the HSS proposals or PSR)	To strengthen the resolution capacity of the integrated health service networks of the prioritised municipalities
Priority geographies/population groups or constraints to C&E addressed by the objective	Geographic area – 10 municipalities (La Paz, El Alto, Oruro, Potosí, Cochabamba, Sucre, Tarija, Cobija, Trinidad, Santa Cruz de la Sierra), specifically the human resources of the 21 health service networks concerned. Beneficiary population – The target of the intervention is the population under 5 years of age and the target population of the national immunisation schedule, while the indirect beneficiaries are the general populations of the municipalities mentioned.
% activities conducted/budget utilisation	Physical implementation amounted to 38% of the five activities programmed, with a total investment of Bs. 4,943,239 (Bs. 4,772,207 implemented by UNICEF in cold chain equipment purchases).
Major activities implemented & review of implementation progress including key successes & outcomes/activities not implemented or delayed/financial absorption	<p>Activities conducted – The activities conducted in 2017 were:</p> <ul style="list-style-type: none"> • Strengthening of immunisation post management in the context of the Intercultural Community and Family Health (SAFCI) policy through the purchase of 21 refrigerators for urban network coordination units. • Strengthening of human resource management capabilities among the Functional Integrated Health Service Networks (REFISS) in the context of the SAFCI policy, stressing the local EPI, by complying with the preparation of a curriculum for the Diploma Course in EPI Management validated by the Ministry of Health, to be implemented at the Universidad Mayor de San Andrés. • Strengthening of response capacity and cold chain quality among the network coordinating units of prioritised municipalities and Departmental Health Services with nine cold rooms for vaccines in the process of procurement. • Continuous monitoring and evaluation of the Gavi HSS project, consolidating relevant information and validating key project indicators in seven prioritised municipalities (La Paz, El Alto, Potosí, Sucre, Tarija, Trinidad and Cobija), with performance monitoring. <p>Achievements and outcomes –</p> <ul style="list-style-type: none"> • 70% of the prioritised municipalities provide areas for immunisation, which benefit the community in creating greater demand. • 30% of REFISS have human resource management capacity in the framework of the SAFCI policy, which strengthened institutional management. • A situational risk report in prioritised municipalities for the conduct of immediate intervention through activities. <p>Activities not implemented – Among the activities not implemented in 2017, the following are the most important:</p> <ul style="list-style-type: none"> • Training programme for health professionals and cold chain technicians in waste management.

	<ul style="list-style-type: none"> Conducting continuous monitoring and evaluation of the Gavi-HSS project, with an annual external Gavi-HSS project audit rescheduled for 2018 due to closure of the fiscal year. <p>Delayed activities – The activities listed below experienced delays:</p> <ul style="list-style-type: none"> ENCOVA <p>Fulfilment of local level financial resource allocation – The signing of agreements will produce additional resources.</p>
<p>Major activities planned for upcoming period (mention significant changes/budget reallocations and associated needs for technical assistance)</p>	<p>Major activities planned for upcoming period:</p> <ul style="list-style-type: none"> Training programme for health professionals and expert technicians focused on cold chain and waste management. Strengthening immunisation post management by updating EPI technical standards. External project audit ENCOVA
<p>Objective of the HSS grant (as per the HSS proposals or PSR)</p>	<p>To strengthen EPI operative systems in an integrated manner to ensure the prevention and control of vaccine-preventable diseases.</p>
<p>Priority geographies/population groups or constraints to C&E addressed by the objective</p>	<p>Geographic area – 10 municipalities (La Paz, El Alto, Oruro, Potosí, Cochabamba, Sucre, Tarija, Cobija, Trinidad, Santa Cruz de la Sierra), specifically the human resources of the 21 health service networks.</p> <p>Beneficiary population – The target of the intervention is the population under 5 years of age and the target population of the national immunisation schedule, while the indirect beneficiaries are the general populations of the municipalities mentioned.</p>
<p>% activities conducted/budget utilisation</p>	<p>Physical implementation amounted to 8% of the three activities programmed, for a total investment of Bs. 749,455.21 implemented by the Gavi-HSIS project.</p>
<p>Major activities implemented & review of implementation progress including key successes & outcomes/activities not implemented or delayed/financial absorption</p>	<p>Activities conducted – The activities conducted in 2017 were:</p> <ul style="list-style-type: none"> Training workshops in immunisation and surveillance standards conducted for <i>Mi Salud</i> teams and personnel from the local level facilities. Training workshops in the new ICD-10 VPD classifications in three selected municipalities (La Paz, El Alto and Santa Cruz). <p>Achievements and outcomes:</p> <ul style="list-style-type: none"> 60 local level health professionals and technicians trained, strengthening programme human resources. 70 facilitators trained in international disease classification (ICD-10), improving surveillance system capacity. <p>Activities not implemented: Among the activities not implemented in 2017, the following are the most important:</p> <ul style="list-style-type: none"> ENCOVA Adaptation of digital supervision methods and instruments to strengthen coverage and data quality. <p>Activities pending:</p> <ul style="list-style-type: none"> Update of epidemiological surveillance standards. Purchase of computers to improve data quality.
<p>Major activities planned for upcoming period (mention significant changes/budget reallocations and associated needs for technical assistance)</p>	<p>Major activities planned for upcoming period: Out of a total nine sub-activities planned for 2017, four delayed sub-activities were not implemented and were rescheduled for the next term. Of these, the most important are:</p> <ul style="list-style-type: none"> ENCOVA Update of epidemiological surveillance standards

	<ul style="list-style-type: none"> • Purchase of computers to improve data quality in 21 urban health networks
Objective 3:	
Objective of the HSS grant (as per the HSS proposals or PSR)	To strengthen participative management, social control and communication
Priority geographies/population groups or constraints to C&E addressed by the objective	<p>Geographic area – 10 municipalities (La Paz, El Alto, Oruro, Potosí, Cochabamba, Sucre, Tarija, Cobija, Trinidad, Santa Cruz de la Sierra), specifically the human resources of the 21 health service networks concerned.</p> <p>Beneficiary population – The target of the intervention is the population under 5 years of age and the target population of the national immunisation schedule, while the indirect beneficiaries are the general populations of the municipalities mentioned.</p>
% activities conducted/budget utilisation	Physical implementation amounted to 28% of the three activities programmed, for a total investment of Bs. 889,955.32 implemented by the Gavi-HSIS Project.
Major activities implemented & review of implementation progress including key successes & outcomes/activities not implemented or delayed/financial absorption	<p>The activities conducted in 2017 were:</p> <ul style="list-style-type: none"> • Strengthening participative health management, organising advocacy and awareness-raising meetings with Ministry of Health authorities, regional governments, municipalities and social organisations from the prioritised municipalities to guarantee political commitment and funding for the EPI. • Awareness-raising and organisational meetings with the participation of 90 local and inter-sectoral authorities to exercise participative health management in the municipalities of La Paz, Sucre and Oruro. • Preparation of a “Practical Guide to proper treatment for immunisation posts”. • The production of mass communication, alternative and new technology materials and resources to promote the EPI. <p>Achievements and outcomes:</p> <ul style="list-style-type: none"> • The allocation of additional resources at the municipal level, improving the infrastructure and availability of funding for immunisation activities. • Development of the technical guidelines for proper treatment in immunisation services, reducing missed opportunities and creating greater community demand. <p>Activities not implemented: Among the activities not implemented in 2017, the following are the most important:</p> <ul style="list-style-type: none"> • Meetings with scientific associations, social security, the universities and the business community related to health, communication media and civil society. • Implementation of the guide to proper treatment in the health services of prioritised municipalities. <p>Activities pending:</p> <ul style="list-style-type: none"> • 17 internal government agreements signed by the highest executive authority of the autonomous departmental and municipal governments.
Major activities planned for upcoming period (mention significant changes/ budget reallocations and associated needs for technical assistance	<p>Major activities planned for upcoming period:</p> <ul style="list-style-type: none"> • Meetings with scientific associations, social security, the universities and the business community related to health, communication media and civil society, to promote EPI and health sector activities. • Immunisation cost studies in the prioritised municipalities to advocate for the allocation of resources guaranteeing universal immunisation. • Implementation of the guide to proper treatment in health services in prioritised municipalities. • User satisfaction survey in the health facilities of the prioritised municipalities.

4.3. Performance of Gavi CCEOP support (if country is receiving Gavi CCEOP support)

NOT APPLICABLE

Although the country does not receive direct CCEOP support, it is currently working on strengthening the cold chain with support from Gavi-HSIS, UNICEF and PAHO/WHO at the national level and in prioritised municipalities.

4.4. Financial management performance

I. Gavi-HSIS/Ministry of Health

The Gavi Secretariat approved an amount of US\$ 3,294,197:

- US\$ 1,197,588. First disbursement on 20 January 2017: two transfers were made to the account in bolivianos (Bs); the first one for US\$ 255,781.34 (Bs. 1,754,659.99) and a second one for US\$ 100,000.00 (Bs. 686,000.00).

These amounts were included in the Annual Operating Plan, whose implementation was 61.07% according to the following summarised table.

Table 3: Budget implementation for the Gavi-HSIS/Ministry of Health Project, FY 2017

Gavi – Ministry of Health Project		
Financing Entity		
Gavi-HSIS Programme		
Project: Health System Strengthening and Immunisation – HSIS		
La Paz – Bolivia		
FINANCIAL STATEMENT OF INCOME AND EXPEDITURE		
Bs		
<u>DEPOSITS</u>		AMOUNT IN FY 2017
	Bankbook Balance as of 20/01/2017	0.00
Plus:	Disbursement in Cash (Bankbook)	2,440,659.99
	Disbursement in Kind (dollars)	4,772,207.00
Total Balance Available		7,212,866.99
<u>WITHDRAWALS</u>		AMOUNT IN FY 2017
20000	NON-PERSONNEL SERVICES	1,539,174.54
30000	MATERIALS AND SUPPLIES	272,640.70
40000	REAL ASSETS	4,772,207.00
Total Expenditure as of 31 December 2017		6,584,022.24
BALANCE AVAILABLE AS OF 31/12/2017		628,844.75
<u>Plus/Minus: Items reconciled during the Fiscal Year</u>		
(+)	Floating debt payments FY 2017	132,036.85
(+)	Reversals - others deposits to the Single Treasury Account (CUT)	1,372.70
BALANCE AVAILABLE AS OF 31/12/2017 PER CUT		762,254.30

Source: Gavi-HSIS/Ministry of Health Project, FY 2017

i. Gavi-HSIS Project Financial Management Systems

i.i. Policies for preparing the Financial Statement of Income and Expenditure

In line with the Government’s integrated accounting system set forth in Act No.1178 and the financial policies of the Plurinational State of Bolivia applied by the Gavi-HSIS project administration in preparing income and expenditure reports, the following steps were taken:

1. Basis for preparing the financial statement

The Gavi-Ministry of Health Project Statement of Income and Expenditure prepared for special purposes was based on the financial implementation reports issued by the SIGEP. Hence, it only takes financial implementation into consideration. Use of this system is mandatory in those entities comprising the Central Administration of the Public Sector, as set forth in Supreme Decrees numbered 25875 and 26455. The Statement of Income and Expenditure reported by the Gavi-HSIS Project of the Ministry of Health is a financial statement for special purposes designed with the aim of setting forth cash flow for every fiscal year subject to external audit.

The Ministry of Public Economy and Finance, the entity governing the accounting systems, the Treasury and Public Credit and the Budget, through closure instructions for the budget, accounting and the treasury for the fiscal year, establishes the annual “closure” of the SIGEP.

The Basic Regulations of the Integrated Accounting System, Article 40, The Obligation to Prepare Financial Statements, establishes the following: “The Directorate General for Accounting (current Directorate General of Fiscal Accounting) prepares the Financial Statements of the Central Administration as a single Accounting Entity, and thus does not produce Financial Asset Statements.”

Applying the policies of financial information adopted by the Ministry of Health, and in the framework of the regulations previously cited, for the purposes of providing a reasonable explanation of the Gavi-HSIS Project Statement of Income and Expenditure, the effects of financial resource withdrawals from the Single Treasury Account (CUT), reversals and other concepts decreasing and increasing the balance available are acknowledged.

The available balance as of the date of financial year closure represents the cash available in the CUT authorised for purposes of project management.

2. Valuation criteria

2.1. Disbursements in foreign currency converted into Bolivianos

a) Resources from the Agreement:

The disbursements from the financing were transferred to the Project in local currency to a Single Treasury Account, from which the pertinent payments for expense implementation were administered.

b) Ministry of Health Counterpart – External Source Donation

➤ **In cash**

The financial resources committed as counterpart for project implementation by the Ministry of Health are disbursed and implemented in local currency.

3. Monetary unit

The Statement of Income and Expenditure is prepared in the legal tender of Bolivia at the exchange rate of 6.86 Bs. per one US dollar.

II. PAHO/WHO

PAHO receives additional resources to contribute to the strengthening of the EPI in strategic areas in order to provide technical assistance to Grants 387030 for the Transition/Graduation Plan, 387032 for HPV Vaccine Introduction and 66085 for Technical Support. These are found in category 1 of the outcome: 1.5.a. Increase

immunisation coverage in remote populations and communities and maintain control, eradication and elimination of VPDs.

The implementation of the funds received from Gavi exceeds 74% as of August 2018, as shown in the table below.

Table 4: Budget implementation of Grants 387030, 387032 and 66085

Description	Allocated 2017-2018	Implemented 2018-2019	Balance 2018-2019	% Progress as of August 2018
Grant 387030: Transition/Graduation Plan	985,960.00	731,132.41	254,827.59	74.15%
Grant 387032: For HPV Introduction	286,252.00	279,958.38	6,293.62	98%
Grant 66085: Technical Support	84,662.00	84,423.01	438.99	99.72%

Source: Pan American Health Organization, August 2018

III. UNICEF

The technical support funded by Gavi for strengthening knowledge in cold chain management, for scheduled procurement activities regarding cold room installation, for the purchase of computers and for a national EPI workshop, has been 100% implemented to date:

Table 5: Budget implementation

Total received	Implemented as of September 2018	% implementation as of August 2018
965,178.00	965,178.00	100

Source: UNICEF, September 2018

4.5. Transition planning

In 2015, Bolivia began a graduation process from Gavi whereby it is preparing, with renewed effort, to assume the commitments and challenges of maintaining programme achievements and ensuring the sustainability and quality of the EPI.

The Government of the Plurinational State of Bolivia has fulfilled Gavi requirements in terms of pertinent vaccine and supply co-payments as well as operational and programmatic aspects.

It is currently implementing a nationwide Transition Plan that ends on 31 December 2018.

Implementation progress of activities planned

1. Political priority and legal bases: Physical implementation was 43% for the seven activities programmed in this strategic area. The following are among the activities implemented:

- A national consultant per product was recruited to conduct a study of financial and technical sustainability costs for the laboratory network needed to support VPD epidemiological surveillance.
- This was supported by the recruitment of a national consultant to perform a health systems evaluation in order to adapt the nominal records, confirming the suitability of the SOAPS platform.
- The national EPI was strengthened by the purchase of 21 desktop computers for nominal records, which were distributed to the nine EPI departments.

- A national consultant was recruited to conduct a demographic study to adjust the nominal records at national level.
2. **Cold chain:** It was not possible to implement activities in this area but activity management was coordinated with the national EPI.
 3. **Development of human resources in health:** physical implementation was 67% in this area, where the following activities were conducted:
 - A national consultant per product was recruited to ascertain the educational needs of developing a Diploma Course in EPI Management, which yielded the following results: there is sustained growth in immunisation coverage, health system positioning is at high levels, PAHO/WHO are present to provide technical assistance, and the materials that the EPI uses represent a strength for academic in-service training processes.
 - Technical support was provided for the introduction of the HPV vaccine in the country, with a national consultant supporting the implementation of the activities covered in 10 strategic areas, achieving 100% implementation at national level.
 4. **Communication and social mobilisation:** There was 100% implementation in this area, supported by mass media in terms of spots, radio slots and the production of written materials, resulting in the promotion and awareness of the HPV vaccine among the target population at national level.
 5. **Supervision and monitoring:** There was no physical implementation of programmed activities in this area.
 6. **Research:** There was no physical implementation of programmed activities in this area.

Unforeseen circumstances in implementation and corrective measures

- Among the unforeseen circumstances were the changes in the initial programming of the Transition Plan and the overload of activities for national EPI personnel.
- Among the corrective measures, a national consultant was recruited from September 2017 onwards using Gavi Partners' Engagement Framework (PEF) resources to coordinate the implementation of activities with the participation of the national EPI. In addition, microplanning was conducted with the personnel designated by the Programme Manager, providing continuous technical assistance.

Compliance with time frames

The deadlines established in the programme were not met.

Transition grant

There were internal changes in activities and in the budget implemented in coordination with the EPI that did not affect the budget ceilings approved by Gavi.

Achievements:

- Immunisation team consolidation in September 2017 made it possible to expedite implementation of transition support, resulting in increased execution of activities in close coordination with the national EPI, the Gavi-HSIS project and UNICEF. This enabled ongoing technical assistance in transaction procedures, ensuring they were effective and efficient.

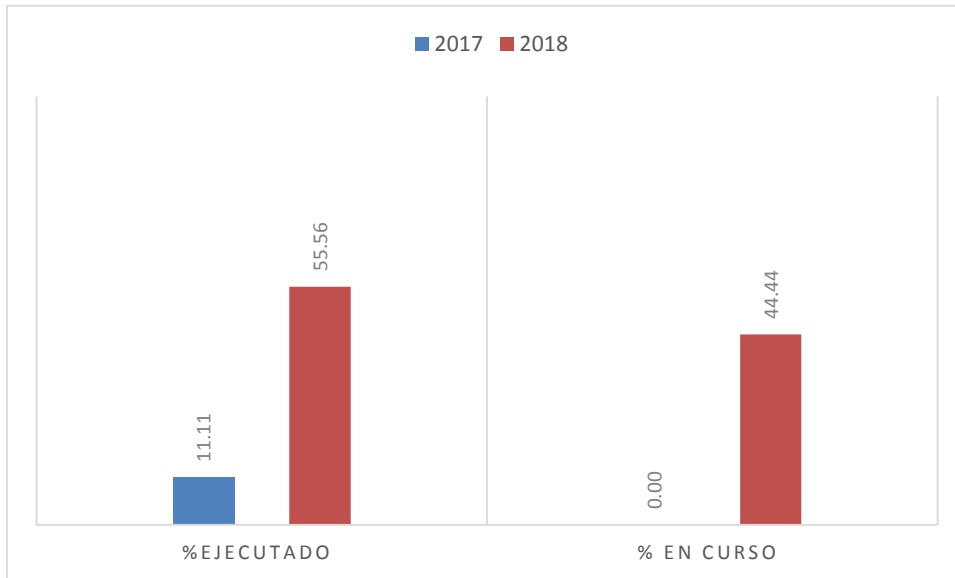
Work on the last modification of the Transition Plan was done in 2018 and completed on 22 March of the current year. Changes were made in the activities and tasks initially programmed, with a programme implementation rate of 56% and implementation of the remaining 44% currently under way, with no risk to completion of scheduled activities .

A last modification was also made in September 2018 regarding tasks aimed at the construction of a national EPI warehouse and the purchase of a truck for dry transport in the amount of US\$ 200,000. The sum was redistributed on the basis of national EPI requirements to mitigate the risks due to administrative delays in implementing the initial activities and reallocated to the following tasks:

- Procurement and supply of 19 items of temperature control equipment with internet access for the health service networks and the receipt of significant quantities of vaccine.
- Procurement and supply of 504 Log-tags, 24 LTI/USB Log-tags and 556 Fridge-tag 2 units.

- Hiring of one expert to supervise the construction of a refrigerated module for vaccine transport.
- Procurement of one refrigerated truck for vaccine transport.
- Procurement and supply of 5,500 0.6-litre cold packs and 10,000 0.4-litre cold packs for vaccine conservation in transport at the different levels.
- The preparation of informative materials for health units based on the new social communication and community participation strategy.

Graph 5: Physical implementation: Grant 387030 – Transition/Graduation Plan, 2017-2018



Source: Physical progress monitoring, PAHO/WHO Immunisation Area, Bolivia, August 2018

Horizontal axis: Percentage executed; percentage in progress

4.6. Technical Assistance (TA)

PAHO/WHO Technical Assistance (PEF)

In 2017, programme implementation was 50% in the four activities programmed for this support. These included:

- The recruitment of a national consultant per product to upgrade epidemiological surveillance.
- The recruitment of a national consultant in support of Transition Plan implementation.

By 31 June 2018, 100% of the activities scheduled for technical assistance had been implemented and this grant was closed.

UNICEF Technical Assistance (PEF)

In the framework of the agreement established between UNICEF, Gavi and the Ministry of Health, Gavi-HSS project support for the EPI (Grant: SC/17/0137), cold chain strengthening activities were conducted in accordance with the following:

1) Activities completed as of 3 September 2018

- An international consultant was hired to evaluate and diagnose the cold chain nationwide.

Line of Action Expenses FYs 2017 and 2018	Quantity	Implementation Status

Cold Chain Accessories and Spares (Zanotti) 10 sets that include: 10 Condensing units: on feet 10 Evaporator units: equipped with several fans Accessories for cold rooms brand Zanotti (SPA) model PDB235T1188F, 220v, 400 V (single phase).	10	Delivered to the four SEDES in February 2018
Electrolux/Domestic TCW 3000 refrigerators	21	Delivered to the nine SEDES as per instructions and details sent by the national EPI
Vestfrost VLS 400 Ice-lined (refrigerators)	147	
30-Day log Berlinger Fridge-tag 2	10	In UNICEF storage pending distribution
Cold rooms	9	Delivered to the nine SEDES as per instructions and details sent by the national EPI
Multilog2 temperature data	11	In UNICEF storage pending distribution
International consultancy to evaluate EPI cold rooms	1	Implemented

2) Measures for action up to November 2018

International consultancy on cold rooms: electr. handling and op.	1	For implementation in Sept-Oct. 2018
Transport Gavi equipment to nine departments Multilog2 temperature data	11	In progress
Cold room installation in nine departments for vaccine conservation	9	In progress
Purchase of 11 computers and 11 printers	11	Process initiated
Training workshop in cold room use	1	Scheduled for October 2017

5. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	Current status
1. 100% of the funding for the conduct of ENCOVA 2018 will be covered by Gavi-HSIS project resources, with budget reallocation to activities approved by Gavi that will strengthen this.	The resources were reallocated, guaranteeing the services of the consultancy to conduct ENCOVA.
2. Request was made for the resources earmarked for new IPV vaccine introduction to be used up to December 2017 to strengthen the activities of the cold chain continuous improvement plan recommended by the EVMA and the dissemination of the national immunisation schedule of the EPI set forth in the attachment.	99.72% was implemented as of December 2017 for dissemination and social communication activities on immunisation.
3. Completing the Gavi-HSIS technical team for effectively managing the 2018 Gavi-HSIS project.	The following were recruited: <ul style="list-style-type: none"> • Administrator • Financial Head • Procurement Head • Tracking and Monitoring Head It was not possible to conclude the recruitment of a Coordinator General because the candidates did not meet the requirements set forth in the terms of reference published in the public competitive call.

4. Complementary activities such as studies, academic fora and other events to improve information for decision-making will be planned using additional resources from HPV vaccine introduction.	The resources for HPV introduction have been applied to programmed transition activities, loaned to implement such support due to delays in country receipt of resources.
5. Request was made for the second disbursement in the amount of US\$ 475,020 from the Transition Plan for 2018, for implementation up to December of the same year.	A second transition disbursement was received, accounting for 100% of the funding support for 2018.
Additional significant IRC / HLRP recommendations (if applicable)	Current status

If findings have not been addressed and/or related actions have not taken place, provide a brief explanation and clarify whether this is being prioritised in the new action plan (section 6 below).

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6. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

Key finding/Action 1	Strengthening cold chain infrastructure and equipment.
Current response	Transaction of cold chain equipment purchases with Gavi support for 10 prioritised municipalities and 21 health service networks.
Agreed country actions	Institutional transactions by departmental EPI managers with local governments and municipalities for the allocation of more financial resources for infrastructure and cold chain equipment.
Expected outputs/results	Vaccine storage using WHO/UNICEF-prequalified equipment in keeping with EVMA recommendations.
Associated timeline	January-December 2017
Required resources/support	<p>Funding source: Gavi & TGN Required support:</p> <ul style="list-style-type: none"> Transaction of internal government agreements regarding the allocation of more resources for the purchase and use of additional cold chain equipment. Administrative mechanism for UNICEF to purchase cold chain equipment using local resources from the three government levels.
Key finding/Action 2	Providing management assistance for the implementation of Gavi country support.
Current response	Expediting administrative processes to ensure implementation of the activities programmed under all Gavi grants.
Agreed country actions	Implementing joint tracking and monitoring mechanisms with PAHO/WHO, UNICEF and the Ministry of Health to take corrective measures regarding the bottlenecks identified.
Expected outputs/results	Programmatic and financial implementation within the time frame set.
Associated timeline	January-December 2017
Required resources/support	<p>Funding source: Gavi Required support:</p> <ul style="list-style-type: none"> Work on arrangements to shorten administrative processing times, giving priority to Gavi support.

	<ul style="list-style-type: none"> Priority given to all the activities planned by the EPI under Gavi support with the continuous assistance of the personnel allocated by the Programme as a counterpart.
Key finding/Action 3	Transacting the disbursement of US\$ 104,000 in non-eligible Gavi-HSIS project expenses by the Ministry of Health to strengthen the activities established in the proposal.
Current response	This was transacted with Ministry of Health authorities who signed agreements to reverse resources to the Gavi-HSIS project.
Agreed country actions	Reverse the resources to the Gavi project in 2018.
Expected outputs/results	Gavi support for the country continues to strengthen the Programme in areas that are priorities for maintaining immunisation achievements.
Associated timeline	January-December 2018
Required resources/support	<p>Funding source: Ministry of Health</p> <p>Required support:</p> <ul style="list-style-type: none"> Transaction with Ministry of Health authorities, including technical assistance of PAHO/WHO and UNICEF.
Key finding/Action 4	Making adjustments to the Gavi-HSIS project schedule, including extension until 31 December 2019.
Current response	Coordination meetings with the national EPI to prioritise activities using the counterpart support.
Agreed country actions	Reprogramming the Annual Operating Plan in coordination with the national EPI.
Expected outputs/results	Conclusion of the activities programmed in accordance with plans.
Associated timeline	January-December 2018
Required resources/support	<p>Funding source: Gavi (external donation)</p> <p>Required support:</p> <ul style="list-style-type: none"> Strengthening operational support by the national EPI Technical assistance from PAHO/WHO and UNICEF
Key finding/Action 5	Delay in the official delivery of the first refrigerated vehicle for vaccine transport.
Current response	Transactions with Ministry of Health authorities to transfer the vehicle to the national EPI.
Agreed country actions	Meetings between PAHO/WHO and the Ministry of Health to sign the agreement.
Expected outputs/results	Delivery of the refrigerated truck.
Associated timeline	January-December 2018
Required resources/support	Legal and administrative assistance.

7. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS

<ol style="list-style-type: none"> Gavi receives the relevant documents and updated templates. The country gives its consent to the conduct of the Joint Appraisal and the mission visit comprising Gavi and PAHO/WHO WDC. Preparation of documents and desk reviews by the Gavi-HSIS project, national EPI, PAHO/WHO and UNICEF staff. E-mail coordination to prepare for the arrival of the Joint Appraisal mission. The Ministry of Health and Gavi country partners are jointly called for the conduct of the Joint Appraisal managed by the highest executive authority of the Ministry of Health. Preparation and discussion of the final version of the Joint Appraisal document during a three-day workshop for review and subsequent approval by the Inter-agency Coordinating Committee (ICC). The ICC is called to meet to approve the process, the 2018 Joint Appraisal Report for FY 2017 and the Post-Transition Proposal 2019-2020. The Ministry of Health submits the Joint Appraisal to the ICC. The minutes of approval for the final report and the post-transition proposal are signed.
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8. ANNEX

	Yes	No	Not applicable
Grant Performance Framework (GPF) * reporting against all due indicators	X		
Financial Reports *	X		
Periodic financial reports *			X
Annual financial statement	X		
Annual financial audit report		X	
End of year stock level report (which is normally provided by 15 May as part of the vaccine renewal request) *	X		
Campaign reports *	X		
Supplementary Immunisation Activity technical report VPH.	X		
Campaign coverage survey report			X
Immunisation financing and expenditure information	X		
Data quality and survey reporting		X	
Annual data quality desk review		X	
Data improvement plan (DIP)		X	
Progress report on data improvement plan implementation		X	
In-depth data assessment (conducted in the last five years)		X	
Nationally representative coverage survey (conducted in the last five years)	X		
Annual progress update on the Effective Vaccine Management (EVM) improvement plan	X		
CCEOP: updated CCE inventory			X
Post Introduction Evaluation (PIE)	X		Ms Mary
Measles & rubella situation analysis and 5 year plan		X	
Operational plan for the immunisation programme	X		Mr Máximo
HSS end of grant evaluation report			X
HPV specific reports	X		
Reporting by partners on TCA and PEF functions			