



**Approved GAVI Work Plan  
Report 2004-05  
Background Documentation  
Documents 1 - 8  
4 December 2004**

**Overview of Priority Areas and Targets (numbered)****GAVI Work Plan 2004-05**

<b>Priority areas</b>	<b>Targets</b>
<b>1) Health Information and monitoring systems for action</b>	<ul style="list-style-type: none"> <li>1. Data Quality Self-Assessment (DQS) methodology and other tools finalized</li> <li>2. All countries with failed Data Quality Audits (DQAs) have received timely and adequate support</li> <li>3. Data Quality Self-Assessment systematically used by at least 10 countries</li> <li>4. Health system (HMIS) and immunization (EPI) specific reporting coordinated, where possible</li> </ul>
<b>2) Contributing to alleviation of system-wide barriers</b>	<ul style="list-style-type: none"> <li>5. Agreement by major health sector stakeholders on joint efforts to address health system barriers</li> <li>6. Interagency Coordinating Committee (ICCs) strengthened with stronger links to NGOs and higher level national health coordination committees</li> <li>7. Efforts in ten high and ten low-performing countries undertaken, lessons learned, documented and best practices shared</li> </ul>
<b>3) Enhanced efforts in large population countries</b>	<ul style="list-style-type: none"> <li>8. Seven large population countries have made analysis of the barriers and possible solutions and have agreed with their. International Country Coordinators on action plans</li> <li>9. GAVI and partners have established new policies to support the seven large population countries</li> <li>10. Lessons from accelerated disease control initiatives Accelerated Disease Control Initiatives (ADCs) applied in the large population countries as appropriate</li> <li>11. The large population countries are back on track or show tendency of getting back on track in immunization coverage</li> </ul>
<b>4) Procurement/Supply of existing products</b>	<ul style="list-style-type: none"> <li>12. Minimal divergence between vaccine forecasts and uptake</li> <li>13. Establish planning processes for vaccines provision, with focus on Hep B, Hib and Yellow Fever and support to other GAVI vaccine initiatives</li> </ul>
<b>5) Development and introduction of new near-term products</b>	<ul style="list-style-type: none"> <li>14. Technologies for immunization: prioritization reviews, evaluations and advocacy</li> <li>15. Monitor the progress towards establishing the public health benefit and demand for rotavirus and pneumococcal vaccines in developing countries</li> </ul>
<b>6) Managing process for country support</b>	<ul style="list-style-type: none"> <li>16. All eligible countries that qualify and are interested in GAVI/VF support for Immunization Services Support (ISS), new vaccines and injection safety, will have applied and will have been approved</li> <li>17. External Data Quality Audits conducted in relevant countries</li> <li>18. Coverage surveys carried out when needed for allocation of performance-based grants</li> </ul>
<b>7) Financial Sustainability</b>	<ul style="list-style-type: none"> <li>19. All funded countries have developed their Financial Sustainability Plans (FSPs) according to proposal schedule, with lessons learned and experiences shared with countries and partners</li> <li>20. All countries assisted to integrate Financial Sustainability Plans into their national planning and budgeting processes which may include Poverty Reduction Strategy Paper (PRSPs) and Medium Term Expenditure Framework (MTEFs)</li> <li>21. Role of Financial Task Force (FTF) in coordinating partner inputs and assuring funds for financial sustainability work to be transferred to partners with their future roles and responsibilities clearly defined</li> <li>22. All funded countries have had their Financial Sustainability Plans reviewed</li> <li>23. New global and country level financing mechanisms developed and tested</li> </ul>
<b>8) Recapitalization of The Vaccine Fund</b>	<ul style="list-style-type: none"> <li>24. Long-term GAVI/Vaccine Fund resource mobilization plan (2006-2015) fully aligned with long term GAVI strategic planning (2006-2015) and new funding priorities and policies defined for 2006-2015, based on GAVI strategic directions</li> <li>25. Vaccine Fund resource mobilization level of \$400 million/year achieved by end 2006 (interim 2005 milestone for this effort is roughly \$325 million/yr)</li> </ul>
<b>9) Setting Priorities</b>	<ul style="list-style-type: none"> <li>26. Long-term (through 2015) strategic plan, including Vaccine Fund priorities and policies, developed and approved</li> <li>27. GAVI 2006-07 work plan developed and approved</li> </ul>
<b>10) Monitoring Process</b>	<ul style="list-style-type: none"> <li>28. Process to monitor progress of GAVI and respond to emerging needs established and ongoing</li> </ul>
<b>11) Alliance Coordination</b>	<ul style="list-style-type: none"> <li>29. Secretariat: Support for governing bodies and communication</li> <li>30. Regional Working Groups (RWGs): coordination of partners efforts in the regions</li> </ul>

## Achievements and Progress by November 2004

### GAVI Work Plan Report 2004-05

Target	Status	Achievement of overall target
1. Data Quality Self-assessment (DQS) methodology and other tools finalized <b>To be completed by July 2004</b>	Target achieved	<ul style="list-style-type: none"> <li>• Slight delays in translations of DQS (one of several tools), but will be finished before the end of 2004.</li> <li>• First field tests were conducted in Nepal, Morocco and Togo.</li> </ul>
2. All countries with failed Data Quality Audits (DQAs) have received timely and adequate support <b>To be completed by July 2005</b>	On track	<ul style="list-style-type: none"> <li>• Globally on track.</li> <li>• Countries in difficult circumstances, such as Haiti, Côte d'Ivoire and Nigeria are lagging behind.</li> <li>• DQAs were conducted in Eritrea, Guinea, Kenya, Lesotho, Mauritania, Sudan, Sierra Leone and Togo. Mauritania failed the DQA.</li> </ul>
3. DQS systematically used by at least ten countries <b>To be completed by December 2005</b>	On track	<ul style="list-style-type: none"> <li>• Late implementation due to late arrival of funding.</li> <li>• DQS has been conducted in three countries (Congo, Indonesia and Tanzania) and is planned in Bulgaria, Lao, Nicaragua and Tunisia.</li> <li>• Role of regional level partners (e.g. CVP PATH) increasing progressively.</li> </ul>
4. Health system (HMIS) and immunization (EPI) specific reporting coordinated, where possible <b>To be completed by December 2005</b>	On track	<ul style="list-style-type: none"> <li>• DQS for Western Pacific (WPRO) countries have been reviewed in detail with Regional EPI monitoring staff.</li> <li>• The use of Data Exchange Formats (DEF) has been introduced in reporting immunization coverage at international levels.</li> <li>• Drafts of the 'Guidelines for monitoring routine coverage through service provider reports' and 'Guidelines for computer software systems supporting monitoring routine immunization services' are planned for end 2004.</li> <li>• The Computerized EPI information System (CEIS) package for monitoring routine immunization coverage is being updated and three versions are being developed: MS-Access, EpiInfo for Windows and Java.</li> <li>• WHO has developed specifications for a software programme to produce basic thematic maps. The first review is planned for end 2004.</li> <li>• OKO (Integrated development environment): development of the alpha product continues and a new version is expected by the end of 2004.</li> <li>• Consultations with The Americas (AMRO), Africa (AFRO), Europe (EURO) and Western Pacific have been carried out with regard to revisions and renewal of information systems from monitoring routine immunization.</li> </ul>
5. Agreement by major health sector stakeholders on joint efforts to address health system barriers <b>To be completed by July 2004</b>	Delayed	<ul style="list-style-type: none"> <li>• Reporting to GAVI delayed from July to December 2004 due to the need to better define GAVI's specific role and added value within the many emerging/accelerating global efforts to address system-wide barriers.</li> <li>• More time than anticipated was directed in the first half of 2004 towards starting up country level activities.</li> <li>• Findings and options for targeted action and harmonization were presented to and approved by the Gavi Board in December 2004.</li> </ul>
6. Interagency Coordinating Committee (ICCs) strengthened with stronger links to NGOs and higher level national health coordination committees <b>To be completed by December 2005</b>	Delayed	<ul style="list-style-type: none"> <li>• Some delay in establishing the conceptual basis for action.</li> <li>• Work has focused on assessing ICC concepts and performance in various countries and health system settings.</li> <li>• Preliminary conclusions were reviewed at the Oslo Consultation in October 2004.</li> <li>• Options/recommendations for targeted action in 2005 were subsequently developed and presented to and approved by the GAVI Board in December 2004.</li> </ul>

	<b>Status</b>	<b>Achievement of overall target</b>
7. Efforts in ten high and ten low-performing countries undertaken, lessons learned and documented and best practices shared <b>To be completed by December 2004</b>	Delayed and scope reduced	<ul style="list-style-type: none"> <li>• In consultation with WHO, the number of countries targeted in 2004 was reduced from 20 to ten due to heavy overload of initiatives at country level.</li> <li>• As of September 2004, eight countries (of 11 countries that confirmed their interest, out of 20 that were contacted) have organized a rapid assessment of system barriers to immunization, identified good practices, and drafted a plan to address select barriers and document their work.</li> <li>• Countries met in Oslo in October 2004 to review experiences.</li> <li>• Each country has prepared draft work plans to address select barriers in the period Oct 04 – Oct 05 (\$25,000 per country for activities + contracting of local institution for research and documentation).</li> <li>• Due to its relative novelty/complexity, the country approach was changed from “self-assessment” to “facilitated assessment”. This has doubled the cost for start-up activities from \$7-10,000 per country to \$12-25,000 per country which includes one to two weeks external support by partner agency staff or consultant.</li> </ul>
8. Seven large population countries have made analysis of the barriers and possible solutions and have agreed with their Interagency Coordinating Committee (ICC) on action plans <b>To be completed by July 2004</b>	Slightly delayed	<ul style="list-style-type: none"> <li>• The primary expected outcome of target was achieved to various degrees by all of the seven countries.</li> </ul> Status of Coverage Improvement Plans (CIP): <ul style="list-style-type: none"> <li>• <b>DR Congo:</b> CIP is finalized and endorsed by ICC</li> <li>• <b>Indonesia:</b> CIP is finalized and endorsed by the government</li> <li>• <b>India:</b> CIP not yet available</li> <li>• <b>Bangladesh:</b> CIP finalized and endorsed by ICC</li> <li>• <b>Pakistan:</b> CIP is under preparation and is expected by mid October/November</li> <li>• <b>Ethiopia:</b> CIP has been finalized and endorsed by ICC</li> <li>• <b>Nigeria:</b> National Programme on Immunization (NPI) is unlikely to develop a CIP</li> </ul>
9. GAVI and partners have established new policies to support the seven large population countries <b>To be completed by December 2004</b>	Delayed	<ul style="list-style-type: none"> <li>• The delay of the analysis phase (the previous target) has meant that only now a basis for policy development is emerging.</li> <li>• Any consideration of new policies for the seven large countries will be made as part of the GAVI phase two deliberations.</li> </ul>
10. Lessons from Accelerated Disease Control Initiatives (ADCs) applied in the large population countries as appropriate <b>To be completed by December 2005</b>	Ongoing process	<ul style="list-style-type: none"> <li>• CDC, WHO and UNICEF have decided upon producing only one paper which combines lessons from Polio, Measles and MNT.</li> <li>• As first step, CDC has compiled a document with outline, procedures and process for development, list of potential contributors to each section and timeline.</li> <li>• On the base of the submitted contributions, UNICEF will produce the paper, which will then be handed in to WHO for final comments and approval.</li> </ul>
11. The large population countries are back on track or show tendency of getting back on track in immunization coverage <b>To be completed by December 2005</b>	Ongoing Process	<ul style="list-style-type: none"> <li>• A total of \$2,750,000 has been allotted to this target.</li> <li>• First disbursements have gone to DR Congo.</li> <li>• An interim report will be produced in 2005, informing about the remaining distribution of funds.</li> </ul>
12. Minimal divergence between vaccine forecasts and uptake <b>To be completed by December 2005</b>	On track	<ul style="list-style-type: none"> <li>• Two causes of reduced vaccines uptake were experienced during the reporting period: the delay of production of combination vaccines by manufacturers and the delay of starting introduction of new vaccines by countries. They were properly controlled to avoid disruption of vaccinations and to minimize side-effects in vaccines uptake.</li> </ul>

	<b>Status</b>	<b>Achievement of overall target</b>
13. Establish planning processes for vaccines provision, with focus on Hep B, Hib and Yellow Fever and support to other GAVI vaccine initiatives <b>To be completed by December 2005</b>	On track	<ul style="list-style-type: none"> <li>• A number of activities have been initiated during the reporting period that will result in a medium and long-term forecast for vaccines demand, vaccines availability and future vaccines market conditions.</li> </ul>
14. Technologies for immunization: Prioritization reviews, evaluations and advocacy <b>To be completed by December 2005</b>	Will start in 2005	<ul style="list-style-type: none"> <li>• Following the 2003 GAVI Broad review of technologies presented to the December 2003 GAVI Board it was decided that the next review task should be performed in 2005.</li> </ul>
15. Monitor the progress towards establishing the public health benefit and demand for rotavirus and pneumococcal vaccines in developing countries <b>To be completed by December 2005</b>	On track	<ul style="list-style-type: none"> <li>• All the activities are performed as planned. GAVI monitoring of Rotavirus and Pneumococcal Accelerated Development and Introduction Plan (ADIP) progress is an ongoing activity for the length of the ADIP projects (currently 2003-2007).</li> </ul>
16. All eligible countries that qualify and are interested in GAVI/VF support Immunization Services Support (ISS) new vaccines and injection safety, will have applied and will have been approved <b>To be completed by December 2005</b>	On track	<ul style="list-style-type: none"> <li>• Twelve country proposals were reviewed for 17 requests of support.</li> <li>• The number of reviews for country proposals was increased (from one to two), to accommodate additional requests from countries.</li> <li>• Two monitoring reviews were held as planned.</li> <li>• Now a total of 71 out of 75 eligible countries have been approved for support.</li> </ul>
17. External Data Quality Audits (DQAs) conducted in relevant countries <b>To be completed by December 2005</b>	On track	<ul style="list-style-type: none"> <li>• Seven countries passed their DQAs (Eritrea, Guinea, Lesotho, Kenya, Sierra Leone and Sudan) and four failed. Three more countries (DPR Korea, Central African Republic and DR Congo) are expected to be completed by the end of 2004 or January 2005. Somalia and Haiti were postponed.</li> </ul>
18. Coverage surveys carried out when needed for allocation of performance grants <b>To be completed by December 2005</b>	Delayed	<ul style="list-style-type: none"> <li>• Consultants trained, tool for analysis finished.</li> <li>• One coverage survey (Mozambique) conducted, two more (Uzbekistan and East Timor planned).</li> <li>• Côte d'Ivoire and Yemen were cancelled.</li> </ul>
19. All funded countries have developed their financial sustainability plans according to schedule, with lessons learned and experiences shared with countries and partners <b>To be completed by December 2005</b>	On track	<ul style="list-style-type: none"> <li>• Financial Sustainability Plan preparation is well in hand, though there are significant challenges ahead with some countries in crisis (Sudan, Sao Tome, Somalia).</li> <li>• Countries participating in workshops before June 30 will be submitting Financial Sustainability Plans in November 2004; others will be submitting in January 2005.</li> <li>• Currently ten out of 17 countries are on track with November submission; countries not on track include those in crisis or difficult circumstances.</li> </ul>
20. All countries assisted to integrate Financial Sustainability Plans (FSPs) into their national planning and budgeting processes (which may include Poverty Reduction Strategy Paper and Medium Term Expenditure Frameworks) <b>To be completed by December 2005</b>	Delayed	<ul style="list-style-type: none"> <li>• FSP implementation support is behind schedule.</li> <li>• Efforts to support regional groups in FS planning and implementation took much more time than anticipated at the outset and efforts to recruit a Global Financial Sustainability Implementation Coordinator proved to be more onerous than anticipated (unexpected administrative problems), with the Global Coordinator only beginning work in late September 2004.</li> </ul>

	<b>Status</b>	<b>Achievement of overall target</b>
21. Role of Financial Task Force (FTF) in coordinating partner inputs and assuring funds for financial sustainability work to be transferred to partners with their future roles and responsibilities <b>To be completed by December 2005</b>	On track	<ul style="list-style-type: none"> <li>• The Financial Task Force will sunset in 2005.</li> <li>• Considerable effort is underway to transition and “institutionalize” FTF financial sustainability activities within partner organizations at the global and regional levels.</li> <li>• Much Financial Task Force partner effort has been and is devoted to scaling up to meet increased demands all the while recognizing the importance of transitioning responsibility and coordination of financial sustainability efforts.</li> </ul>
22. All funded countries have had their Financial Sustainability Plans reviewed <b>To be completed by December 2005</b>	On track	<ul style="list-style-type: none"> <li>• Countries are generally on track to achieve this target.</li> <li>• The newly reconstituted FSP Independent Review Committee (IRC) reviewed 16 new and four re-submissions in January/February 2004.</li> <li>• Six countries, Albania, Bangladesh, Eritrea, Turkmenistan, Liberia and Sao Tome, were not reviewed in 2004 due to failure to submit Financial Sustainability Plans.</li> <li>• Liberia &amp; Sao Tome had a political crisis.</li> <li>• It is expected that all, except Liberia will submit for the 2005 review.</li> </ul>
23. New global and country level financing mechanisms developed and tested <b>To be completed December 2005</b>	n.a.	<ul style="list-style-type: none"> <li>• This target was subsumed into Target 26.</li> </ul>
24. Long-term GAVI/The Vaccine Fund resource mobilization plan (2006-2015) fully aligned with long term GAVI strategic planning (2006-2015) and new funding priorities and policies defined for 2006-2015, based on GAVI strategic directions <b>To be completed December 2005</b>	On track	<ul style="list-style-type: none"> <li>• Cost estimates for options for GAVI phase two investments made based on agreed targets for 2015</li> <li>• Illustrative ten-year program outlined</li> <li>• Framework for allocating funds between windows agreed</li> </ul>
25. Vaccine Fund resource mobilization level of \$400 million/year achieved by end 2006 (interim 2005 milestone for this effort is roughly \$325 million/year) <b>To be completed by December 2005</b>	With IFFIm: above target  Without IFFIm: slightly below target	<ul style="list-style-type: none"> <li>• The Vaccine Fund (TVF) resource mobilization team in place</li> <li>• Significant effort made to develop International Finance Facility for immunization (IFFIm) proposal</li> <li>• With IFFIm ten-year fundraising target will have to be adjusted (upwards)</li> <li>• Private fundraising is well below target (\$5 million instead of \$85 million)</li> </ul>
26. Long-term (through 2015) strategic plan, including Vaccine Fund priorities and policies, developed and approved <b>To be completed by December 2004</b>	Delayed	<ul style="list-style-type: none"> <li>• The strategic priority setting has partly been driven by the IFFIm process. The fast track process required has been achieved.</li> <li>• The Board was presented with the basic strategic options for GAVI phase two at its December 2004 meeting. The consolidated long-term strategic plan will be submitted to the Board by June 2005.</li> <li>• In regard to the Supply Study, the World Bank and WHO are working together to finalize an application to the Gates Foundation to provide matching funds to those available through the World Bank.</li> </ul>
27. 2006-07 work plan developed and approved <b>To be completed by December 2005</b>	Will start in 2005	<ul style="list-style-type: none"> <li>• In 2004, the first year of the current two-year work plan, efforts have focused on getting underway with implementation of the work plan, including mobilizing the resources and planned and providing the work planning entities with the funding according to budget. An up-date was provided to the Board for information at its July 2004 meeting.</li> <li>• At its December 2004 meeting the Board was provided with a final report on the 2003 work plan and an interim report on the 2004-05 work plan with proposed modifications and need for reallocations for the second year. The work plan reports as well as the modifications were approved by the Board at the Abuja meeting in December 2004.</li> <li>• The strategic framework efforts for the next work plan will start in early 2005.</li> </ul>

	<b>Status</b>	<b>Achievement of overall target</b>
28. Process to monitor progress of GAVI and respond to emerging needs established and ongoing <b>To be completed by December 2005</b>	Mostly on track	<ul style="list-style-type: none"> <li>• Estimations of 2003 progress done, agreed process with partners for continuous annual monitoring.</li> <li>• ISS study part A carried out, disease impact studies prepared, immunization safety assessments partly completed, waste management assessment delayed.</li> <li>• The Hib surveillance network was initially delayed but is now catching up. GAVI funds did not arrive until the second quarter of 2004.</li> </ul>
29. Secretariat: Support for governing bodies and communication <b>To be completed by December 2005</b>	Ongoing	<ul style="list-style-type: none"> <li>• <b>Governing bodies:</b> Basic activities are on track; additional Board-requested activities include work on convergence of the GAVI Secretariat and Vaccine Fund management and a new study of governance issues. Work on an IFFIm proposal has also increased workload.</li> <li>• <b>Communications:</b> Progress in certain areas has been slower than anticipated, in part due to complications associated with the split of the communications function between two independent entities in the pre-convergence period, and in part due to the limited level of support available in GAVI Secretariat for the communications function. An Assistant Information Officer was hired on 1 October to help address the latter situation.</li> </ul>
30. Regional Working Groups (RWGs): Coordination of partners efforts in the regions <b>To be completed by December 2005</b>	Ongoing	<ul style="list-style-type: none"> <li>• RWG coordination is an on-going effort for which specific targets cannot be set.</li> <li>• A multitude of activities such as ensuring functioning offices including advertisement of posts, hiring of staff, procurement etc have been carried out in the regions, partners' meetings have been arranged, exchange visits have been organized and RGW members have participated in EPI managers meetings, missions to countries and technical assistance to countries.</li> </ul>

**Please find the Interim Technical Report on the GAVI Work Plan 2004-05 as a separate file (Document 3).**



**Interim Financial Report for 2004**  
**GAVI Work Plan 2004-05**  
**(in USD)**

		Two-year budget	2004		
PRIORITY AREA	TARGET <sup>1</sup>	Total Budget 2004-05	Budget 2004	Est. expenditures by 31 December 2004	Est. balance at 31 December 2004
1) Health information and monitoring systems	1)	381,925	146,866	146,866	0
	2)	709,517	365,553	200,000	165,553
	3)	806,818	403,409	200,000	203,409
	4)	1,859,187	974,926	974,926	0
	<b>Total</b>	<b>3,757,447</b>	<b>1,890,754</b>	<b>1,521,792</b>	<b>368,962</b>
2) Contribute to alleviation of system-wide barriers	5)	0	0	102,300 <sup>2</sup>	-102,300
	6)	205,000	105,000	10,000	95,000
	7)	1,030,000	635,000	582,460	52,540
	<b>Total</b>	<b>1,235,000</b>	<b>740,000</b>	<b>694,760</b>	<b>45,240</b>
3) Enhanced efforts in large population countries	8)	70,000	70,000	70,000	0
	9)	35,000	35,000	0	35,000
	10)	0	0	0	0
	11)	2,750,000	1,425,000	1,425,000	0
	<b>Total</b>	<b>2,855,000</b>	<b>1,530,000</b>	<b>1,495,000</b>	<b>35,000</b>
4) Procurement / supply of existing products	12)	557,000	278,500	52,000	226,500
	13)	950,000 <sup>3</sup>	766,977	452,509	314,468
	<b>Total</b>	<b>1,507,000</b>	<b>1,045,477</b>	<b>504,509</b>	<b>540,968</b>
5) Development and introduction of new, near-term products	14)	140,000	70,000	0	70,000
	15)	494,490	241,740	196,000	45,740
	<b>Total</b>	<b>634,490</b>	<b>311,740</b>	<b>196,000</b>	<b>115,740</b>

<sup>1</sup> Target Numbers refer to Overview of GAVI Work Plan (Document 1).

<sup>2</sup> Expenditures by the GAVI Secretariat in conjunction with the Country Consultation in October 2003.

<sup>3</sup> WHO has increased the 2004-05 budget to a total of \$1,533,949. For further details see Document 5.

		Two-year budget	2004		
PRIORITY AREA	TARGET	Total Budget 2004-05	Budget 2004	Est. expenditures by 31 December 2004	Est. balance at 31 December 2004
6) Managing process for country support from Vaccine Fund	16)	4,743,057	1,779,358	1,732,432	46,926
	17)	1,472,720	849,414 <sup>4</sup>	784,711	64,703
	18)	649,625	185,600	185,600	0
	<b>Total</b>	<b>6,865,402</b>	<b>2,814,372</b>	<b>2,702,743</b>	<b>111,629</b>
7) Financial Sustainability	19) + 20) <sup>5</sup>	7,013,500	2,596,036	1,890,135	705,901
	21) <sup>6</sup>	400,000	200,000	63,000	137,000
	22)	360,000	200,000	250,000	-50,000
	23)	0	0	0	0
<b>Total</b>	<b>7,773,500</b>	<b>2,996,036</b>	<b>2,203,135</b>	<b>792,901</b>	
8) Recapitalization of Vaccine Fund	24)	0	0	0	0
	25)	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
9) Setting priorities	26)	724,613	236,336	225,219	11,117
	27)	40,000	0	0	0
	<b>Total</b>	<b>764,613</b>	<b>236,336</b>	<b>225,219</b>	<b>11,117</b>
10) Monitoring Process	28)	3,266,000	1,883,915	2,357,802 <sup>7</sup>	-473,887
	<b>Total</b>	<b>3,266,000</b>	<b>1,883,915</b>	<b>2,357,802</b>	<b>-473,887</b>
11.1) Alliance Coordination	29)	4,547,000	2,003,000	2,755,595	-752,595
	<b>Total</b>	<b>4,547,000</b>	<b>2,003,000</b>	<b>2,755,595</b>	<b>-752,595</b>
11.2) Regional Working Groups	30)	1,212,000	563,000	563,000	0
	<b>Total</b>	<b>1,212,000</b>	<b>563,000</b>	<b>563,000</b>	<b>0</b>
<b>GRAND TOTAL:</b>		<b>34,417,452</b>	<b>16,014,630</b>	<b>15,219,555</b>	<b>795,075</b>

<sup>4</sup> Contributions from the European Union earmarked for Data Quality Audit (DQA).

<sup>5</sup> WHO and the World Bank were not able to separate financial reporting of Targets 19 and 20. These two targets are integrally linked at the regional- and country-level and within different partner agencies who have different accounting systems and financial years. Partner support from AMP, CVP, USAID, Unicef, World Bank, WHO and Aventis (in support of the immunization financing database), has been outstanding.

<sup>6</sup> Requesting reporting on financial expenditures from partner funds is extremely complicated with different activity categories, different accounting and reporting systems and differing financial years. The financial reporting on Targets 19, 20, and 21 refers only to those activities that were funded directly out of the GAVI/Vaccine Fund support. It does not capture partner expenditures from their own core budgets.

<sup>7</sup> The Immunization Services Support (ISS) Study cost \$586,000 (\$400,000 budgeted). The total costs of the Hib Study will amount to \$261,000 (not budgeted).

**Approved Reallocations and Changes****GAVI Work Plan 2004-05**

<p><b>Priority Area 1</b> <b>Target 2</b> All countries with failed Data Quality Audits (DQAs) have received timely and adequate support</p>	<p>WHO proposed to reallocate the 2004 balance of \$165,553 from support to countries with failed DQAs to countries that have not undertaken a DQA (e.g. the European region). A number of these countries need support to improve their monitoring system.</p> <p>WHO has anticipated that more countries where DQA was conducted would fail it. However, since most of the countries passed the DQA there are not that many countries where consultant support needs to be provided. However, some regions (e.g., EURO) asked if we could send <u>trained consultants to provide similar support</u> in the countries that have not yet implemented DQA to assist these countries in preparation to the DQA. The countries will be proposed by the regions. So far WHO doesn't have the list of candidate countries.</p>
<p><b>Priority Area 1</b> <b>Target 3</b> DQAs systematically used by at least ten countries</p>	<p>Due to late arrival of funding for Target 3, WHO proposed a reallocation between Activity 1 (Financial and technical support for DQS in ten countries) and Activity 2 (Support for DQS follow-up):</p> <p>WHO received in total \$806,818, of which \$164,018 are meant for technical support in conducting DQS and \$642,800 for follow-up activities after DQS conducted. WHO would like to spend more than provided for conducting DQS activities and less than provided for follow-up.</p> <p>At this point of time, it is not possible to provide a precise amount for reallocation between these two activities.</p>
<p><b>Priority Area 2</b> <b>Target 5</b> Agreement by major health sector stakeholders on joint efforts to address the health system barriers</p>	<p>NORAD proposed a reallocation from Target 6 and Target 7, to Target 5 so as to cover costs for the 2003 Country Consultation.</p> <p>Reallocations:</p> <p>Withdrawal from Target 6: The \$95,000 budget balance is due to lower level of country-level activities than anticipated and integration with Target 3 activities.</p> <p>Withdrawal from Target 7: The lower level of expenditure is due to the reduced number of countries targeted in 2004.</p> <p>Withdrawal from Target 6: \$ 95,000 Withdrawal from Target 7: \$ -7,300 Allocation to Target 5: \$102,300</p>
<p><b>Priority Area 4</b> <b>Target 13</b> Establish planning processes for vaccines provision, with focus on Hep B, Hib and Yellow Fever and support to other GAVI vaccine initiatives</p>	<p>Activity 1: Quantify product demand and quality of product</p> <p>In the Work Plan 2004-05 a total of \$450,000 was allocated to this activity. Funds to support work in this area (Courses of the Global Training Network on Vaccine Quality) were not made available until mid August 2004. Nevertheless a number of training courses which had been scheduled were conducted during 2004 using other sources of funds. In addition to the training courses various other complementary activities were conducted. Therefore WHO increased the 2004-05 total budget for Activity 1 from \$450,000 to \$1,033,949. This mark-up of funds does not affect the WHO funding available for GAVI work plan activities (\$3.1 million).</p>
<p><b>Priority Area 9</b> <b>Target 27</b> GAVI 2006-07 work plan developed and approved</p>	<p>The GAVI Secretariat proposed to add \$90,000 to the Secretariat budget to cover 50% of cost for the first CFAR convergence study as decided by the Board.</p>
<p><b>Priority Area 10</b> <b>Target 28</b> Process to monitor progress of GAVI and respond to emerging needs established and ongoing</p>	<p>The GAVI Secretariat proposed to add \$447,000 to the Secretariat budget to cover the additional costs that arose through the Immunization Services Support (ISS) Study (\$186,000) and the unbudgeted Hib Study (\$261,000).</p>

<p><b>Priority Area 11</b>  <b>Target 29</b>                  Secretariat: Support for governing bodies, coordination and communication</p>	<p>The GAVI Secretariat proposed to add \$80,000 for the consultancy for the governance study (50% of full cost; the other half anticipated to be covered by industry), as decided by the Board.</p>
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All of the propositions and modifications above, were approved by the Board at the 14<sup>th</sup> Board Meeting in Abuja.

**Approved additions to the GAVI Secretariat budget**

	<b>Amounts in USD</b>
ISS Study, part A	186,000
Hib Study	261,000
CFAR Convergence Study	90,000
GAVI Governance Study	80,000
Meetings (Kiev, African health ministers, NGOs)	146,000
Country consultation on GAVI phase two, 2005	200,000
<b>Total</b>	<b>963,000</b>

These additions to the Secretariat budget are expected to be covered by the anticipated revenue (see Document 6 on Funding Sources). All other proposed changes imply reallocations within existing budgets.

**Overview of Funding Sources**  
**GAVI Work Plan 2004 - 05**  
**(in million USD)**

	<b>Anticipated for 2004-05 (1)</b>	<b>Received by 30 Sept 2004 (2)</b>	<b>Anticipated for remainder of WP (3)</b>	<b>Revised anticipated 2004-05 (2)+(3)</b>
<b>BMGF</b>	10.00	5.00	5.00	10.00
<b>TVF – EC</b>	4.60	0.95	3.60	4.55
<b>TVF – Interim ADIPs</b>	1.60	1.60	-	1.60
<b>Nordic countries and Canada</b>	1.30	1.53	2.20	3.73
<b>World Bank</b>	2.40	2.40	-	2.40
<b>Other resources</b>	0.20	0.03	-	0.03
<b>USAID</b>	0.15	0.14	-	0.14
<b>Board member dues</b>	6.00	3.00	3.45	6.45
<b>Grand Total</b>	26.25	14.65	14.25	28.90

\*Partner contributions anticipated to \$7.3 million for the two-year period. This results in a total financing of \$36.2 million<sup>8</sup> (plus \$963,000 of proposed additions to GAVI budget in Document 5) to be compared to the total Work Plan budget of \$34,418,000.

<sup>8</sup> The total revenues are close to the total GAVI Work Plan budget, so no action was proposed and approved.

**GAVI Secretariat**  
**Interim Financial Report for the two-year period 2004-05**  
**(in USD)**

		Budget 2004-05	Est. expenditures by 31 December 2004	Est. balance by 31 December 2004
<b>A. Country proposals</b>	<b>Proposal Reviews</b>	387,500	125,000	262,500
	<b>Monitoring Reviews</b>	512,500	324,025	188,475
	<b>Financial Sustainability Plan (FSP) Reviews</b>	360,000	154,005	205,995
	<b>Data Quality Audits (DQAs)<sup>9</sup></b>	500,000	0	0
	<b>Total</b>	<b>1,760,000</b>	<b>603,030</b>	<b>656,970</b>
<b>B. Core activities</b>	<b>Communications</b>	600,000	195,108	404,892
	<b>Management of Board, EC</b>	560,000	219,886	340,114
	<b>Partner's Meeting</b>	650,000	146,504	503,496
	<b>Total</b>	<b>1,810,000</b>	<b>561,498</b>	<b>1,248,502</b>
<b>C. Salaries and other costs</b>	<b>Salaries - IP</b>	3,082,760	1,505,561	1,577,199
	<b>Salaries - Support staff</b>	1,021,772	498,280	523,492
	<b>Salaries - Short term consultants</b>	519,699	253,422	266,277
	<b>Short-term - support costs</b>	445,308	217,160	228,148
	<b>Other support costs</b>	205,000	99,652	105,348
	<b>Travel</b>	615,000	221,247	393,753
	<b>Total</b>	<b>5,889,539</b>	<b>2,795,322</b>	<b>3,094,217</b>
<b>Grand Total</b>	<b>9,459,539</b>	<b>3,959,850</b>	<b>4,999,688<sup>10</sup></b>	

<sup>9</sup> This budget line only includes the funding for 2005. The 2004 DQA budget was provided by the European Union directly to UNICEF (accounted for in Target 17, Document 4). UNICEF managed the DQAs in 2004.

<sup>10</sup> Out of the 2004-05 budget (\$8,959,539), 44.2% will have been spent by 31 December 2004.

**GAVI Secretariat**  
**Interim Financial Report for 2004 only**  
**(in USD)**

		Budget 2004	Est. expenditures by 31 December 2004	Est. balance by 31 December 2004
<b>A. Country proposals</b>	<b>Proposal Reviews</b>	125,000	125,000	0
	<b>Monitoring Reviews</b>	250,000	324,025	-74,025
	<b>Financial Sustainability Plan (FSP) reviews</b>	200,000	154,005	45,995
	<b>Data Quality Audits (DQAs)<sup>11</sup></b>	0	0	0
	<b>Total</b>	<b>575,000</b>	<b>603,030</b>	<b>-28,030</b>
<b>B. Core activities</b>	<b>Communications</b>	300,000	195,108	104,892
	<b>Management of Board, EC</b>	280,000	219,886	60,114
	<b>Partner's Meeting<sup>12</sup></b>	0	146,504	-146,504
	<b>Total</b>	<b>580,000</b>	<b>561,498</b>	<b>18,502</b>
<b>C. Salaries and other costs</b>	<b>Salaries - IP</b>	1,505,561	1,505,561	0
	<b>Salaries - Support staff</b>	498,280	498,280	0
	<b>Salaries - Short term consultants</b>	253,422	253,422	0
	<b>Short-term - support costs</b>	217,160	217,160	0
	<b>Other support costs</b>	100,000	99,652	348
	<b>Travel</b>	300,000	221,247	78,753
	<b>Total</b>	<b>2,874,423</b>	<b>2,795,322</b>	<b>79,101</b>
<b>Grand Total</b>	<b>4,029,423</b>	<b>3,959,850</b>	<b>69,573</b>	

<sup>11</sup> The 2004 DQA budget was provided by the European Union directly to UNICEF (accounted for in Target 17, Document 4). UNICEF managed the DQAs in 2004.

<sup>12</sup> Expenditures for: New Vaccines Meeting, Kiev, June 2004, African Health Ministers' Meeting in connection with 2004 WHA, May 2004 and the NGO meeting in connection with GAVI Board meeting, Washington DC, July 2004