



*Ministry of Civil Affairs*

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GAVI Secretariat

**Dr Tore Godal**  
Executive Secretary  
GAVI Secretariat  
c/o UNICEF  
Palais des Nations  
CH 1211 Geneva 10  
Switzerland

**RE: Bosnia and Herzegovina Annual Progress Report**

Dear Dr Godal,

Please find enclosed Bosnia and Herzegovina Annual Progress Report with both ICC and Regional Working Group (WHO/EURO) comments added. Along with the Report, we are sending you a copy of two ICC minutes.

With sincere hope for successful outcome of Bosnia and Herzegovina Report I wish to extend my deepest appreciation for your generous support to children in Bosnia and Herzegovina.

Yours sincerely,



Cc:  
MOH FB&H  
MOH RS  
Department for Health DB  
UNICEF B&H  
WHO B&H



Partnering with The Vaccine Fund

January 2005

# Progress Report

to the  
Global Alliance for Vaccines and Immunization (GAVI)  
and  
The Vaccine Fund

by the Government of

**COUNTRY: Bosnia and Herzegovina**

Date of submission: **15.05.2005**

Reporting period: **2004** ( *Information provided in this report **MUST** refer to 2004 activities* )

( *Tick only one* ) :

Inception report

First annual progress report

**Second annual progress report** ✓

Third annual progress report

Fourth annual progress report

Fifth annual progress report

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

***\*Unless otherwise specified, documents may be shared with GAVI partners and collaborators***

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## 1. Report on progress made during 2004

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

### 1.1 Immunization Services Support (ISS)

Not applicable

#### 1.1.1 Management of ISS Funds (Not applicable)

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

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

Not applicable, no ISS funds received by BiH

#### 1.1.2 Use of Immunization Services Support (Not applicable)

*In 2004, the following major areas of activities have been funded with the GAVI/Vaccine Fund Immunization Services Support contribution.*

Funds received during 2004 : none

Remaining funds (carry over) from 2003 : not applicable

Table 1: Use of funds during 2004

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					



Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ..... (specify)					
<b>Total:</b>					
<b>Remaining funds for next year:</b>					

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

*Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.*

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

**Not applicable**

**1.1.3 Immunization Data Quality Audit (DQA)** *(If it has been implemented in your country)*

*Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?  
If yes, please attach the plan.*

YES

NO

*If yes, please report on the degree of its implementation.*

**No Immunization Data Quality has been implemented in 2004.**

*Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.*

*Please report on studies conducted regarding EPI issues during 2004 (for example, coverage surveys).*

**Not applicable**

## 1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

### 1.2.1 Receipt of new and under-used vaccines during 2004

**Start of vaccinations with the new and under-used vaccine:      MONTH : January\*      YEAR : 2003\***

\* Hepatitis B vaccination started in Republic of Srpska in January 2003, in Brcko District in January 2004 and in Federation of Bosnia and Herzegovina in May 2004.

*Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.*

May 2004, total amount of Hep B vaccine received was 61700 doses in ten dose vials and 8900 doses in monodoses (RS and Brcko), AD Syringes 58400, Safety boxes 650 June 2004.

Republic of Srpska received 21600 doses in ten dose vials and 8900 doses in monodoses Hep B vaccine. Brcko District received 1850 doses in ten dose vials of Hep B vaccine. Rest of the vaccine was received by Federation of Bosnia and Herzegovina.

No major problems effecting the introduction of Hep B vaccination has been reported, regarding vaccine management. But it has been reported that due to lack of staff at ministries level, issuance of importation licence and custom clearance had to be followed by UNICEF country office staff, which needs to be delegated to national institutions as soon as the capacity is available. Delivery of vaccines to both entities and Brcko District is still done by UNICEF resources. Institutional capacity of MoHs needs to be improved to take over the mentioned responsibilities.

### 1.2.2 Major activities

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

Bosnia and Herzegovina (national level):

- Advocacy and social material has been developed and distributed (with special emphasis to Hep B introduction),
- Communication plan is under development,
- Financial Sustainability Plan has been prepared and submitted,
- Hib rapid assessment has been conducted,
- Hib and Injection Safety proposal have been prepared,
- A new public procurement legislation has been put into force.

Federation of Bosnia and Herzegovina (including Brcko District):

- Preparatory measures for the introduction of the neonatal Hep B vaccine,



- Appointment of a contact person for immunization from federal to facility levels,
- Establishment of an Independent Advisory Board for Immunization at the Federal MoH,
- Ministerial Decree on mandatory immunizations was reviewed,
- List of contraindications was reviewed and AEFI surveillance system introduced,
- A new schedule for immunization has been developed and implemented,
- The Federation Solidarity Insurance Fund became responsible for financing of vaccines,
- A new reporting system has been developed and introduced to further enhance reporting,
- Establishment of buffer stock has been planned and necessary actions initiated to establish three months stock at federal, 1,5 months at cantonal and 15 days reserves at municipality levels,
- A new vaccine stock management system has been introduced, including monthly reporting,
- Federal cold chain infrastructure has been improved with another cold room and a freezer for OPV, but some cantons still lacking freezer,
- 38 seminars were held on introduction of neonatal Hep B vaccination, management of vaccines, supplies and cold chain covering staff from all levels,
- Immunization Programme evaluation meetings have been conducted with cantonal managers,
- Waste disposal has not been resolved yet.

Republic of Srpska:

- 4 seminars were held for strengthening Hep B introduction in East Sarajeve, Foca, Trebinje, Doboj, covering NIP, Hep B disease and vaccine, coverage, immunization quality and safety issues.
- Supervisory visits were conducted to 6 hospitals and 23 primary health centres, covering the administration of neonatal dose and following doses Hep B vaccination and other components of the Programme.

Brcko District:

- Seminar was held for the introduction of Hep B vaccination in Zoravstevne Radnike.



### 1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

GAVI/VF financial support was distributed between Federation of Bosnia and Herzegovina, Republic of Srpska and Brcko District based on an ICC decision in 2003, as 52%, 44% and 3% respectively.

Entities and national	Distributed amount in %	Received amount in local currency (KM)	Utilized amount and % in 2003	Utilized amount and % in 2004	Remaining amount and % by end of 2004
Federation of Bosnia and Herzegovina	52%	86.373,98 KM (100%)	0 KM (0%)	32.171,76 KM (37,2%)	54.202,22 KM (62,8%)
Republic of Srpska	44%	72.968,65 (100%)	19.675,60 KM (27,0%)	16.657,0 KM (22,8%)	36.636,05 KM (50,2%)
Brcko District	3%	NA	NA	NA	NA
Bank charges	1%	Not relevant	Not relevant	Not relevant	Not relevant
Bosnia and Herzegovina	100%				

In 2004, financial support were used for following activities;

- Federation of Bosnia and Herzegovina (32.171,76 KM, 37,2% of total allocated amount)
  - Seminars on Hep B introduction for cantonal level IP staff (26.264,96 KM, 81,6% of 2004 expenditure)
  - Cold chain support (purchasing refrigerator) (475 KM, 1,5% of 2004 expenditure)
  - Travel cost for supervision to cantonal and field level 5.248,80 KM, 16,3% of 2004 expenditure)
  - Bank charges (183 KM, 0,6%)
- Republic of Srpska (16.657 KM, 22,8% of total allocated amount)
  - Seminars on strengthening Hep B vaccination and supervisory visits 16.657 KM, 100% of 2004 expenditure)
- Brcko District (app. )
  - Missing data

### 1.3 Injection Safety

#### 1.3.1 Receipt of injection safety support (Not applicable)

*Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered*

**Not applicable**, since Bosnia and Herzegovina did not receive Injection Safety Support provided by GAVI/VF. The Injection Safety Support was still being prepared (as of early April 2005) and application is expected to be submitted by April 22<sup>nd</sup>, 2005.

#### 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste (Not applicable)

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

**Not applicable**

*Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.*

Indicators	Targets	Achievements	Constraints	Updated targets
Not applicable				

#### 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

**Not applicable**



## 2. Financial sustainability

- Inception Report: Outline timetable and process for the development of a financial sustainability plan . Describe assistance that may be needed for developing a financial sustainability plan.
- First Annual Progress Report: Submit completed financial sustainability plan by given deadline. Describe major strategies for improving financial sustainability planning.

The Governments of Bosnia and Herzegovina (Federation of Bosnia and Herzegovina and Republic of Srpska) have fulfilled the obligation to submit the requested Financial Sustainability Plan the end of 2004. In order to meet the deadline, local staff from both entities received international technical assistance (both from WHO and WB consultants) in preparing the FSP.

FSP preparation process has been coordinated by the National ICC, where there is no well equipped health authority at the national level. Ministry of Civil Affairs and Ministry of Finance of Bosnia and Herzegovina are the only commissioned national authorities respectively for administrative and financial functions. Special ICC meeting were held with the participation of relevant stakeholders.

Two separate teams were established in both entities, to conduct the necessary preparatory activities to develop the FSP. WB consultant took the leading role in providing international technical assistance in the process with valuable participation of WHO and UNICEF country office staff and consultants as well. Relevant stakeholders and partners have been mainly involved to the process through ICC meetings and bilateral contacts and consultations. Suggested strategies based on findings have been discussed in ICC meetings to obtain policy makers' opinion, while bilateral contacts and consultations mainly focusing on situation analysis, costing studies and formulating relevant strategy options.

During the ICC meeting held on January 26<sup>th</sup> of 2005, prepared FSP has been presented to ICC members and their initial comments have been received. FSP was seen as a significant novel instrument in the long term planning and financing of the IP. And it is noted by the ICC members that the FSP should be considered as a working document open to appropriate revisions during implementation as new data will be available and the action plan being reviewed. FSP is expected to provide useful management inputs in managing the ongoing overall contextual changes and public reforms, as well as the health sector ones, with critical implications expected for the IP.

In general, the FSP strategies mainly focus on securing public resources (increasing its reliability) and improving both technical and allocative efficiency. And a special strategy element particularly in FBiH address in the FSP was the need for further social mobilization activities to avoid an explosion of negative public attitude toward certain antigens resulting in the failure of planned routine vaccination and introduction of new antigens. Relevant short and medium term activities were identified to implement the financial sustainability strategies in each entity and indicators as well.

Revision of FSP costing and projections is tentatively scheduled for the second half of 2005, following the decisions on vaccine procurement of both entities.

- Subsequent Progress Reports: According to current GAVI rules, support for new and under-used vaccines is covering the total quantity required to meet country targets (assumed to be equal to DTP3 targets) over a five year period (100% x 5 years = 500%). If the requested amount of new vaccines does not target the full country in a given year (for example, a phasing in of 25%), the country is allowed to request the remaining (in that same example: 75%) in a later year. In an attempt to help countries find sources of funding in order to attain financial sustainability by slowly phasing out GAVI/VF support,



they are encouraged to begin contributing a portion of the vaccine quantity required. Therefore, GAVI/VF support can be spread out over a maximum of ten years after the initial approval, but will not exceed the 500% limit (see figure 4 in the GAVI Handbook for further clarification). In table 2.1, specify the annual proportion of five year GAVI/VF support for new vaccines that is planned to be spread-out over a maximum of ten years and co-funded with other sources. **Please add the three rows (Proportion funded by GAVI/VF (%), Proportion funded by the Government and other sources (%), Total funding for ..... (new vaccine)) for each new vaccine.**

**Table 2.1: Sources (planned) of financing of new vaccine Hepatitis B (specify)**

Proportion of vaccines supported by *	Annual proportion of vaccines									
	2003**	2004	2005	2006	2007	2008	2009	2010	2011	2012
A: Proportion funded by GAVI/VF (%)***	100	20	20	20	20	20	0	0	0	0
B: Proportion funded by the Government and other sources (%)	0	80	80	80	80	80	100	100	100	100
C: Total funding for Hepatitis B vaccine (new vaccine)	100	100	100	100	100	100	100	100	100	100

\* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine.

\*\* The first year should be the year of GAVI/VF new vaccine introduction

\*\*\* Row A should total 500% at the end of GAVI/VF support. **But due to locally procurement of thiomersal free vaccine for the birth dose in Federation of Bosnia and Herzegovina, 80% of Hepatitis B vaccine cost was funded by the Government of FBiH. Therefore, Row A does not total 500% at the end of GAVI/VF support.**

In table 2.2 below, describe progress made against major financial sustainability strategies and corresponding indicators.

**Table 2.2.a: Progress against major financial sustainability strategies and corresponding indicators for Federation of Bosnia and Herzegovina**

Financial Sustainability Strategy	Specific Actions Taken Towards Achieving Strategy	Progress Achieved	Problems Encountered	Baseline Value of Progress Indicator	Current Value of Progress Indicator	Proposed Changes To Financial Sustainability Strategy
<b>1. Resource Mobilization &amp; Reliability:</b>						
1.1 Ensure that the responsibility of different financial agents (the state budget, the canton budgets, the Federation	-1. To develop a policy options with the roles of financial agents in the mobilization, management and allocation of funds to the different cost categories of the NIP	n.a. yet	n.a. yet	No clear policy	Progress expected by the end of 2005	n.a. yet

Solidarity Insurance Fund and the cantonal Health Insurance Funds) for the financing of the NIP are clearly defined in the legislation	<ul style="list-style-type: none"> <li>-2. To discuss the policy options with policy makers and to arrive at final decision</li> <li>-3. To draft and endorse the corresponding legal acts</li> </ul>					
1.2 Ensure that the needs of the NIP in terms of resource requirements and organizational arrangements are well recognized and integrated in short and medium-term planning and institutional reforms of the primary health care system	<ul style="list-style-type: none"> <li>-1. To participate in the design of PHC facility standards (enforced by licensing or contracting mechanisms) and integrate the needs of the NIP</li> <li>-2. To participate in the design of the functional plans and the scope of work of medical professionals of PHC institutions to integrate the needs of the NIP</li> <li>-3. To develop clear mechanisms of the vaccine distributions and update the legislation to implement them</li> <li>-4. To include incentives favorable for the immunization services in the health care financing policy options</li> </ul>	n.a. yet	n.a. yet	No participation and incentives	Progress expected by the end of 2007	n.a. yet
<b>2. Efficiency</b>						
2.1 Ensure that coordination of the vaccine stock management improved (minimized shortages and overages)	<ul style="list-style-type: none"> <li>-1. To develop and introduce the stock management procedure (guidelines)</li> <li>-2. To install (stock) management information system</li> <li>-3. To train personnel</li> </ul>	n.a. yet	n.a. yet	No set procedure or installed MIS	Progress expected by the end of 2005	n.a. yet
2.2 Ensure that vaccines are procured at the lowest cost (close to UNICEF prices) without sacrificing quality	<ul style="list-style-type: none"> <li>-1. To revise the legislation to enable state procurements directly from UNICEF</li> <li>-2. To conduct market assessment to identify suppliers with the lowest prices (meeting quality standards)</li> </ul>	n.a. yet	n.a. yet	No clear legislation and market assessment	Progress expected by the end of 2005	n.a. yet
2.3 Consider to revise the vaccination schedule based on sound cost-benefit analysis	<ul style="list-style-type: none"> <li>-1. To conduct cost-benefit analysis of the introduction of costly antigens</li> <li>-2. To develop proposal on changes in the vaccination schedule</li> <li>-3. To approve revised schedule</li> </ul>	n.a. yet	n.a. yet	No analysis and revised schedule	Progress expected by the end of 2007	n.a. yet
2.4 Increase public awareness of the benefits of immunization (regarding both traditional and new	<ul style="list-style-type: none"> <li>-1. To conduct baseline assessment of public attitudes (e.g. KAP survey)</li> <li>-2. To develop the social mobilization (information campaign) strategy</li> </ul>	n.a. yet	n.a. yet	No assessment and social mobilization	Progress expected by the end of 2010	n.a. yet



vaccines), quality of the vaccines used and possibility of side effects to prevent interruption of the immunization)	-3. To implement the strategy -4. To evaluate changes in public attitude			strategy		
2.5 Increase the knowledge and change the attitude of health care providers toward to rationale vaccination (and/or side effects of and contraindications of vaccines)	-5. To conduct baseline assessment -6. To develop training master plan -7. To integrate relevant issues in the human development strategy in health care sector -8. To evaluate results periodically	n.a. yet	n.a. yet	No assessment and training master plan	Progress expected by the end of 2010	n.a. yet

**Table 2.2.b: Progress against major financial sustainability strategies and corresponding indicators for Republic of Srpska**

Financial Sustainability Strategy	Specific Actions Taken Towards Achieving Strategy	Progress Achieved	Problems Encountered	Baseline Value of Progress Indicator	Current Value of Progress Indicator	Proposed Changes To Financial Sustainability Strategy
<b>1. Resource Mobilization &amp; Reliability:</b>						
1.1 Ensure that the responsibility of different financial agents (the state budget, the canton budgets, the Federation Solidarity Insurance Fund and the cantonal Health Insurance Funds) for the financing of the NIP are clearly defined in the legislation	-1. To develop a policy options with the roles of financial agents in the mobilization, management and allocation of funds to the different cost categories of the NIP -2. To discuss the policy options with policy makers and to arrive at final decision -3. To draft and endorse the corresponding legal acts	n.a. yet	n.a. yet	No clear policy	Progress expected by the end of 2005	n.a. yet
1.2 Ensure that the needs of the NIP in terms of resource requirements and organizational arrangements are well recognized and integrated in short and medium-term planning and institutional reforms of the primary health care system	-1. To participate in the design of PHC facility standards (enforced by licensing or contracting mechanisms) and integrate the needs of the NIP -2. To participate in the design of the functional plans and the scope of work of medical professionals of PHC institutions to integrate the needs of the NIP -3. To develop clear mechanisms of the vaccine distributions and update the	n.a. yet	n.a. yet	No participation and incentives	Progress expected by the end of 2007	n.a. yet



	legislation to implement them -4. To include incentives favorable for the immunization services in the health care financing policy options					
<b>2. Efficiency</b>						
2.1 Ensure that coordination of the vaccine stock management improved (minimized shortages and overages)	-1. To develop and introduce the stock management procedure (guidelines) -2. To install (stock) management information system -3. To train personnel	n.a. yet	n.a. yet	No set procedure or installed MIS	Progress expected by the end of 2005	n.a. yet
2.2 Ensure that vaccines are procured at the lowest cost (close to UNICEF prices) without sacrificing quality	-1. To revise the legislation to enable state procurements directly from UNICEF -2. To conduct market assessment to identify suppliers with the lowest prices (meeting quality standards)	n.a. yet	n.a. yet	No clear legislation and market assessment	Progress expected by the end of 2005	n.a. yet
2.3 Consider to revise the vaccination schedule based on sound cost-benefit analysis	-1. To conduct cost-benefit analysis of the introduction of costly antigens -2. To develop proposal on changes in the vaccination schedule -3. To approve revised schedule	n.a. yet	n.a. yet	No analysis and revised schedule	Progress expected by the end of 2007	n.a. yet

### 3. Request for new and under-used vaccines for year 2006

Section 3 is related to the request for new and under used vaccines and injection safety for 2006.

#### 3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

Number of	Achievements and targets								
	2002	2003	2004	2005	2006	2007	2008	2009	2010
<b>DENOMINATORS</b>									
Births total (BiH)	38861	37180	34930	34276	33948	34112	34193	34234	34254
Federation of Bosnia and Herzegovina	24127	23078	22424	22004	21793	21899	21951	21977	21990
Republic of Srpska	13754	13204	11606	11389	11280	11334	11361	11375	11381
Brcko District	980	898	900	883	875	879	881	882	883
Infants' deaths	375	322	309	303	300	302	303	303	303
Surviving infants <sup>2</sup>	38486	38065	35761	35092	34755	34923	35007	35048	35069
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with 1 <sup>st</sup> dose of DTP (DTP1)*	33927 88%	35705 94%	33301 93%	33573 96%	33713 97%	34108 98%	34307 98%	34347 98%	34368 98%
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 3 <sup>rd</sup> dose of DTP (DTP3)*	31005 81%	33186 87%	30188 84%	32628 93%	33018 95%	33527 96%	33839 97%	33879 97%	34017 97%
<b>NEW VACCINES **</b>									
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 1 <sup>st</sup> dose of Hepatitis B (new vaccine)		11091 84%	25879 93%	33023 96%	33158 98%	33544 98%	33624 98%	33664 98%	33684 98%



02 03 04 05 06

Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 3 <sup>rd</sup> dose of Hepatitis B (new vaccine)		10126 79%	12904 81%	33809 96%	33485 96%	33647 96%	33727 96%	33767 96%	33787 96%
Wastage rate in 2004 and plan for 2005 beyond mono dose vial Hepatitis B*** (new vaccine)			~ 1.05	1,05	1,05	1,05	1,05	1,05	1,05
Wastage rate in 2004 and plan for 2005 beyond 10 dose vial Hepatitis B*** (new vaccine)			~ 1.5-1.7	1,5	1,4	1,35	1,33	1,33	1,33
<b>INJECTION SAFETY****</b>									
Pregnant women vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with TT2									
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with BCG *	35022 90%	34547 93%	33908 95%	33085 96%	33023 98%	33158 98%	33544 98%	33624 98%	33644 98%
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with Measles *	36139 89%	(20160) <sup>1</sup> (81%)	32092 88%	33579 94%	33959 96%	34123 96%	34911 98%	34953 98%	35210 99%

\* Indicate actual number of children vaccinated in 2004 and updated targets (with either DTP alone or combined)

\*\* Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

\*\*\* Indicate actual wastage rate obtained in past years

\*\*\*\* Insert any row as necessary

<sup>1</sup> Data reported only for FBiH

<sup>2</sup> For 2003-2010 years surviving infants figure includes estimated 1207 births outside BiH

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

Denominators presented this year are slightly different from what has been reported in last year's APR, figures and projections have been revised according to available recent data. DTP and Hep B vaccination coverage targets were increased gradually for the coming years, where newly introduced vaccine coverage rates look quite promising. Vaccine wastage rate and projections for 10 dose vial Hep B vaccine were revised according to realized figure for 2004.

Vial presentation of Hepatitis B vaccination for 1<sup>st</sup> and 2<sup>nd</sup> doses has been shifted from ten dose to mono dose in Bosnia and Herzegovina in 2005. Ministry of Health of Federation of Bosnia and Herzegovina had decided to use thiomersal free Hepatitis B vaccine as a neonatal dose, therefore GAVI/VF support does not cover vaccine support for the first dose for the mentioned entity. Decision was mainly based due to resistance received by paediatricians to the introduction of the Hep B vaccine with thiomersal on birth and was endorsed by the Independent Advisory Board for Immunization Programme in FBiH established in Feb 2004.

Rationale for shifting from ten dose vial to mono dose vial presentation was to reduce high vaccine wastage rate and missed opportunities. Birth dose is administered in maternity wards within 24 hours following delivery. Number of deliveries per day is not more than one or if not a few for nearly all of the hospitals, except few major hospitals. And the second dose of Hep B was given at one months of age (one month earlier than first dose of DTP, OPV and Hib). Both the birth dose at hospitals and the short interval for the first dose were the main causes of high wastage rate for



ten dose vial Hep B vaccine, which is expected to be around 1,5-1,7 in 2004. Therefore, using mono dose Hep B vaccine for birth and second dose is expected to be highly effective in reducing vaccine wastage rate and missed opportunities through more frequent vaccination sessions at all facilities.

### 3.2 Availability of revised request for new vaccine (to be shared with UNICEF Supply Division) for 2006

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

Change in vial presentation: There is no change in vial presentation compared to last year's request.  
 Change in requested amount: No change in requested amount. Requested amount has been calculated by the formula provided in table 4. Although, realized vaccine wastage rate was higher (estimated as 1,5 to 1,7) than standard rates for 10 dose vial presentation, rate has been taken as 1,33. Anticipated vaccines in stock at the start of year 2006 has been estimated as close to zero or negligible, since there is no proper amount of buffer stock available. Remaining amount by the end of 2004 is mainly due to late introduction of vaccination.  
 No assurance from UNICEF Supply Division has been obtained yet, regarding the requested amount and new vial presentation.

**Table 4a: Estimated number of doses of monodose Hepatitis B vaccine (specify for one presentation only): Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund**

	FBiH	RS	Brcko	Formula	For 2006
<b>A</b> Infants vaccinated/to be vaccinated with 1st dose of Hepatitis B vaccine (*)	21793	11280	875		33,948
<b>B</b> Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	50%	100%	100%	%	
<b>C</b> Number of doses per child	2	2	2		2
<b>D</b> Number of doses	21793	22560	1750	$A \times B \times C$	46,103
<b>E</b> Estimated wastage factor	1.05	1.05	1.05	(see list in table 3)	1,05
<b>F</b> Number of doses (incl. Wastage)	22883	23688	1838	$A \times C \times E \times B / 100$	48,408
<b>G</b> Vaccines buffer stock	5721	5922	459	$F \times 0.25$	12,102
<b>H</b> Anticipated vaccines in stock at start of year 2006 (including balance of buffer stock)	3000	3000	250	(**)	6,250
<b>I</b> Total vaccine doses requested	25603	26610	2047	$F + G - H$	54,260
<b>J</b> Number of doses per vial	1	1	1		
<b>K</b> Number of AD syringes (+10% wastage) (***)	27210	28285	2175	$(D + G - H) \times 1.11$	57,670
<b>L</b> Reconstitution syringes(+10% wastage)	n.a.	n.a.	n.a.	$I / J \times 1.11$	
<b>M</b> Total safety boxes (+10% of extra need) (***)	302	314	24	$(K + L) / 100 \times 1.11$	640

(\*\*) Estimation based on established amount of vaccine buffer stock, vaccine coverage and wastage rates, if not received sufficient amount of buffer stock during 2005, given figure should be added to 2006 request.

(\*\*\*) Please note that requested amount of AD syringes and safety boxes are twice the amount of Hep B vaccine requested due to Federation of Bosnia and Herzegovina purchasing thiomersal free Hep B vaccine for the first dose, but requesting IS supplies for the total amount.



**Table 4b: Estimated number of doses of 10 dose vial Hepatitis B vaccine (specify for one presentation only): Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund**

	FBiH	RS	Brcko	Formula	For 2006
<b>A</b> Infants vaccinated/to be vaccinated with 1st dose of Hepatitis B vaccine (*)	21793	11280	875		33,948
<b>B</b> Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	100%	100%	100%	%	
<b>C</b> Number of doses per child	1	1	1		2
<b>D</b> Number of doses	21793	11280	875	$A \times B \times C$	33,948
<b>E</b> Estimated wastage factor	1.33	1.33	1.33	(see list in table 3)	1.05
<b>F</b> Number of doses (incl. Wastage)	28985	15002	1164	$A \times C \times E \times B / 100$	45,151
<b>G</b> Vaccines buffer stock	7246	3751	291	$F \times 0.25$	11,288
<b>H</b> Anticipated vaccines in stock at start of year 2006 (including balance of buffer stock)	4000	2000	150	(**)	6,150
<b>I</b> Total vaccine doses requested	32231	16753	1305	$F + G - H$	50,289
<b>J</b> Number of doses per vial	1	1	1		
<b>K</b> Number of AD syringes (+10% wastage)	27793	14464	1128	$(D + G - H) \times 1.11$	43,385
<b>L</b> Reconstitution syringes(+10% wastage)	n.a.	n.a.	n.a.	$I / J \times 1.11$	
<b>M</b> Total safety boxes (+10% of extra need)	309	161	13	$(K + L) / 100 \times 1.11$	482

\*Please report the same figure as in table 3.

(\*\*) Estimation based on established amount of vaccine buffer stock, vaccine coverage and wastage rates, if not received sufficient amount of buffer stock during 2005, given figure should be added to 2006 request.

**Table 5: Wastage rates and factors**

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

Remarks

3.3 Confirmed/revised request for injection safety support for the years 2006 -2007 (Not applicable)

**Table 6: Estimated supplies for safety of vaccination for the next two years with .....** (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For 2006	For 2007
A	Target if children for ..... Vaccination (for TT: target of pregnant women) <sup>1</sup>	#		
B	Number of doses per child (for TT: target of pregnant women)	#		
C	Number of ....doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock <sup>2</sup>	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor <sup>4</sup>	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) <sup>3</sup>	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
- 2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.
- 3 Only for lyophilized vaccines. Write zero for other vaccines.
- 4 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

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

*Not applicable*



**4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support**

No target has been set since the preparation of this Annual Progress Report (April 2005). Following indicators have been identified, discussed and approved by the ICC (April 19, 2005 meeting) to assess the progress of the Hep B vaccine introduction in Bosnia and Herzegovina. Therefore, achievements and constraints will be reported in subsequent annual progress reports.

<b>Indicators</b>	<b>Targets</b>	<b>Achievements</b>	<b>Constraints</b>	<b>Updated targets</b>
Hep B 1 <sup>st</sup> dose coverage (national)	>95% by 2008	Not applicable yet	Not applicable yet	
Hep B 1 <sup>st</sup> dose coverage (subnational level)	>90% in all cantons / districts by 2008	Not applicable yet	Not applicable yet	
Hep B 3 <sup>rd</sup> dose coverage (national)	>95% by 2008	Not applicable yet	Not applicable yet	
Hep B 3 <sup>rd</sup> dose coverage (subnational level)	>90% in all cantons / districts by 2008	Not applicable yet	Not applicable yet	
No stock out of vaccines reported through out the reported year	None by 2008	Not applicable yet	Not applicable yet	
Availability of AD syringes and safety boxes in all vaccination posts visited during the reported year	100% by 2008	Not applicable yet	Not applicable yet	
Drop out rate (Hep B 3 – Hep B 1)	Less than 8% by 2008	Not applicable yet	Not applicable yet	
Vaccine wastage rate for 10 dose vial	1,33 by 2008	Not applicable yet	Not applicable yet	
Vaccine wastage rate for monodose	1,05 by 2008	Not applicable yet	Not applicable yet	

## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission	Yes	By the latest May 15, 2005
Reporting Period (consistent with previous calendar year)	Yes	
Table 1 filled-in	No	Not applicable
DQA reported on	No	Not applicable
Reported on use of 100,000 US\$	Yes	
Injection Safety Reported on	No	Not applicable
FSP Reported on (progress against country FSP indicators)	Yes	But progress is not applicable due to early 2005 submission
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	No	Not applicable
ICC minutes attached to the report	Yes	
Government signatures	Yes	Ministry of Finance, Ministry of Civil Affairs, Ministries of Health of both entities
ICC endorsed	Yes	ICC meeting ../April/2005

Please do not forget to attach 2004 and 2005 ICC meeting minutes to the Report



## 6. Comments

→ ICC/RWG comments:

*Please add ICC comments raised during 19 April 2005 meeting on this Annual Progress Report, before sending the draft to WHO EURO.*

- 1. Annual Report was accepted by two entity of BiH ( Federation of BiH and Republika Srpska),**
- 2. Comments from WHO EURO together with ICC comments will be incorporated and submitted to the GAVI secretariat by May 15<sup>th</sup>.**

*Please add Regional Working Group comments after Annual Progress Report being review by mid May 2005.*

p.7, (1.2.3) Please add financial data and expenditure categories from Brcko District as it is presented for two entities, if accessible.

p.15, (table 3) Infants vaccinated in 2003 does not cover Republic of Srpska figure. It may be incorporated, if accessible.

p.3.2 No assurance from UNICEF Supply Division has been obtained yet for 2006 request.

p.20 (section 4) Identified and approved indicators need to be monitored from year 2005 and onwards. 2004 figures, if accessible for all, can be considered as a baseline data in monitoring the progress.

p.22 (section 6) Please insert ICC comments raised during 19 April 2005 meeting. And WHO EURO comments (provided above) as well.

### **Reminders:**

As indicated in section 2 on FSP, following the decisions on vaccine procurement of two entities revision of FSP should be considered. This revision may change FS strategies and specific actions. And then monitoring progress should be initiated, as stated in table 2.2.a and b.

Please do not forget to attach 2004 and 2005 ICC meeting minutes to the Report.

## 7. Signatures

For the Government of .....

Signature: S. Halilović ..... (finalize the signatures before sending the Report to GAVI by mid May)

Title: MINISTER OF CIVIL AFFAIRS OF BOSNIA HERZEGOVINA

Date: 25.05.2005.

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

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
Moh RS	RS Assistant Minister	20.05.05	<i>[Signature]</i>	MOH FBiH	Assistant Minister	(24.05.05)	<i>[Signature]</i>
PHI RS	EPI Coordinator	20.05.05	<i>[Signature]</i>	INSTITUT FOR PUBLIC HEALTH FBiH	DIRECTOR	24.5.05	<i>[Signature]</i>
UNICEF BiH	Representative	23.5.05	<i>[Signature]</i>				
WHO BiH	Head of Office / Mous Kurbalović	23.05.05	<i>[Signature]</i>				

~ End ~



## Minutes from ICC meeting

Sarajevo, May 11<sup>th</sup>, 2005

**Attended by:** Mitar Tesanovic, M.D., PHI of RS  
Aida Kapetanovic, M.D., Federal MoH  
Aida Cemerlic, M.D., Federal PHI  
Prof.Zlatko Puvacic, M.D., Federal PHI  
Mirsada Mulaomerovic, M.D., Federal PHI  
Haris Hajrulahovic,WHO  
Selena Bajraktarevic, M.D., UNICEF

**On the phone:** Patrick Olin, M.D., WHO  
Niyazi Cakmak, M.D., WHO Copenhagen

Others invited who could not attend the meeting: Mr Tomo Lucic, Federal MoH, Ivo Komljenovic, M.D., MoH and Social Protection in RS, Milorad Balaban, M.D., Director of the PHI in RS, Jasna Sadic, M.D., Breko district, EPI coordinator, Serifa Godinjak, M.D., Ministry of Civil Affairs, Mirjana Karahasanovic, World Bank.

**Dr S. Bajraktarevic** has opened the meeting and asked representatives from entities, Dr A. Kapetanovic and Dr M. Tesanovic, to present a Financial Plan of Sustainability (FPO) according to recommendations from the GAVI Secretariat, and to present plans of entity governments for financing the purchase of vaccines in the coming period.

**Dr A. Kapetanovic** pointed out that this document (FSP) is very important, as well as the process of its preparation, and that this is the first time to create such a comprehensive document which includes financial aspects of the immunization program.

Also, the phase of its preparation was very useful to the government of the Federation of Bosnia and Herzegovina, as well as different alternatives offered in that document, which offer different solutions for the financing of immunization in Bosnia and Herzegovina. .

According to the decision made by Minister Tomo Lucic, procurement of vaccines for this year will remain the same as earlier, i.e. the Government of the Federation of Bosnia and Herzegovina will locally buy all necessary vaccines, except those which, as agreed, are donated by UNICEF. Since RS is starting to buy vaccines through UNICEF and by that time some experience on using this UNICEF's Department for Procurement will be available, Minister Tomo Lucic said that that possibility will be discussed for the Federation as well for the next year.

Dr A. Kapetanovic pointed out that, according to the FPO document, 39% of finances would be saved by using that service and that that money could be allocated to other elements of immunization program such as education, monitoring, communication, cold chain and other elements that are extremely important in the program of immunization and for which there is no enough money right now.



Dr M. Tesanovic also pointed out the significance and great benefit for Republika Srpska from this document, as well as the benefit of going through such process in order to reach so comprehensive document like this one. Now, it is very important that organizations which were involved in the creation of this document (UNICEF, WHO, GAVI and World Bank) help the government of Republika Srpska to implement everything stated in the document and for the RS government to provide the budget every year to finance the program of immunization in order to provide safe, continuous and good vaccine supply in RS. So, the decision made by the Minister of Republika Srpska to initiate the vaccine purchase through UNICEF is a very good one and should solve problems related to the delay of local procurement of vaccines, which was caused by very complicated tender procedures which are present right now. Dr Tesanovic hopes that, if the vaccines manufactured by European manufacturers can be purchased, it should be an example of good practise and cooperation.

Dr S. Bajraktarevic said that she has just come from the meeting in Copenhagen, where the topic was "Possibilities of purchasing through UNICEF's Department for Procurement". The basic rule and principle of UNICEF for purchasing vaccines is to consider and to buy the vaccine only from those manufacturers who are on the pre-qualified list of the World Health Organization. The first step in the process of purchasing through UNICEF is that the entity governments from BiH send a request for the vaccines with all details related to it and that UNICEF's Department for Procurement responds and sends evaluation of expenses and details of payment. In the next step, governments of the BiH entities can accept this offer or, if it does not suit them, to reject it – which means that during the process agreements can be made and, of course, the recommendation of UNICEF in Copenhagen and Department for Procurement is to make frequent contacts and to communicate directly with them in order to find the best solution and to avoid all possible problems and misunderstandings.

Prof. Z. Puvacic expressed his positive opinion about the FSP and he agreed with the decision of Minister T. Lucic to continue with a purchase of vaccines locally for this year and to consider the possibility of purchasing vaccines through UNICEF in Copenhagen. One has to keep in mind that immunization issue is still a very vulnerable issue in the Federation of BiH after Malik Trnka case (with CSL Australian DTP vaccine) and that decision about any changes must be reached very carefully. He also emphasized that, by next year, we will have experience from RS in using UNICEF's Department for Procurement so this option can be considered and used. Prof. Puvacic asked if the list of countries which buy vaccines in this way be provided if possible and suggested that, in case the Federation decides to buy vaccines this way, it should be done for all vaccines.

Dr P.Olin said that he spoke about the quality of vaccines on seminars organized in cantons about the introduction of HepB vaccine. But, if it is necessary, a meeting about the quality and the process of using the UNICEF's Department for Procurement of vaccines can be organized and WHO Euro can help it be organized. He also said that comments from ICC meeting about FSP should be sent to the Ministry of Civil Affairs which needs to add it to the FSP and send it to GAVI. Other comments or corrections pointed by GAVI can be sent together with annual report to GAVI.

H. Hajrulahovic said that he received a request from GAVI to be filled in and to conduct a small questionnaire on "Satisfied with GAVI", which will be organized in two parts – through a questionnaire and by phone. He asked EPI coordinators to do it and WHO will provide assistance in performing it.



## CONCLUSIONS:

1. According to representatives from both entities, Financial Plan of Sustainability (FSP) is very useful for BiH and the entire process of its preparation, as well as the process of applying for the introduction of new vaccines and safe injecting to GAVI.
2. Minister of Health of RS (I. Komljenovic) decided that, in accordance with recommendations from this document, the purchase of vaccines through UNICEF's Department for Procurement starts.
3. Minister of Health of the Federation of BiH, T. Lucic, decided to continue with a local procurement of vaccines for the 2005 and, for the next year, to consider a possibility of purchasing vaccines through UNICEF.
4. UNICEF – after finalizing minutes from ICC meeting, these minutes should be sent to the Ministry of Civil Affairs which will send it to the GAVI secretariat.
5. Both entities agreed that it is necessary to organize a meeting on the process of purchasing vaccines through UNICEF and on the quality of vaccines; on that meeting, representatives from WHO Euro and UNICEF's Department for Procurement – Copenhagen should be present.
6. WHO BiH will help EPI coordinators to fill in the questionnaire on "Satisfied with GAVI" and to send it to GAVI during next week.

## Minutes

### Interagency Coordination Committee Meeting Sarajevo, 26 January 2005

Present: **Mr Tomo Lucic, Minister of Health, FB&H**  
**Dr Zlatko Vucina, Director Federal PHI**  
**Dr Aida Cemerlic, Deputy Director Federal PHI**  
**Dr Aida Kapetanovic, FMOH**  
**Dr Jasna Sadic, EPI Coordinator, Brcko District**  
**Dr. Mirsada Mulaomerovic, Federal Public Health Institute**  
**Ms. Adisa Malicbegovic, Federal Public Health Institute**  
**Dr Patrick Olin, Consultant WHO**  
**Mr Haris Hajrulahovic, WHO B&H**  
**Ms Helena Eversole, Representative, UNICEF B&H**  
**Ms Erna Ribar, Communications Officer, UNICEF B&H**  
**Dr Selena Bajraktarevic, UNICEF B&H**

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

**Dr Marin Kvaternik, Minister of Health and Social Welfare, RS**  
**Dr Mitar Tesanovic, EPI Coordinator, RS**  
**Dr Milorad Balaban, Director, RS Public Health Institute**  
**Ms Mirjana Karahasanovic, World Bank**  
**Dr. Serifa Godinjak, Ministry of Civil Affairs, B&H**  
**Dr Anto Domic, Head of Health Dpt Brcko District**  
**Mr. Adnan Custovic, Federal Health Insurance Fund**  
**Prof. Dr. Zlatko Puvacic, Federal Public Health Institute**  
**Dr. Ljubica Jandric, Ministry of Health RS**  
**Dr. Ivan Vasilj, Cantonal HIV/AIDS Coordinator**  
**Ms. Tatjana Todorovic Dorcic, RS Health Insurance Fund**

#### Agenda

- Presentation of the FSP document ICC comments and recommendations (Dr. Patrick Olin WHO consultant )
- Implications for 2005 work plan such as procurement through UNICEF ( Dr. Selena Bajraktarevic)
- Update on GAVI Annual Report 2005 and GAVI application for introduction of Hib vaccine and Injection Safety due April 2005 (Patrick Olin)
- Update and time frame for revision of the Multi Year Immunization Plan 2002-2006 (Patrick Olin)
- Update on the communication protocol ( Erna Ribar Communication Officer UNICEF)



**Ms Helena Eversole, UNICEF Representative**

Opened the meeting and welcomed all participants, and briefly presented UNICEF B&H new Country programme for the period 2005-2008.

**Mr Tomo Lucic, Federal Minister of Health**

Also welcomed the participants thanked UNICEF for its past and future support and commitments. Mr. Lucic presented the agenda and gave a word to Dr. Olin, WHO Consultant.

**1. Presentation of FSP, Dr. Patrick Olin, WHO Consultant**

Dr. Olin initially praised the hard work and cooperation with entity MoH; said that the next version of FSP should include inputs from Breko District as well, informed the participants that the first update of the FSP is planned for April 2005, which will also include complete data for 2004, which gives enough time for reconsideration of recommendations to better reflect the needs of entities. He also informed that the sections 3,4 and 5 contain minor changes that will be added. During the presentation of results for FB&H, Dr. Olin stressed that the main share of costs is for the new-type vaccines and in RS it is personnel cost. He said the Immunization plan need to be integrated into both short and long term planning of the Reform of Primary Health Care System. He informed the participants that both Minister of Health and EPI Coordinator for RS expressed their intension to accept UNICEF Procurement services immediately, and in Federation B&H the plan is to go case by case, and not to start before 2006.

Mr. Tomo Lucic sad that since the FSP document was not shared on time with the ICC members and because of that comments on this documents can not be provided now the only way is to provide comments afterwards. So far immunisation programme was funded by Federal Ministry of Health and funds were received from Government Budget directly. According to the advices of this mission funds for immunisation for this and following years will be provided by the Federal Solidarity Funds which has quite extensive experience in procurement of medicines therefore the Federal Solidarity Funds will be able to start with procurement of vaccines as well. Federation of B&H is pleased to hear that UNICEF is going to continue with provision of support to immunisation programme. Also he said that process around utilisation of UNICEF Procurement Services is good idea and need to be accepted by the Independent Advisory Immunisation Board defined within FMOH. The most realistic expectation for Federation B&H is to start with utilisation of Procurement Services next year.

Mr. Haris Hajrulahovic said that he wants to confirm that according to the World Bank consultants there are no legislation constraints in B&H with regards to the utilisation of the UNICEF Procurement Services.

Dr. Aida Kapetanovic inquired about the possibility to use UNICEF Procurement service for purchase of non-catalogue listed vaccines. Dr. Bajraktarevic responded that there is an option for Governments to request vaccines other than those listed in the catalogue.

Dr. Olin stressed the need for information on vaccines quality to be more transparent and conveyed to health professionals, particularly in the initial phase of procurement through UNICEF. He again reminded that the FSP will be further updated and should be treated as a working document.

Dr. Mulaomerovic said that FSP should state that the Hib application will be submitted to GAVI by B&H, meaning that the FB&H will apply along with RS, in order to avoid confusion, since the FSP mentions RS only.



## **2. UNICEF Procurement, Dr. Selena Bajraktarevic, UNICEF**

Dr. Bajraktarevic said that this topic was already discussed at the ICC Meetings, and reminded that UNICEF sent letters last week to entity MoHs, inquiring about their intention to use UNICEF Procurement Services this year. She had also explained the transparency of the whole process including pre-qualification, and clarified that the selection is not simple and based on the unit price only.

Dr. Olin confirmed the thoroughness of the procedure and confirmed the quality as very high.

Dr. Aida Kapetanovic stressed the issue of health professions' involved in immunization opinion and the significance of human factor.

Mr. Lucic stressed the need for good communication with health professionals and also importance of all elements around immunization such as quality, safety, availability of vaccines etc. and all these elements need to be considered in the process of vaccines procurement.

## **3. GAVI Annual report and application for Hib vaccine, Dr. Patrick Olin, WHO Consultant**

Dr. Olin informed the participants that the Injection Safety Survey will be taking place during the period 14.02.-04.03.2005. WHO RO is sending eight teams, four for each entity, which will be working in randomly selected regions of each entity.

He also said that the Application for Injection Safety equipment should be submitted by 22 April 2005. and proposed the next ICC GAVI meeting to be held in early April.

B&H obligations towards GAVI also include Draft Annual Report for 2004 that should be submitted in May. However, WHO RO would like to have the report one month earlier. He also informed the participants that there is a new part of the report: coverage rate for Hib vaccine that should be completed.

The above two documents should be used as support for the Application for introduction of Hib vaccine to GAVI Board. This application needs to be submitted this year (by 22 April) to the GAVI Board.

## **4. Timeframe for revision of Multi Year Immunization Plan 2002-2006**

Dr. Olin stressed the need for update of MYIP, which was made in 2001, and was not regularly updated. The update could be done in parallel with preparation of GAVI Annual Report, so that the draft Plan could be placed at next ICC GAVI meeting agenda.

Mr Lucic agrees that the MYIP needs to be updated since the FMOH improved a lot of elements within the immunization programme and still there is much room for intervention.

## **5. Communications protocol**

Ms. Erna Ribar informed the participants that the protocol has been prepared and is currently been printed. The promotion of the Protocol has been planned for 24 February 2005, with health professionals.

Mr Lucic said that the communication is extremely important component of the immunization programme and he did ask whether media representatives are invited for this Round Table.

Ms. Ribar said that it will be decided by Directors of PHIs and EPI Coordinator involved in preparation of this document.



**Conclusions:**

1. The FSP document will be signed and submitted by the 31 of January to the GAVI Borad
2. The UNICEF Procurement Services need to be considered and approved by the Independent Advisory Board of FMOH and after that the Federation of B&H would start with this Services, but it will not be before beginning of the next year
3. Since the Minister of RS has expressed interest to start with this service this year the official request for utilization of Procurement Services need to be sent to UNICEF B&H by RS MOH
4. The Assessment on Injection Safety conducted by WHO will start from 14 Feb to 4 March
5. The Annual Report to GAVI will be drafted and sent to WHO EURO by the 22 April
6. The update of MYIP is needed and will be done in parallel with other Application for Injection Safety which will be submitted by 22 April to GAVI Board
7. The launching of the Communication Protocol will be organized on the 24 of February in FPHI and Round Table will be held with participation of key health professionals involved in immunization programme