

## Joint Appraisal Report

<b>Country</b>	Cuba
<b>Reporting period</b>	<i>Month/Year of the last appraisal report – Month/Year of the current appraisal</i> <b>June 2015</b>
<b>Fiscal period</b>	<i>Month – Month</i> <b>June 2014 - June 2015</b>
<b>Graduation date</b>	<i>Only relevant for graduating countries</i>

### 1. EXECUTIVE SUMMARY

#### 1.1. Gavi grant portfolio overview

[With reference to the overall portfolio of Gavi grants in the country and the overall scope and funding of the national immunization programme, briefly describe how Gavi’s vaccine and health system strengthening support fits within the overall context of the national immunization programme and contributes to improved outcomes. Refer to the guidance for more details]

In 2008, a proposal to work with Gavi Alliance HSS, motivated by the national authorities’ decision to strengthen Maternal Homes, was presented among the initiatives developed through the Pan American Health Organization (PAHO), to contribute to Health System Strengthening (HSS). These are primary health care institutions that have manifestly contributed to improved indicators in the maternal and child care programme, emerging as one of the most positive experiences in Latin America.

It was precisely in this national context that the government of Cuba initiated a process leading to the upgrade of the economic model with the application of the “Guidelines of the Economic and Social Policy of the Party and the Revolution”.

The Guidelines contain the key elements for the creation of national socio-economic development, defining the strategic lines and transformations necessary for this.

In this framework for the transformation process, changes within the health sector are taking place that orient us towards new working projections in line with the country’s economic reorganization. Therefore, this proposal aims to strengthen immunization capabilities in difficult-to-access locations, which, as a result of various economic situations – such as the events of the so-called special period, along with migratory trends from the rural areas to the cities – led to the concentration of immunization coverage in certain territories, forcing some populations to travel great distances to receive such services.

It was under this concept that the project was reoriented to the current focus on primary health care, in order to: (i), improve health surveillance capabilities in the country, revolving around a central surveillance laboratory unit (IPK) and five paediatric hospitals as sentinel centres for this surveillance network; and (ii) increase immunization capabilities in out-patient centres located in remote areas (272 centres and 75 polyclinics), in line with the MINSAP and Cuban Government strategic policy of upholding the right to health.

Based on its current strategic projections, the MINSAP has launched a comprehensive project to restore the infrastructure of its primary care level through renovations and purchasing new equipment. Hence, the Gavi Alliance constitutes a vital synergy that can make a significant contribution to this great national effort.

In June 2014 (11 months ago) we were informed that we had received the PAHO subsidy of US\$ 1,032,500, with 7% deducted for PAHO office administrative costs (2014-2015). US\$ 460,000 of this amount was earmarked for surveillance and monitoring activities and another US\$ 789,047 for covering direct activity in family medical centres and in the polyclinic teaching facilities that these centres serve.

These funds have been broken down into basic purchases to recover immunization capabilities in terms of sterilization, cleaning, means of maintenance and necessary supplies, along with medical equipment.

Another important item was earmarked to improve teaching infrastructure and media in polyclinics, where the personnel working in this and other sectors are trained and the population is educated.

The laboratories in these polyclinics have also benefited from this contribution.

Quality is a primary focus of the project, through several added activities such as: reproduction of materials and dissemination of forms, rules, procedures and algorithms for medical care, along with a small budget for operating expenses in the monitoring and supervision of process implementation and execution for the project itself.

**The project activities complement the national strategy of restoring national health system facilities on the operational level (health areas, municipalities and provinces).**

## 1.2. Summary of grant performance, challenges and key recommendations

<b>Grant performance</b> (programmatic and financial management of NVS and HSS grants)
<p><b>Achievements</b></p> <ul style="list-style-type: none"> <li>• During the first six months of execution (second half of 2014) the commitments required for purchases were made; workshops were also held and documents (surveys, forms) were reproduced.</li> <li>• The purchases committed to in 2014 are being made during the first half of 2015. The equipment acquired is in the process of distribution.</li> <li>• The purchases made will satisfy substantial requirements in complex territories with labour and access problems (prioritizing the five eastern provinces, as determined by the MINSAP).</li> <li>• Starting when the project's equipment is delivered, there will be redistribution to strengthen other centres and services not covered by the project.</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Late disbursement of funds, which caused delays in the acquisition process, above all those requiring tenders.</li> <li>• The time between original project development, rescheduling and the disbursement of the funds approved was extremely long.</li> <li>• This placed restrictions on the start of purchases, since the items could not be included in the financial plan for 2014 (imports).</li> <li>• Implementing the remaining budget as established, so as to finish in 2016.</li> </ul>
<p><b>Key recommended actions to achieve sustained coverage and equity</b> (list the most important 3-5 actions)</p> <ul style="list-style-type: none"> <li>• Monitoring the purchases made and their distribution by territory, as planned.</li> </ul>

- Identifying 272 new immunization locations in areas with access problems, increasing equity and strengthening the achievements of the immunization programme.
- Health service strengthening on the primary care level.
- Developing human resources in different components (management, data, coverage monitoring, introduction of new vaccines, surveillance).
- Extending the educational process to the community.
- Strengthening the surveillance system within the National Immunization Programme.

### 1.3. Requests to Gavi's High Level Review Panel

<b>Grant renewals</b>
<p><b>New and underused vaccine support (NVS)</b></p> <ul style="list-style-type: none"> <li>• Continuing immunization with IPV.</li> </ul> <p><b>Health system strengthening support</b></p> <ul style="list-style-type: none"> <li>• Approval of next disbursement for the amount of US\$ 1,032,500. This amount is equivalent to the sum of two pending disbursements starting from the inclusion of the purchases in the financial plan for 2016. Moreover, the country is properly managing the funds granted to the project.</li> </ul>

### 1.4. Brief description of joint appraisal process

*[More details can be provided in an Annex]*

- The country was asked to consent to the joint evaluation
- Several long-distance calls were made to prepare the agenda
- The country drew up preliminary documentation that is critical to the evaluation process
  
- This process of joint evaluation among the leading players was conducted with the participation of the main organizing units closely related to primary health care with a stake in the MINSAP, such as: the National Directorate of Medical Assistance, the National Directorate of Hygiene and Epidemiology, IPK experts, the National Immunization Programme, the Institute of Hygiene and Epidemiology, the National Maternal and Child Care Programme, the National Nursing Department, the Federation of Cuban Women (FMC) and the Committee for the Defence of the Revolution (CDR), among others.
  
- Also present were all the country's technical cooperation partners and the technical cooperation agencies (UNICEF, UNFPA and PAHO)
- This began with a presentation before the members of the national committee dealing with events throughout the eight months of actual project operation. The National Health System of Cuba was presented, followed by the achievements of the immunization programme in the country, and ending with the project's current status.
  
- Substantive proof that the project has begun, and other testimonials to that effect were also presented.
  
- Four field visits were conducted, which included:
  - Provincial Health Directorate of Matanzas
  - Celia Sánchez Manduley Polyclinic
  - Doctor's Surgery number two of Playa Girón

➤ EMSUME (Empresa de Suministros Médicos, medical supplies company) warehouse

- A visit was made to the Ministry of Public Health to report the results of the joint mission to the authorities.
- The report was presented to the ICC technical group; it was then discussed and validated.
- The Joint Evaluation was then presented to and summarized for the authorities

\* Mission schedule is attached (15 to 19 June), Annex 1

## 2. COUNTRY CONTEXT

The process of cooperation between the Government of Cuba, the Gavi Alliance and PAHO/WHO Cuba takes place in the context of the economic model upgrade, with a gender, population and territorial focus. It will support the national authorities in their development strategies revolving around the human being, to sustainably guarantee quality of life for the population.

For over 50 years, the economic, commercial and financial embargo imposed by the United States of America has had a negative impact on the social, economic and environmental dimensions of the development context, particularly affecting the most vulnerable groups. The national authorities consider that, as of December 2011, the damage had amounted to one trillion sixty-six billion dollars, including currency depreciation against the value of gold on the international market.

Cuba is a country with a high level of human development; it occupied 51st place among 187 nations in the 2011 Human Development Index, with several Millennium Development Goals (MDGs) achieved or showing positive results even before they had been achieved internationally.

In the Cuban context, activities do not focus on guaranteeing access, but rather, on improving quality and sustainability in what has already been achieved and in the new national development projects. Work likewise continues on the pending MDGs related to maternal mortality, although Cuba has one of the lowest rates in Latin America.

These advances and challenges have specific characteristics associated with urban or rural contexts, differentiated needs and potentials between women and men, relations between generations and the specific characteristics of groups and territories with different socio-economic levels.

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

*[See guidance document for more details]*

- A significant percentage of the budget is generally allocated to purchases. Purchase processes in Cuba have always been somewhat complicated for several reasons: availability of suppliers (mainly related to the embargo), difficulties in payments due to the slow processes in confirming the arrival of a product at destination, which discourages suppliers from continuing to work with PAHO-Cuba, and the process of introducing merchandise into the country (EMED), which is very slow and which, in 2014, suspended operations for two months, paralyzing the system, among other factors.

- There is a comprehensive official review of all import processes in progress, which may affect PAHO purchases for the country. Improvement is expected, among other things, since in April this responsibility was transferred to Medicuba, a MINSAP company, which is already reviewing matters on a case by case basis. Nevertheless, delays in the process may still occur due to procedural bottlenecks.
- The embargo also prohibited bank transactions with US bank branches; this in turn caused delays while alternatives were sought, and often resulted in failed purchase attempts or the inability to conduct bank transfers.

The process of national economic reorganization and upgrade raises the possibility of monetary unification. Currently, there is a duality in the Cuban exchange system that employs a rate of 1 CUP=1 CUC (one Cuban peso equal to one convertible peso) in the economic and financial relations of the state sector, and 25 CUP=1 CUC among the population. In the case of PAHO/WHO, we have USD and CUP accounts (with a rate of 1 CUP=1 US\$).

Now, to be able to make the agreed-upon purchases as scheduled for the project, the MINSAP must request the funds from the MINCEX one year ahead of time, in the national currency (CUP), in order to make the planned purchases (in USD). This has prompted us very recently to update our needs, but we could not include them, because of this regulation that we have to observe.

### 3. GRANT PERFORMANCE, CHALLENGES AND RENEWAL REQUESTS

#### 3.1. New and underused vaccine support (NVS)

##### 3.1.1. Grant performance and challenges

Not applicable because there was no introduction of new vaccine

##### 3.1.2. NVS renewal request / Future plans and priorities

The first reports of polio in Cuba date from 1878; the last case was reported in 1962. Since that year, routine immunization against polio has been carried out in the country without interruption, through National Anti-polio Immunization Days, in the months of February and April using oral polio vaccine (OPV).

Every year, approximately 500 000 children under three and nine years of age are immunized with OPV regardless of their immunization status, ensuring coverage of over 95% in the immunized population.

Given the importance of maintaining polio eradication in Cuba, and as part of the strategy of withdrawing virus 2 from the OPV formulated by the WHO, it has been decided to propose the inclusion of an IPV dose in the routine national immunization schedule for children under one year old during the last quarter of 2015.

The persons responsible and the decision-making entities for this proposal and its contents were the Ministry of Public Health, through the first Vice Minister for Medical Care, the Directorate of International Relations, in particular the technical areas of units such as the National Directorate of Epidemiology, Primary Health Care, the National Programme for Maternal and Child Care and the National Immunization Programme.

The Inter-agency Coordination Committee (ICC) of the National Immunization Programme and the Health Sector Coordination Committee (HSCC) participated throughout the entire process of preparing and endorsing this proposal. The PAHO/WHO, the United Nations agency UNICEF, the Ministry for Foreign Investment and health-related social organizations contributed to and supported the process.

Cuba has had experience in introducing new vaccines into the country's national immunization schedule. When the Immunization Programme began 52 years ago with country-wide coverage, it addressed protection against five diseases (polio, diphtheria, tetanus, pertussis and whooping cough); new vaccines have subsequently been introduced into the national schedule, ensuring that the public is protected against 13 vaccine-preventable diseases, which has enabled the eradication of several diseases or decreased their occurrence and mortality rates.

Currently, initial coordination and arrangement meetings are held with various national Ministry of Health groups, national cancer groups, sexually-transmitted disease groups, immunization, paediatrics and gynaecology, statistics and the national reference laboratory of the IPK towards a future introduction of the HPV vaccine.

Before, during and after the introduction of a new vaccine, coordination is carried out between the Ministries of Public Health, Education, Foreign Investment and, mainly, the country's social organizations.

## 3.2. Health System Strengthening (HSS) Support

### 3.2.1. Grant performance and challenges

The Ministry of Public Health follows the party guidelines on economic and social policy through its work objectives for 2015 (6), the second of which underscores the strengthening of hygiene, epidemiology and microbiology activities, in addition to the increased rationalization and differentiated economic efficiency set forth in objective six.

The country received the funds late due to the delay in the signing of the Gavi – PAHO agreement on funds management and transfer. This affected the project's implementation. As per its objectives, progress has been as follows:

1. Bringing quality health services closer to remote communities with emphasis on the expanded programme on immunization through the expansion of immunization locations. Mapping was done under this objective and the locations of new immunization posts were identified. The tendering process for cold chain and other equipment was also initiated, to improve the immunization posts.
2. Strengthening the training component for health staff and education for health in communities with access problems. Some training workshops emphasizing management and primary care components – pillars of the project and the immunization programme – were initiated. The integrated service network and the immunization programme were documented on film. Two brochures supporting primary care were reproduced, and primary immunization forms (card and file) were drawn up.
3. Strengthening health surveillance with emphasis on contagious (vaccine-preventable) diseases. Equipment was purchased at the IPK reference centre charged with the surveillance of pneumococcus.

4. Supporting the coordination, evaluation and monitoring of Gavi-supported activities.

Monitoring visits were conducted to identify those places in need of reorganization for improved performance. Meetings of the technical committee evaluating the annual project activities were held.

The majority of the purchase requests are materializing in 2015 and the equipment acquired in 2014 is being distributed. Implementation is on course according to the agreed-upon schedule.

**3.2.2. Strategic focus of the HSS grant**

*[Comment on the extent to which the HSS grant contributes to improve and sustain coverage and equity in access to immunization. See guidance document for more details]*

- Following intensification of the embargo in the 90s, the Cuban health system undertook reforms to guarantee medical assistance, in particular, compliance with the immunization programme. The country was obliged to concentrate its resources on the polyclinic level, thus forcing the public – above all, those in remote areas – to travel long distances to access these services. In addition, the centres charged with evaluation, training processes and surveillance (the polyclinics) had fewer and more outdated resources. With the help of this project, we seek to create 272 new immunization centres with their respective polyclinics (75) in territories with access problems, thus improving accessibility and universal coverage. We aim to reorient the resources turned over by the Cuban government to extend HSS to other out-patient centres, immunization locations and polyclinics, thus increasing project coverage.

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

*[Indicate request for a new tranche of HSS funds (and the associated amount) or no-cost extension, or any planned changes in terms of re-allocation or reprogramming. Also describe future HSS application plans]*

Approval of next disbursement for the amount of US\$ 1,032,500. This amount is equivalent to the sum of the two pending subsidies, starting from the inclusion of the purchases in the financial plan for 2016. Moreover, the country is properly managing the funds granted to the project.

**3.3. Graduation plan implementation (if relevant)**

*[Comment on all bolded areas listed in the table in this section of the guidance document]*  
Not applicable

**3.4. Financial management of all cash grants**

**Received at the PAHO/WHO Representation Office in Cuba: US\$ 1,249,047**  
**Implementation as of 31 December 2014**

Expenditure Category	Allocated	Disbursed	Pending Drawdown
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Quality health services	499,273	4,593.75	494,679.25
Health staff strengthening and training	202,000	18,099.85	183,900.15
Health surveillance strengthening	460,000	200	410,850
Project coordination, monitoring and evaluation	87,774	11,033.42	76,740.58
<b>Total</b>	<b>1,249,047</b>	<b>33,927.02</b>	<b>1,215,119.98</b>

**Comments:** Implementation as of 31 December 2014 was low, for the following reasons: late arrival of funds in the PAHO/WHO country budget and deadline cut-off of the import authorization process at the end of October 2014.

In less than six months, combining both programmes, a total of US\$ 655,142.42 has been committed, mainly in the area of equipment and supplies purchases, representing a commitment of 52.4%. Of the total amount committed, US\$ 107,742.85 has been paid out.

Implementation level as the first half of 2015 is about to end, and is as follows, due to expense items committed (binding):

<b>Expenditure Item</b>	<b>Committed</b>	<b>Disbursed</b>	<b>Pending Drawdown</b>
Contractual services	35,701	32,551	3,150
General operating expenses	2,835	2,835	-
Purchases or acquisitions	582,431	48,950	533,481
Courses and seminars	34,174	23,405	10,769
<b>Total</b>	<b>655,141</b>	<b>107,741</b>	<b>547,400</b>

There is still US\$ 593,905 pending commitment. For the end of the second half of 2015, more flexible implementation of the funds earmarked for equipment and supplies purchase is expected, due to changes in the import management process, in which the MINSAP company Medicuba has assumed a significant new role that will expedite activities.



### 3.5. Recommended actions

Actions	Responsibility (Government, WHO, UNICEF, civil society organizations, other partners, Gavi Secretariat)	Timeline	Potential financial resources needed and source(s) of funding
Adjust time of implementation starting from the arrival of the funds in June 2014 and request remaining disbursement as per the second amount approved by the project.	Gavi and PAHO	Second half of 2015	
Acceptance of delegation of the signatures to the annual progress reports by the Ministry of Finance to the Ministry of Foreign Trade and Investment (MINCEX).	Gavi	Annual Progress Report 2014	
Existence of a commitment to plan for the project's sustainability, as well as to maintain and improve outcomes once Gavi support has ended.	MINSAP, Ministry of Finance and MINCEX	Last quarter of 2015	
Expedite the dispatch of financial resources and materials donated to the country.	Gavi and PAHO	Second half of 2015	
MINSAP commitment to propose resources for an amount of US\$ 1,032,500, corresponding to the next Gavi disbursement, for the economic plan of 2016	MINSAP	First half of 2015	
Establish information on redistribution and adjust the funds in accordance with initial commitment.	MINSAP	Last quarter of 2015	
Maintain monitoring of project resources and activities.	MINSAP and PAHO	Throughout entire project implementation	

## 4. TECHNICAL ASSISTANCE

The PAHO/WHO Representation Office in the country has been the main partner in overseeing and implementing the strategies and policies established by the Gavi Alliance, facilitating the

inclusion of partners as well as agencies like UNICEF, who are undertaking multiple activities in the country related to the content of this project.

It has also served as a bridge in coordinating with local governments and organizations that represent the civil population in the country.

Other activities have included participation in various monitoring visits and in the committees on purchases associated with the project's funding.

Particular emphasis is paid to the programmes addressing vulnerable populations, such as maternal and child health care or health care for seniors. Both areas, which have been dealing with priority issues for several decades, work within a framework of collaboration with UNICEF, UNFPA and PAHO/WHO.

One example of this cooperation is the creation of this same project, which, in its first version, proposed expanding one of the strategies that UNICEF has been implementing in territories of the eastern area of the country.

This synergy, achieved by integrating various inter-agency and government capabilities, is an authentic example of how adequate sustainability can be achieved in basic health actions, such as facilitating access and coverage for remote and rural populations.

In this context, the country framework of Technical Assistance is globally coordinated by the MINCEX in such a way as to enable the kind of coordinated contribution that the different agencies are able to offer based on their strategic orientations and cooperation priorities.

Joint work backed by the central government was conducted, with agencies from the United Nations system attending to the needs and priorities underscored by each national sector, drawing up the UNDAF (United Nations Development Action Framework) second edition, so as to focus the country's requirements on practical, positive and integrated contribution to the current situation in Cuba, so for greater social benefit. The promotion of multilateral collaboration with United Nations system institutions is explicitly set forth in guideline 112: "To promote multilateral collaboration with particular reference to the institutions of the United Nations system that can channel financial resources and technology into the country in accordance with national development priorities."

As is the practice in Cuba, the participation of national players (ministries, scientific and academic institutions, national NGOs) is spearheaded by the Ministry of Foreign Trade and Investment as the governing body for cooperation, and by the United Nations System.

The foundations for initiating this type of cooperation begin with joint reflections on formulating proposals, with a roadmap agreed on and the training in programmatic principles imparted to national players, bearing in mind the assessment of previous experiences.

The situation analysis, characterized by a widespread process of exchange and joint reflection among national players, makes it possible to approach development opportunities and challenges serving as the basis for the presentation of initiatives and projects in cooperation with different international agencies and bodies.

The United Nations agencies have identified their comparative advantages for responding effectively to this national context, analysing their capacity to deliver outcomes and fulfil the agreed-upon commitments. These elements and the situation analysis process served as guidelines for setting strategic priorities and identifying areas for cooperation.

Strategic planning was the result of a broad and participatory discussion process. Four areas and eight UNDAF outcomes were resolved in national high-priority issues.

The areas where national authorities are to be supported in their development plans and strategies are:

1. Population and quality dynamics, development and sustainability of social and cultural services.
2. Sustainable economic development.
3. Food and nutrition security.
4. Environmental sustainability and disaster risk management.

Cuba is a country of high human development. It upholds an important commitment to and experience in South-South cooperation and will promote cooperation in this field, enabling it to offer and receive relevant collaboration for national development processes.

#### 4.1 Current areas of activities and agency responsibilities

*[Comment on technical assistance received and the responsibilities of the different agencies which provided the support. See guidance document for more details]*

#### 4.2 Future needs

*[Comment on all bolded areas listed in the table in this section of the guidance document]*

- Microbiological surveillance staff training in new techniques of pneumococcus and bordetella pertussis diagnosis by sending experts and providing orientation in the equipment purchase process towards this end (PAHO).
- Assistance in the IPV switch monitoring process in the country in 2016 (PAHO and UNICEF).
- Support for research to measure the impact of the Gavi-HSS project in terms of the accessibility and quality of primary health care (PAHO).
- Technical support for the country's intention to introduce HPV through providing or hiring experts to orient studies based on experiences in other countries in the region (PAHO and UNICEF)

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

<p>Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism:</p> <p>A meeting of the Inter-Agency Coordination Committee (ICC) was held to review the joint evaluation and obtain its approval.</p>
<p>Issues raised during debrief of joint appraisal findings to national coordination mechanism:</p> <p>Project implementation is on course as per schedule, despite the initial delay due to late funds disbursement.</p> <p>After analysis and monitoring visits to the sites where project implementation is envisioned, the decision was made to increase and expand action from 195 to 272 immunization locations. The funds within the training and document reproduction components were redistributed.</p> <p>Taking account of the supplies received from the government counterpart, a request was made for new redistribution of the equipment and supplies acquired.</p> <p>The activities previously described, particularly the training activities, strengthen the primary care level by over 50%</p> <p>* Minutes of the Meeting are attached, with the main points of discussion.</p>
<p>Any additional comments from: See Minutes of the ICC Meeting</p> <ul style="list-style-type: none"> <li>• Ministry of Public Health:</li> <li>• Partners:</li> <li>• Gavi Senior Country Manager:</li> </ul>

## 6. ANNEXES

*[Please include the following Annexes when submitting the report, and any others as necessary]*

**Annex A. Key data** (provided by the Gavi Secretariat) - Annual Progress Report

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

**NOT APPLICABLE**

Key actions from the last appraisal or additional HLRP recommendations	Current status of implementation
This is the first evaluation conducted.	

- **Annex C. Description of joint appraisal process** (e.g. team composition, how information was gathered, how discussions were held)  
Not necessary. See pertinent section (1.4).
- **Annex D. HSS grant overview**

<b>General information on the HSS grant</b>
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1.1 HSS grant approval date		December 2008					
1.2 Date of reprogramming approved by IRC, if any		April 2013					
1.3 Total grant amount (US\$)		US\$ 2,369,000					
1.4 Grant duration		Four years, according to official plan. Due to delayed approval, implementation of the process in two years and six months is proposed. Until 2017.					
1.5 Implementation year		month/year – month/year Sept 2014 - April 2015					
(in M USD)[sic]	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
1.6 Grant approved as per Decision Letter							1,336,480.00
1.7 Disbursement of tranches							36,301.91
1.8 Annual expenditure							36,301.91
1.9 Delays in implementation (yes/no), with reasons		Four years according to official plan. Due to delayed approval, implementation of the process in two years and six months is proposed. Until 2017.					
1.10 Previous HSS grants (duration and amount approved)		<b>No.</b>					
1.11 List HSS grant objectives		<p>The project focuses on strengthening primary health care units, so as to safeguard Cuban public health achievements: (i) to improve health surveillance capabilities in the country, revolving around a central surveillance laboratory unit (IPK) and five paediatric hospitals as sentinel centres for this surveillance network; and (ii) to increase immunization capabilities in out-patient centres located in remote areas (272 centres and 75 polyclinics), in line with the MINSAP and the Cuban Government strategic policy of upholding the right to health.</p>					
1.12 Amount and scope of reprogramming (if relevant)		<p>In June 2014 (11 months ago) we were informed that we had received the PG [sic] with an allocation of US\$ 1,249, 047, (for 2014-2015), and we decided to allocated US\$ 460,000 for surveillance and monitoring (Project 1 of AMPES-PAHO), with another US\$ 789,047 to cover direct action in family physicians' surgeries and the polyclinic teaching facilities that such offices serve (Project 4 AMPES-PAHO).</p> <p>The total amount of the project approved and signed by the director is US\$ 2,369,000 for four years, broken down into US\$ 602,000 for the first year, 734,500 for the second, 626,000 for the third and 406,500 for the fourth and last year of the project. As may be seen, we are implementing two periods in one year, which, added to the national procedures for purchase and planning, render this process and the achievement of the proposed goals difficult but not impossible.</p>					

- **Annex E. Best practices (OPTIONAL)**
  - ✓ **Minutes of the ICC Meeting and signatures**
  - ✓ **Photographic Documentation**
  - ✓ **National immunization programme: Presentation of the programme**

## ANNEX 1:

### JOINT EVALUATION AGENDA GAVI 2015 – CUBA HAVANA / 15-19 JUNE

<b>Monday 15 June</b>	<b>Hotel Capri Salon - Introductory Meeting</b>
9:00 am	Welcome
9:05 – 9:10 am	PAHO - WHO Delegation Statement
9:10 – 9:15 am	MINSAP Delegation Statement
9:15 – 9:30 am	Brief Introduction to the National Health System
9:30 – 10:00 am	Presentation of objectives and other aspects of the visit by the evaluation team
	Presentation by country team
10:00 – 10:40 am	Dr. Luis Gandul
	Presentation of evidence
10:40 - 11:00 am	Coffee break
11:00 - 11:30 am	Presentation by country team: Dr. Marlen Valcárcel
11:30 am – 1:00 pm	Review and completion of Annual Progress Report 2014 presented by the Government of Cuba
1:00 – 2:00 pm	Lunch
2:00 - 3:00 pm	Continuation of the review and completion of Annual Progress Report 2014 presented by the Government of Cuba
3:00 – 4:30 pm	Preparation of joint evaluation
<b>Tuesday 16 June</b>	<b>Field visit 1: Matanzas Province</b>
8:00 am	Departure of PAHO-WHO delegation
9:30 – 10:30 am	Meeting at Provincial Directorate of Health
10:30 am	Departure for Zapata Swamp
12:00 – 1:00 pm	Lunch at the Swamp
1:00 – 2:00 pm	Visit to the Polyclinic
2:00 – 3:00 pm	Visit to surgery Playa Girón
3:30 – 4:30 pm	Visit to surgery Cayo Ramona
<b>Wednesday 17 June</b>	<b>Field visit 2: Havana Province</b>
8:30 am	Departure of PAHO-WHO delegation
9:00 – 12:00 am	Visit to the Diezmero warehouse, San Miguel del Padrón
12:00 – 1:30 am	Lunch
	<b>Hotel Capri Salon</b>
1:30 – 4:00 pm	Continuation of Gavi joint evaluation report preparation
<b>Thursday 18 June</b>	
8:30 am – 12:30 pm	Review of documents and other substantive support
12:30 – 1:00 pm	Lunch
1:00 – 3:30 pm	Continuation of joint evaluation visit report Feedback session with national counterpart
3:30 – 4:00 pm	Encounter with top executives of the MINSAP
<b>Friday 19 June</b>	<b>Hotel Capri Salon</b>
8:30 - 10:00	Report Conclusion
10:00 – 12:00	Presentation of Joint Evaluation Report to the ICC
12:00 – 1:30 pm	Lunch
1:30 – 3:00 pm	Conclusions
3:00- 4:00	Presentation of joint evaluation visit report to the authorities

**ATTENDEES:**

**PAHO-WHO:**

Dr. Homero Hernández, Country Manager, Region of the Americas for Gavi  
Ms. Soledad Urrutia, Health Systems Development Specialist, PAHO  
Dr. Claudia Castillo, Alliance Management Support Specialist, PAHO

**PAHO/Cuba**

Dr. Vivian Pérez, Representative, PAHO-WHO/Cuba  
Dr. Lizette Pérez, Consultant  
Ms. Alina Pérez, Specialist  
Dr. Duniesky Cintra, Consultant  
Mr. Justo Cardenas, Administrator

**Guest:**

Dr. Mario Pichardo Diaz, Retired Consultant

**UNICEF:**

Ms. Anna Lucía D'Emilio / Representative, UNICEF-Cuba  
Dr. Odalys Rodriguez

**MINSAP:**

Dr. Alberto Duran, Epidemiology Director  
Dr. Jorge Miranda Quintana, Medical Care Director  
Dr. Marlen Valcarcel, Immunisation Programme Manager  
Dr. Miguel Angel Galindo, Immunisation Programme Advisor  
Dr. Luis Gandul Salabarría, Focal Point- Gavi-HSS Cuba  
Ms. Jalile Curí Fernández, Nursing Dept.  
Dr. Víctor Lorente Díaz, Primary Care Dept.  
Ms. Mayttel de la Paz Luna, IRD

**Guests:**

Dr. Néstor Marimon Torres, IRD Director  
Dr. Antonio González, International Agencies Dept. Head

**Other:**

Carlos Manuel Abat Television Director and Cameraman

**Participants Matanzas Province Visit, Tuesday 16 June:**

Mr Homero Hernández  
Ms. Soledad Urrutia  
Dr. Claudia Castillo  
Ms. Alina Pérez  
Dr. Marlen Valcárcel  
Dr. Luis Gandul Salabarría

**Participants Diezmero Warehouse Visit Wednesday 17 June:**

Dr. Homero Hernández  
Ms. Soledad Urrutia  
Dr. Claudia Castillo  
Ms. Jalile Curí Fernández, Nursing Dept.  
Dr. Duniesky Cintra  
Ms. Alina Pérez  
Dr. Marlen Valcárcel  
Dr. Luis Gandul Salabarría  
Mr. Paneque – Warehouse Supervisor